Evergreen Immersion Academy
Enrollment Application

Child's Full Name	Nickname	Sex	Birth date
City State Zip		First Day of Attendance	
		Last Day of Attendance	
If Child Attends School, Give Name of School			Grade

EMERGENCY INFORMATION

Allergies and intolerance to food, medications, or other substances. Actions to take in emergency situation.			
Chronic Physical Problems/Diseases; Pertinent Development Information; Special Accommodations Needed; Special Instructions to Provider			
Father's Full Name	Phone	Employer	
Father's Employer's Address (Street Address)			Father's Work Phone
Father's Home Address (Street Address) (enter "Same" if address is the same as the child's)			
	Phone	Employer	
Mother's Employer's Address (Street Address)			Mother's Work Phone
Mother's Home Address (Street Address) (enter "Same" if address is the same as the child's)			
Child's Physician	Office Address (Street Address) City State Zip		Phone
Name of Child's Medical Insurance			Policy Number
Name of Emergency Contact #1 if Parent(s) Cannot Be Reached	Street Address City State Zip		Phone
Name of Emergency Contact #2 if Parent(s) Cannot Be Reached	Street Address City State Zip		Phone
Person(s) Authorized to Pick Up Child (Appropriate custodial paperwork (custody order or other court order) shall be attached if a parent is not allowed to pick up the child)			

_____ _____ **(Valid for One Year)**
Parent Signature Date

1st yr. review _____ _____
Parent Signature Date

2nd yr. review _____ _____
Parent Signature Date

3rd yr. review _____ _____
Parent Signature Date

PROOF OF AGE AND IDENTITY **(must be obtained from parents within 7 business days of child's first day of attendance)**			
Names & Locations (City and State) of Previous Child Day Care Programs & Schools Attended			
Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Proof of Age Other Than Birth Certificate*		Date Documentation Viewed	Person Viewing Documentation Karem Smith Ramirez
NOTIFICATION OF LOCAL LAW ENFORCEMENT AGENCY **(if parents do not provide proof of child's age and identity within 7 business days of child's first day of attendance)**			
Date of Notification	Name of Agency Notified	Name of Individual Notified	

*Proof of age and identity may be verified by viewing one of the following: certified birth certificate; birth registration card; notification of birth, i.e., hospital, physician, or midwife record; passport; copy of the placement agreement or other proof of the child's identity from a child placing agency; original or copy of a record or report card from a public school in Virginia; signed statement on letterhead stationery from a public school principal or other designated official that assures the child is or was enrolled in the school; or child identification card issued by the Virginia Department of Motor Vehicles.

EMERGENCY MEDICAL AUTHORIZATION

I authorize Karem Smith Ramirez to obtain immediate care and consent to emergency medical
Name of Licensed Provider
procedures upon, the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to _____ if an emergency occurs and I cannot be located immediately.
Name of Child

It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise, I expect to be notified immediately.

_____ _____
Signature of Parent Date

The child's Emergency Information and the Emergency Medical Authorization must be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.