



Enrollment Application

STUDENT INFORMATION

Full Name:				
First(legal)	Middle	Last	Nickname	
Home Address:				
Street	City	State	Zip	
Date of Birth(mm/dd/yyyy)		Sex (circle) M F		Current School/Daycare
Desired Program <input type="checkbox"/> Full-Time <input type="checkbox"/> 3 Day Part-Time <input type="checkbox"/> 2 Day Part-Time			Desired Start Date ___/___/___	Anticipated Arrival Time: _____ Anticipated Departure Time: _____
Does the child have any special physical needs of which RSA should be aware?			<input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If yes, please explain:				
(Note: If your child has an IEP please provide a copy with your enrollment materials.)				

FAMILY INFORMATION

Parent/Guardian A Name:	Parent/Guardian B Name:
Home Address:	Home Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
Employer:	Employer:
Email Address:	Email Address:
Best way to reach you during business hours:	Best way to reach you during business hours:

Parents/Guardians Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Other _____
Who does the child currently reside with <input type="checkbox"/> Both <input type="checkbox"/> Parent/Guardian A <input type="checkbox"/> Parent/Guardian B <input type="checkbox"/> Other _____
If parents/guardians are divorced or separated, to whom should school correspondence be sent? <input type="checkbox"/> Both <input type="checkbox"/> Parent/Guardian A <input type="checkbox"/> Parent/Guardian B <input type="checkbox"/> Other _____
Other family members residing in household:

Enrollment Application (Continued)

Child's Medical Information:

Physician's Name _____ Physician's Phone # _____

Dentist's Name _____ Dentist's Phone# _____

Insurance Provider _____ Policy Number _____

Please List Allergies or Health Issues: _____

Please list any additional information you feel that is relevant regarding your child:

PLEASE NOTE THE FOLLOWING:

1. The application fee is non-refundable.
2. Right Start Academy is a year-round preschool program, therefore students must remain enrolled year-round in order to reserve their space for the upcoming school year.
3. Right Start Academy reserves the right to dismiss any student and/or family who that does not comply with school policies as outlined in the Parent Handbook.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

NOTES:

Received By: _____
Registration Date: _____
Start Date: _____
Classroom Assignment: _____
Tuition Weekly/Biweekly: _____
Enrollment Packet Distributed: _____
Added to Enrollment Spreadsheet: _____
Registration Fee Collected: _____

