

For Office Use Only:

Received By: _____
Center Code: _____
Registration Date: _____
Termination Date: _____

ENROLLMENT APPLICATION
Please complete application legibly



Child Information:

Child's Name _____
(Last Name) (First Name) (Middle Name)

Child's Address _____
(Street Name) (City) (State) (Zip)

Date of Birth (mm/dd/yyyy) _____ Sex (circle) M F Social Security # (optional) _____

Anticipated Days of Attendance: Mon Tues Wed Thurs Fri
Anticipated Arrival Time: _____ **Anticipated Departure Time:** _____
Program Entry: Summer ____ (yr.) Fall ____ (yr.) Other _____ (Date)

Parent/Guardian Information:

Parent/Guardian Name _____
(Last Name) (First Name) (Middle)

Address _____
(Street Name) (City) (State) (Zip)

Home Phone _____ Cell Phone _____ Email Address _____

Employer _____ Work Phone # _____

Employer's Address _____
(Street Name) (City) (State) (Zip)

Parent/Guardian Name _____
(Last Name) (First Name) (Middle)

Address _____
(Street Name) (City) (State) (Zip)

Home Phone _____ Cell Phone _____ Email Address _____

Employer _____ Work Phone # _____

Employer's Address _____
(Street Name) (City) (State) (Zip)

Parent's Marital Status: Single Married Divorced Legally Separated

Child Resides With: Mother Father Stepmother Stepfather Legal Guardian Other

Children attending Right Start Academy will be released only to persons whose names are on file with the preschool. Identification is required for pick-up by non-parental persons. Persons that are allowed to pick up are:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

ENROLLMENT APPLICATION (continued)

Please complete application legibly

Child's Medical Information:

Physician's Name _____ Physician's Phone # _____

Dentist's Name _____ Dentist's Phone# _____

Insurance Provider _____ Policy Number _____

List Allergies or Health Issues _____

Emergency Contact – Other than Parents:

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

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

*** Preferred Payment Method (circle one): Weekly Bi-Weekly Monthly Yearly

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

For Office Use Only:		
Staff Initials: _____	Registration Fee: _____	
Data Entered: _____	Potty Training Fee: _____	
T-Shirt Size: _____	Tuition Fee: _____	
	Date Distributed	Date Received
Parent Handbook	_____	_____
Fee Agreement	_____	_____
Parent Authorization	_____	_____
Child Information	_____	_____
Medical Forms	_____	_____
All About Me	_____	_____

NOTES

Parent Updates

Date: _____ Initials: _____
Date: _____ Initials: _____
Date: _____ Initials: _____