



# APPLICATION FOR ENROLLMENT

## STUDENT INFORMATION

Full Name: \_\_\_\_\_  
Last
First
Middle
Nickname

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_ Days of Week in Care:  Mon.  Tues.  Wed.  Thur.  Fri.

## FAMILY INFORMATION

Child Lives With:  Mother  Father  Both  Other \_\_\_\_\_

	Mother	Father
Name		
Home Address		
Home Phone		
Employer		
Employer Address		
Work Phone		
Cell Phone		
Cell Phone Network Carrier		
Email Address		
Legal Custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Other Legal Custody		

## EMERGENCY CONTACTS

Child will be released only to the custodial parent or legal guardian and the persons listed below (picture id required). The following people listed as EMERGENCY CONTACTS will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name: _____	Cell Phone: _____	Work Phone: _____	Home Phone: _____
Address: _____		Relationship: _____	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Cell Phone: _____	Work Phone: _____	Home Phone: _____
Address: _____		Relationship: _____	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Cell Phone: _____	Work Phone: _____	Home Phone: _____
Address: _____		Relationship: _____	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Cell Phone: _____	Work Phone: _____	Home Phone: _____
Address: _____		Relationship: _____	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

### **MEDICAL INFORMATION**

I hereby grant permission for the staff of StarChild Academy to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference:

Please list any allergies (food, medications, insects, etc.) or special dietary needs:

Please list any special medical conditions or other areas of concern:

Please list any special procedures required in caring for your child:

Emergency Care Plan Instructions (If Applicable):

### **HELPFUL INFORMATION ABOUT YOUR CHILD:**

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### **PHOTOS, VIDEOS & INTERNET IMAGES**

- ◆ I give my permission to display photos and videos of my child(ren) around StarChild Academy and/or Endeavor Schools, LLC. I also agree that StarChild Academy, and/or Endeavor Schools, LLC may use photos and videos of my child(ren) for in-print, online and other lawful advertising and marketing purposes.

Signature of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### **YOUR SIGNATURE**

My signature below indicates that:

- ◆ The information on this enrollment form is complete and accurate.
- ◆ I am aware that DCF regulations require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment (Reference: Sections 7.1 and 7.2 of the DCF Child Care Facility Handbook). (Note: Not required for school-age children who do not attend StarChild Academy's Private Elementary School.)
- ◆ I have received a copy of DCF's Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24) (Reference: Section 7.3 of the DCF Child Care Facility Handbook). A copy of this brochure is also available on StarChild Academy's website at [www.StarChildAcademy.com](http://www.StarChildAcademy.com).
- ◆ I have received a copy of the StarChild Academy Parent's Handbook. This handbook includes StarChild Academy's Discipline & Expulsion Policies and Food & Nutrition Policies (Reference: Sections 2.8 and 7.3 of the DCF Child Care Facility Handbook). I give my permission for my child to participate in food-related activities including regular meals and snacks, classroom holiday parties, field trips, Parent's Night Out, birthday parties, learning activities, and other food-related activities. A copy of the StarChild Academy Parent's Handbook is also available on StarChild Academy's website at [www.StarChildAcademy.com](http://www.StarChildAcademy.com).
- ◆ I hereby grant permission for StarChild Academy's staff to have access to my child's records.
- ◆ I agree to abide by the terms in the StarChild Academy Parent's Handbook and that I am responsible for the payment of tuition and other fees as explained on the StarChild Academy price schedule.

Signature of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_