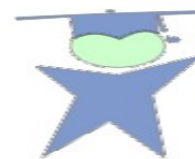




**A CHILDS WORLD LEARNING ACADEMY I**  
**ENROLLMENT FORM**  
 (813) 935-7777



Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home # \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home # \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact/Person authorized to remove child from Center:

**(NOT INCLUDING PARENTS/ID REQUIRED)**

1. \_\_\_\_\_  
*FULL NAME                      RELATIONSHIP                      PHONE #'S*

2. \_\_\_\_\_  
*FULL NAME                      RELATIONSHIP                      PHONE #'S*

3. \_\_\_\_\_  
*FULL NAME                      RELATIONSHIP                      PHONE #'S*

\*\* If additional space needed please attach to this form

Person picking up child must provide ID before ACWLAI releases any child(ren).

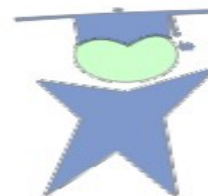
I have received a copy of the Child Care Facility Brochure, Know your Child Care Center and A Childs World Learning Academy II Disciplinary Practices, a copy of Policy and Procedures within the Parent Handbook.

Parent/Legal Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_



**A CHILDS WORLD LEARNING ACADEMY I**  
**ENROLLMENT FORM**  
**(813) 935-7777**



**MEDICAL INFORMATION**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

LIST ALL MAJOR OPERATIONS/ HOSPITAL STAYS: \_\_\_\_\_

\_\_\_\_\_

Was your child born prematurely? \_\_\_\_\_ If so how long? \_\_\_\_\_

COMMUNICABLE DISEASES: (Check ALL that your child has/has had)

Whooping cough: \_\_\_\_\_ Measles: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_ Mumps: \_\_\_\_\_

Scarlet Fever: \_\_\_\_\_ German Measles: \_\_\_\_\_ Head Lice: \_\_\_\_\_ RSV: \_\_\_\_\_

Does your child have asthma? \_\_\_\_\_

Is your child on any daily medication? \_\_\_\_\_ If so list: \_\_\_\_\_

Has your child ever had convulsions? \_\_\_\_\_

Has your child ever had seizures? \_\_\_\_\_

Parents please state any information that would be beneficial to the staff in the event that your child should begin to have any medical problems stated above. \_\_\_\_\_

\_\_\_\_\_

If my child, \_\_\_\_\_, should become ill or injured at A CHILDS WORLD LEARNING ACADEMY II, I understand that the facility will:

1. Contact me 2. Contact the emergency contact. In the event that neither can be reached I authorize the center to arrange for emergency medical treatment and the physician/staff to treat my child. I will accept responsibility for any and all medical bills.

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

\_\_\_\_\_  
Date

## A CHILD'S WORLD LEARNING ACADEMY I



Please acknowledge the following rules for A CHILD'S WORLD LEARNING ACADEMY II by initialing next to each rule:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Initials:

\_\_\_\_\_ I give my son/daughter permission to attend any/all fieldtrips at a A CHILD'S WORLD LEARNING ACADEMY II. I understand that they will be transported by A CHILD'S WORLD LEARNING ACADEMY II staff members in ACWLAI school bus.

\*\* Please note: CHILDREN DO NOT start going to fieldtrips until they are in the PRE-K 3 class.

\_\_\_\_\_ I give A CHILDS WORLD LEARNING ACADEMY II permission to put "BUG SPRAY" on my son/daughter as needed. I am aware that a A CHILDS WORLD LEARNING ACADEMY II does not provide the spray I will bring it in.

\_\_\_\_\_ I am aware that tuition is due at A CHILD'S WORLD LEARNING ACADEMY II

on MONDAY. Tuition is considered late on Tuesday at 6 p.m. Any payments received on or after Wednesday will have a late fee applied.

\_\_\_\_\_

I am aware that I must give A CHILDS WORLD LEARNING ACADEMY II a 2 weeks notice before dis-enrolling my child. Should the center not receive a written 2 weeks notice I am aware that I will be responsible for both weeks tuition even if the children do not attend the center.

\_\_\_\_\_

Hours of operation are from 6:30 a.m. to 6:00 p.m. I am aware that if I should arrive after 6:00 p.m. there will be a late charge of **\$1.00 a MINUTE PER CHILD FOR EVERY MINUTE THAT I AM LATE**

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE



