

A CHILDS WORLD LEARNING ACADEMY II
ENROLLMENT FORM
 (813) 885-6262



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*

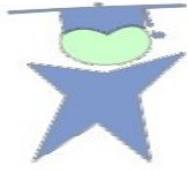
** If additional space needed please attach to this form

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

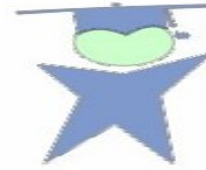
I have received a copy of the Child Care Facility Brochure, Know your Child Care Center and A Childs World Learning Academy II Disciplinary Practices, a copy of Policy and Procedures within the Parent Handbook.

Parent/Legal Guardian Signature

_____ Date _____



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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/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. _____

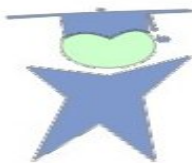
If my child, _____, should become ill or injured at A CHILDS WORLD LEARNING ACADEMY II, I understand that the facility will:

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 II



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 ACWLAII school bus.
** Please note: CHILDRED 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