

Enrollment Date:

Start Date:

Toured By:



2024-2025 STUDENT ENROLLMENT APPLICATION

Student's Information

Full Name:

Date of Birth:

School Child Attends:

Applies to School Age students only.

Mother's Information (Guardian #1)

Full Name:

Date of Birth:

Street Address:

City:

State:

Zip:

Cell Phone #:

Email:

Employer:

Employer's Address:

Work Phone #:

Father's Information (Guardian #2)

Full Name:

Date of Birth:

Street Address:

City:

State:

Zip:

Cell Phone #:

Email:

Employer:

Employer's Address:

Work Phone #:

Emergency Contact Information

Other than Parents/Guardians listed on previous page

CONTACT #1

Name:

Full Address:

Home Phone#:

Cell Phone#:

Relationship to Student:

CONTACT #2

Name:

Full Address:

Home Phone#:

Cell Phone#:

Relationship to Student:

****IMPORTANT****The two above Emergency Contacts for your child will be allowed to pick up or drop off your child, and **does not** need to be listed below in the next section of additional parental authorizations.

Additional Parental Authorizations

Name:

Relationship to Student:

Cell Phone #:

Kid Academy will only release your child to those listed on this application unless we receive written authorization from parents in person. Anyone unfamiliar will be asked to show picture identification. This policy is strictly enforced for the safety of our students.

Special information concerning student's growth development and needs:

Is your child toilet trained? Yes No

If not, document when applicable Date:

Allergic Reactions

Must provide detailed doctor's note as stated in our handbook

Private Physician or Medical Provider

Doctor's Name:

City:

Phone#:

Emergency Medical Treatment (MUST SIGN)

Kid Academy, Inc. has my permission to obtain emergency medical treatment for my child.

Signature:

Date:

Photography Permission (MUST SIGN. CAN REQUEST NO SOCIAL MEDIA)

I give Kid Academy, Inc. permission to photograph or videotape my child at Kid Academy.

Signature:

Date:

Field Trip Permission

I give my child permission to participate in any field trips with his/her class.

Signature:

Date:

Parent Referral

If you were referred by a parent of Kid Academy, past or present, please provide their name and child's name.

Parent's Name:

Child's Name: