**Enrollment Form**

***Records of Child Accepted for Care***

Place an “x” by an address where the child lives. Enrollment Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Last) (First) (Middle)**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: (F) (M) Birth D ate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following personal information is necessary. This is to insure that the parent(s) can be properly identified if need be by any of our employees at Youthland Christian Academy. **“YOUR CHILD’S SAFETY IS OUR CONCERN”**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Home Address** | **Home Phone** | **Employment Address** | **Work Phone** |
| **Mother** |  |  |  |  |
| **Father** |  |  |  |  |
|  |  | **Race** | **Sex** | **D.O.B.** | **Height** | **Weight** | **Hair** | **Eyes** |
| **Mother** | **FL Drivers Lic. Number** |  |  |  |  |  |  |  |
| **Father** | **FL Drivers Lic. Number** |  |  |  |  |  |  |  |

Child’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

May Youthland Christian Academy call another physician if unable to contact yours? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) permitted to remove child from Youthland Christian Academy:

 YES NO Legal Custody

Mother \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (Y) (N)

Father \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (Y) (N)

Guardian \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (Y) (N) Name of Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons to contact in case if illness and accident of emergency. If for some reason the parents or guardian cannot be reached, please indicate who is authorized to release the child from Youthland Christian Academy. IF NONE, SAY “NONE”

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Parent Information \_\_\_\_\_\_\_\_\_ Married \_\_\_\_\_\_\_\_ Single \_\_\_\_\_\_\_ Divorced \_\_\_\_\_\_\_Separated

My child should **NOT** be released to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL INSTRUCTIONS** regarding eating habits, toileting training, allergies or other areas of concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary hours of care \_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_

Days to attend \_\_\_\_\_\_ Mon. \_\_\_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_\_\_ Thurs. \_\_\_\_\_\_\_\_ Frid.

Registration \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuition \_\_\_\_\_\_\_\_\_\_\_\_\_ (weekly, bi-monthly, monthly)

**Photography & Publicity Agreement**

Photographs of the children participating in our programs may be taken from time to time and may

appear in newspapers, magazines, brochures or other publicity materials. Your permission allows for photographs including your child’s to be used without compensation.

Permission Granted \_\_\_\_\_\_ Permission Denied\_\_\_\_\_\_\_

I have read and understood Youthland Christian Academy parent handbook. I agree to comply with all the written policies and fulfill my responsibilities to Youthland Christian Academy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature Date