

**THE ACADEMY AT JULINGTON CREEK
ENROLLMENT INFORMATION**

Child's name:		M F	Date of birth:	Home Phone
Nickname:				
Child's physical address:			City:	State: Zip code:
Start Date:			Hours and days in care: From _____ To _____ M T W TH F	
Mother's name:	Home phone:	Father's name:	Home phone:	
Address (if different from Child's):			Address (if different from Child's):	
Employer:	Work phone:	Employer:	Work phone:	
Email address:			Email address:	
Cell phone:	Last four digits of mother's Social number: _____	Cell phone:	Last four digits of father's Social number: _____	

School Age Student Information: My child's immunization record is on file at the school listed below and is current:

Name of School:	School Phone	Grade:	Your Student's Teacher:
		Room #:	

I authorize The Academy to allow my child to leave with the following persons in case of illness, accident, emergency, or pick up:

Name:	Address:	Cell #: Work #: Home #:
Relationship:		
Name:	Address:	Cell #: Work #: Home #:
Relationship:		
Name:	Address:	Cell #: Work #: Home #:
Relationship:		

MEDICAL INFORMATION: I hereby grant permission of the staff of the Academy to contact the following medical personnel to obtain emergency medical care, if warranted:

Doctor:	Address:	Phone:
Dentist:	Address:	Phone:
Hospital:	Address:	Phone:

Please list allergies, special medical or dietary needs, any long term medications or other areas of concern:

Do you give your permission for your child to participate in water activities using a lawn sprinkler? Yes No

I ACKNOWLEDGE RECEIPT OF:

- Parents received a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY."
- Parents received, in writing, the disciplinary practices used by The Academy at Julington Creek.
- Influenza Virus "The Flu; A Guide for Parents" – "During the 2009 legislative session, a new law was passed that requires child care facilities provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September."

I WILL PROVIDE:

A current physical examination (Form 3040 - Yellow) and immunization record (Form 680 – Blue) upon enrollment.
Failure to provide documents may result in your child being suspended from the facility until the records are provided.

PARENT SIGNATURE: _____ **DATE:** _____

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