



Enrollment Application

Child's Name: _____ Date of Birth: _____ Boy Girl
(Circle) Date of Enrollment _____

Child's Address, City, State and Zip Code _____

Parent or Guardian Information

Parent or Guardian _____	Home Phone _____	Other Parent or Guardian _____	Home Phone _____
Address (If different) _____	Cell Phone _____	Address (if different) _____	Cell Phone _____
City, State and Zip Code _____	Driver's License # _____	City, State and Zip Code _____	Driver's License # _____
Employer _____	Work Phone _____	Employer _____	Work Phone _____
Email Address _____		Email Address _____	

Emergency Contact and Authorization to Pick Up (Other than Parent)

I authorize Premier Prep School to contact in the event of an emergency and release my child to the following person(s):

Primary Emergency Contact _____	Relationship _____	Secondary Emergency Contact _____	Relationship _____
Phone Number _____	Alt. Number _____	Phone Number _____	Alt. Number _____
Address, City, State and Zip Code _____		Address, City, State and Zip Code _____	

Alternate Authorized Pick-Ups (Other than Parent and Emergency Contacts)

I authorize Premier Prep School to release my child to the following person(s):

Name _____	Relationship _____	Name _____	Relationship _____
Phone Number _____	Alt. Number _____	Phone Number _____	Alt. Number _____
Address, City, State and Zip Code _____		Address, City, State and Zip Code _____	

Attendance

My child will attend Premier Prep School () Full Time () Part Time: Please circle one: 3 days a week 5 - ½ days

My child will attend the following days: () Monday () Tuesday () Wednesday () Thursday () Friday

I understand that, when my child is in attendance, a morning snack, lunch, and an afternoon snack will be served. I understand that when my child brings lunch and/or snacks from home, Premier Prep School is not responsible for its nutritional value or for meeting my child's daily food needs.

Parent or Legal Guardian Signature _____ Date _____

Medical Information

In the event I cannot be reached for emergency medical care, I authorize the person in charge to transport my child to:

Emergency Medical Care Facility

Address

Phone Number

Physician's Name

Address

Phone Number

Allergies/Special Health Conditions (Please indicate "none" if none exist)

Medications Taken Regularly

In the event of an emergency, I authorize Premier Prep School to secure any and all necessary emergency medical care for my child.

Parent or Legal Guardian Signature

Date

Additional Authorization

Authorization for Transportation: I hereby () give () do not give consent for my child to be transported and supervised by Premier Prep School's staff on field trips and/or to and from school.

Authorization for Field Trips: I hereby () give () do not give consent for my child to participate in field trips.

Authorization for Water Activities: I hereby () give () do not give consent for my child to participate in the following water activities: () sprinklers () splashing/wading pools () swimming pools () water table play

Authorization for Photo Usage: I hereby () give () do not give consent for Premier Prep School to use my child's photo for activities and/or class projects.

Authorization for Internet/Social Media Photo Usage: I hereby () give () do not give consent for Premier Prep School to use my child's photo on the Premier Prep School Facebook page and/or website.

Required Documents

*I understand the following documents must be presented at the time my child is admitted to the child-care center:

- A copy of your child's most current immunizations, and
- A health-care professional's statement,
- Age 4 – Hearing and Vision Screening

*Does not apply to school age children.

School Age Children

My school age child attends school at:

Name of School and Address

School Phone Number

Teacher's Name

Child's Grade Level

My child's shot records, health statement, vision, and hearing screenings are on file and current at the above-named school.

Please initial here: _____

Handbook and Account Agreement

I understand that Tuition Express will be used to draft my child's weekly tuition each Tuesday. I have current account information on file, and understand it is my responsibility to notify the school of any changes to these accounts. Please initial here: _____

I have received a copy of Premier Prep School's Parent Handbook and understand my responsibilities and will abide by the policies within. Please initial here: _____

Parent or Legal Guardian's Signature

Date