



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. I understand that Premier Prep School is a nut-free school.

Parent or Legal Guardian Signature _____

Date _____

Medical Information

Physician's Name

Address

Phone Number

*Allergies/Special Health Conditions *

*If yes, I have provided an Allergy/Medical Emergency Plan signed by a physician in my child's file. Please initial or write NA: _____

Medications Taken Regularly/ Adaptive Equipment

*If yes, I have provided an Allergy/Medical Emergency Plan signed by a physician in my child's file. Please initial or write NA: _____

In the event of an emergency, I authorize Premier Prep School to have my child transported and secure 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

My Child can swim without assistance: () Yes, my child can swim without assistance. () No, my child is not water safe.

Authorization for Photo Usage: I hereby () give () do not give consent for Premier Prep School to use my child's photo for: () activities () class projects () Premier Prep School's Social Media* () Premier Prep School's website*

*I understand that Premier Prep School records and/or utilizes FaceBook Live for school events and when my child is in attendance, they cannot be excluded and might be visible during the event. Please initial: _____

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 or an Immunization Exemption Affidavit
- A signed 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/Address/Phone Number

Grade/Teacher

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 will be drafted every Tuesday via ChildPilot. 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