

Enrollment Application

Date of enrollment: _____

Please fill in application completely

I.D. CODE ____-____-____-____

Child's Name: _____ Nickname: _____
Birthdate: _____ Current Age: _____ Sex: F: _____ M: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Check one: Full day Program: _____ Half day program: _____
Enrolling for: Infants: _____ Ones: _____ twos: _____ two 1/2: _____ Threes: _____ Fours: _____ VPK: _____
After school: _____ Name of elementary school: _____ Adventure Camp: _____
Days of the week in Care: M: _____ T: _____ W: _____ TH: _____ F: _____

FAMILY INFORMATION:

Child lives with: **Mother:** _____ **Father:** _____ **Both:** _____ **Guardian** _____
Mother's Name: _____ Father's Name: _____
Mother's D.L. #: _____ Father's D.L. #: _____
Address: _____ Address: _____
Home #: _____ Cell: _____ Home#: _____ Cell: _____
Employer: _____ Employer: _____
Employer address: _____ Employer address: _____
Work #: _____ other: _____ Work #: _____ other#: _____

MEDICAL INFORMATION:

I hereby grant permission for the staff of Nob Hill Academy to contact the following medical personnel to obtain emergency medical care if warranted:

Doctor: _____ Address: _____ phone#: _____
Doctor: _____ Address: _____ Phone #: _____
Hospital Preference: 1. _____ 2. _____
Does your child have any allergies: Yes _____ No _____ List allergies: _____
Does your child take any medication: Yes _____ No _____ List Medication: _____
Please list, special medical or dietary needs, or other areas of concern:

Emergency contact other than a parent: Name: _____ Phone #: _____

CONTACT:

My child may be released only to the custodial parents or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name: _____ Home: _____ Cell: _____ Work: _____
Name: _____ Home: _____ Cell: _____ Work: _____
Name: _____ Home: _____ Cell: _____ Work: _____
Name: _____ Home: _____ Cell: _____ Work: _____

Signature: _____ Date: _____