



Teaching Creative Thinking for Life-Long Learning

APPLICATION FOR ADMISSION

(Please print or type)

Child's Name _____ Sex _____ Birthdate _____
Last First Middle

Address _____ Home Phone _____
Street City State Zip

Anticipated date of entrance _____ Previous school attended _____

Reason for leaving previous school _____

Does your child nap? YES NO

Is your child potty-trained? YES NO

IDENTIFYING INFORMATION

Father's Name _____

Mother's Name _____

Home # _____ Wk # _____

Home # _____ Wk # _____

Address _____

Address _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Email address _____

Email address _____

Alternate # _____

Alternate # _____

EMERGENCY CONTACTS *other than parent or doctor that may act as agent of parent (must have two)*

Name _____ Relation to Child _____ Phone _____

Name _____ Relation to Child _____ Phone _____

PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

Name _____ Name _____

If you want to arrange for another person to pick up your child, please notify the front desk.

Allergies, Special Instructions, Habits, Special Instructions

Names and ages of siblings

Authorization for Emergency Medical Care

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Smithville Academy, Inc. to contact:

Physicians

Name _____ Address _____ Phone _____

For emergency medical treatment of my child, my preferred hospital is:

Name _____ Address _____ Phone _____

Model Release

I do ___ do not ___ give consent for photographs of my child to be used in the Smithville Academy, Inc. web site and or in print advertising for the school.

Please Read and Initial

Agreements

- I have read the parent handbook and returned the parent signature page. _____
- When my child is ill, it is understood and agreed that he/she may not be accepted into care. _____
- I have been informed of this facilities policies pertaining to the admission, care and discharge of children. _____
- I accept full responsibility for my child's tuition. _____
- A non-refundable enrollment fee of \$60 is enclosed. I have been informed that a thirty day written notice of withdrawal from school is required. _____
- I will update any address and phone number changes as necessary. _____

Date _____ Parent/ Legal Guardian signature _____

TO BE COMPLETED BY SCHOOL ADMINISTRATION

Admission Date

Enrollment for (days of week)

Hours per day

From _____ to _____

Discharge Date (to be retained for one year after discharge)
