

Application for Enrollment

Child's First Name	Middle Name	Last Name	Date of Birth	Male/Female
<u>1</u>	_____	_____	_____	M F
<u>2</u>	_____	_____	_____	M F

First Day of Enrollment

Adults child lives with and/or custody arrangements

Mother's First Name	Last Name	Cell Phone Provider	Cell Phone/Home Phone
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Mother's Soc.Sec.#

Home Address, city, zip code

Employer

Work Phone

E-mail

Father's First Name

Last Name

Cell Phone Provider

Cell Phone/Home Phone

Father's Soc.Sec.#

Home Address, city, zip code

Employer

Work Phone

E-mail

Authorized Contacts (other than child's parents) The child will be released only to the parents and the following persons as requested by parents. These contacts will be considered authorized pickups at any time.

First Name	Last Name	relationship	phone
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First Name	Last Name	relationship	phone
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First Name	Last Name	relationship	phone
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Medical

I give my permission to Little People's Academy to administer first-aid/CPR and/or authorize emergency medical treatment for my child. I also give my permission for my child/children to be transported by ambulance, or personal vehicle to an emergency center for treatment. _____ *(initial please)

Allergies or special needs: _____

Permission

My child has permission to be transported to/from _____ school. _____ *(initial please)

My child has permission to participate and be transported to activities and trips sponsored by Little People's.

Photo Release

I give my permission for pictures or videos that include my child to be used by Little People's Academy online or in print. I understand that their name will not be used. YES NO _____ *(initial please)

I agree that I have read, understand and agree to this Application for Enrollment, Parent agreement printed on the back of this form and the Parent Handbook. I also agree to the Financial Terms and Conditions indicated in the Parent Agreement and the fee schedule listed herein. I agree to be bound by all provisions.

X _____
Signature of Parent/Guardian_____
Date