ENROLLMENT APPLICATION

DATE ___/___



			Cir	cle Days of the	week in care: M T	WRF
Before Care	Half Day (8:30a - 11:30a) Full Day(8:30a - 4:00p) After Care (4:00p - 6:00p)					
NAME OF CHILD)			_ HOME P	HONE	
SEX	PRESENT AGE BIRTHDATE/					
HOME ADDRESS						
EMAIL						
ANY SERIOUS I	LLNESS OR ACCIDENT					
PLEASE LIST AL	LLERGIES, SPECIAL MEDICAL	OR DIETARY	Y NEEDS, OF	R OTHER ARE	AS OF CONCERN BEI	_OW:
PEDIATRICIAN NAME ADDRES			SS PHONE			
PREVIOUS SCHO	OOLING? YES NO	IF YES, W	HERE?			
FATHER'S NAME			MOTHER'S NAME			
OCCUPATION			OCCUPATION			
BUSINESS ADDRESS			BUSINESS ADDRESS			
CITY, STATE & ZIP			CITY, STATE & ZIP			
BUSINESS PHONE			BUSINESS PHONE			
MOBILE PHONE			MOBILE PHONE			
IN THE CASE TH	HAT THE CHILD'S PARENTS A	RE DIVORCEI	D, CHILD LIV	ES WITH: MC	OTHER FATHE	:R
PERSON TO BE	NOTIFIED IF PARENTS CAN	NOT BE REA	CHED:			
NAME			ADDRESS			
PHONE			RELATIONSHIP			
PERMITTED TO	REMOVE CHILD FROM SCHOO	DL : MOT	ΓHER: YES _	NO	FATHER: YES	NO
OTHER PERSOI	NS ALLOWED TO REMOVE C	HILD FROM S	CHOOL:			
NAME	ADDRESS			PHONE		
NAME	ADDRESS				PHONE	
HOW DID YOU F	HEAR ABOUT OUR SCHOOL?_					
PARENTS SIGN	ATURE				DATE/	/

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This agreement is between Starting Ahead Academy (the school) and the undersigned individual(s) as parents, guardian, custodian or other person(s) financially responsible for the above named student (the Responsible Party). The Responsible Party represents to the School that she/he has the authority to execute this agreement on behalf of herself/himself and the student and agrees to all of the terms and conditions set forth in this contract and as stipulated in the Starting Ahead Academy Parent Handbook. I understand I, the Responsible Party, am financially responsible for the non-refundable yearly school registration deposit and all tuition to be paid in full prior to my child's attendance. I assume full liability for all services rendered by Starting Ahead Academy. In the event my account needs to be assigned to a collection agency or attorney for collection of funds due. I am fully aware that I will be held financially responsible for all attorney fees, collection fees, filing fees, finance charges, interest charges and any other costs incurred. This contract is binding as per my signature effective of the date below.

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ARENT'S/GUARDIAN SIGNATURES:
DATE
Schol 3 Signature (or Guardian)
DATE
ther's Signature (or Guardian)
VO HEALTH CERTIFICATES (IMMUNIZATION SCHEDULE AND GENERAL HEALTH FORM) FROM YOUR EDIATRICIAN AND A NON-REFUNDABLE \$50 APPLICATION FEE ARE TO BE ATTACHED
OFFICE USE ONLY:
Completed Application Registration/Ck#
Health Form
Immunization Form
Child's Picture
Copy of Parent's Driver's Licenses: Mother Yes No Father Yes No