AHAYAH ACADEMY LEARNING CENTER
CHILDREN'S ENROLLMENT FORM

Note: Do not leave any field blank nor use N/A. Answer all prompts as all apply in one way or another.

Entrance Date_____ **Withdrawal Date**_____

Child's Name_____Sex___Age_____Date of birth_____

Home Address (Street)_____

City_____State_____Zip_____

Home Phone Number_____

Father's Name_____Home Phone Number_____

Father's Home Address (if different from child's) Street_____

City_____State_____Zip_____

Father's Place of Employment_____Work Phone _____

Employer's Street Address_____City_____State_____Zip_____

Mother's Name_____Home Phone Number_____

Mother's Home Address (if different from child's) Street_____

City_____State_____Zip_____

Mother's Place of Employment_____Work Phone #_____

Employer's Street Address_____City_____State_____Zip_____

Child's Living Arrangements: (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other Child's

Legal Guardian(s): (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other The child

may be released to the person(s) signing this agreement or to the following:

*Name _____Address_____
                                                          (Street-City-State-Zip)
Telephone Number_____Relationship to child_____
Relationship to Parent(s) or Guardian_____

Other identifying information (if any)_____

*Name_____ Address_____
                                          (Street-City-State-Zip)
Telephone Number_____ Relationship to child_____
Relationship to Parent(s) or Guardian_____
Other identifying information (if any)_____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name_____ Phone #(s)_____

Name_____ Phone #(s)_____

Name_____ Phone #(s)_____

Name of Public or Private School child attends, if any:_____

Child's doctor or clinic name_____

Doctor/clinic phone #_____

My child has the following special needs_____
_____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:_____
_____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:_____
_____
_____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name)_____ Date of birth_____
suffer an injury or illness while in the care of **AHAYAH ACADEMY LEARNING CENTER** __ and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian:_____
Signature

Date:_____

Facility Administrator/Person-In-Charge_____
Signature

Date:_____

Left Blank Intentionally