



ENROLLMENT FORM

Child's Name _____ Preferred/Nickname _____
First Middle Last

Date of Birth _____ Sex M F Home Phone _____

Child's Address _____ City _____ State _____ Zip _____

Previous School and Child Day Care program attended _____

If Child attended this school or another school/program, please give name & grade of the school/program

School / Program _____ Grade _____

Referred by: _____

Mother's Name _____ Home Phone _____

Home Address (if different from above) _____

City & State _____ Zip _____

Employer _____ Business Phone _____

Business Address _____

E-Mail _____ Cell Phone _____

Father's Name _____ Home Phone _____

Home Address (if different from above) _____

City & State _____ Zip _____

Employer _____ Business Phone _____

Business Address _____

E-Mail _____ Cell Phone _____

In the event of my child's illness/injury, please contact (please circle one):

Mother **Father** **either parent**

*I understand that if this parent is not available, the other parent will be called.

In the event that my child becomes ill or sustains an injury while in the care of Discovery oaks Academy, I give permission to those in charge to take whatever steps are necessary to obtain treatment.

Parent/Guardian signature

Date

Parent/Guardian signature

Date

Continued on reverse

Food Allergies _____

Drug Allergies _____

Other Chronic Physical Problems _____

Special Need _____

Other Special Instruction _____

Will an Epi-pen be provided to the school? Yes No

Doctor's Name _____ Doctor's phone _____

Emergency Contacts (other than parent or guardian listed earlier)

Please list at least **TWO** local emergency contacts. Please provide complete address and phone information. Contacts will be called in the order indicated.

1. Name _____ Relationship _____
Address _____
Home phone _____ other phone _____
City State zip
Authorized to pick up? Yes No

2. Name _____ Relationship _____
Address _____
Home phone _____ other phone _____
City State zip
Authorized to pick up? Yes No

3. Name _____ Relationship _____
Address _____
Home phone _____ other phone _____
City State zip
Authorized to pick up? Yes No

Persons **NOT** authorized to pick up child _____

Agreement

Discovery Oaks Academy agrees to notify the parents/guardian whenever this child becomes ill or injured, and the parent/guardian agrees to pick up this child or make arrangements to have this child picked up within 30 minutes of notification from Discovery Oaks Academy. Otherwise, the designated emergency contact will be contacted and asked to pick up the child.

Parent/Guardian signature

Date

Parent/Guardian signature

Date