

Date: ____ Office Initials: ____

Age: ____ Room: ____

Days: ____ Hours: ____

Deposit: ____ Ck#: ____

Enrollment Form

1) Parents and/or Guardian information:

Father's Name: _____ Father's Last Name: _____

Mother's Name: _____ Mother's Last Name: _____

Father's SS#: _____ Mother's SS#: _____

Father DOB: _____ Mother DOB: _____

Home Address: _____

Home Address: _____

(Please specify father's and mother's address if they are different)

Marital Status of parents: Married: ____ Single: ____ Separated: ____ Divorced ____
(If divorced, copy of legal custody required)

Father:

Home Phone #: _____ Mobile Phone #: _____

Work Phone #: _____ Occupation: _____

Email: _____

Mother:

Home Phone #: _____ Mobile Phone #: _____

Work Phone #: _____ Occupation: _____

Email: _____

Custody – Visiting Arrangements (Must have court order on File): Y ____ N ____ NA ____

Emergency Contacts (We will call emergency contact in the order outlined below):

1) Name: _____ Telephone: _____

2) Name: _____ Telephone: _____

3) Name: _____ Telephone: _____

Family Dr.'s Name: _____ Telephone: _____

Dentist Name: _____ Telephone: _____

Preferred Hospital _____

2) Child / Children To Be Enrolled:

Name: _____ DOB: _____ Gender: M ____ F ____

Name: _____ DOB: _____ Gender: M ____ F ____

Name: _____ DOB: _____ Gender: M ____ F ____

3) I have received and read NPA's parents hand book, "Know Your Child Center" booklet and H1N1 brochure.

Parent's/Legal Guardian Signature: _____ Date: _____

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4) Authorization for Pick-Up:

Mother : Yes No Father: Yes No

Others:

Name/Telephone#: _____ Relationship: _____
Name/Telephone#: _____ Relationship: _____

5) Authorization for Medical Emergency Treatment:

I give permission for the staff of Naples Preschool Academy (NPA) to take whatever steps may be necessary for my child (dren) medical care in the event of an emergency.

Parent's/Legal Guardian Signature: _____ Date: _____

6) Authorization to take pictures and publish them in NPA's related marketing efforts:

Yes ___ No ___ Parent's/Legal Guardian Signature: _____ Date: _____

7) Permission to Apply Sunscreen/Diaper Rash Cream:

Yes ___ No ___ Parent's/Legal Guardian Signature: _____ Date: _____

8) Liability Release:

I hereby acknowledge that I am releasing Naples Preschool Academy, Inc., and its staff members and volunteers from any and all liability due to injury, loss, or damage, which may occur on Naples Preschool Academy's site while my child participates in the activities of this program. By signing below, I acknowledge that I have read, understand and voluntarily agree to this authorization and release.

Parent's/Legal Guardian Signature: _____ Date: _____

9) NPA Check-In Station:

Parents are required to use the ProCare Check-In Stations. Only authorized persons will have access to check a child in and out. All parents will be required to register and use this station daily, as well as any authorized family members or friends.

Parent's/Legal Guardian Signature: _____ Date: _____

**10) Immunization & Physical Examination Records provided: Yes _____ No _____
(If Answer is no, Admission will not be processed and/or approved)**

11) I will provide snacks/meals for my child that meets USDA guidelines and/or his/her nutritional meals:

Parent's/Legal Guardian Signature: _____ Date: _____

12) Tuition Payment Policy: All deposits, registration fees, Tuition fees are non-refundable. I am responsible for all prompt payment regardless of days missed whether from vacation, illness, adverse weather conditions, etc..

Parent's/Legal Guardian Signature: _____ Date: _____