



Sibling Enrollment

Name of Child _____

Birthdate _____

Enrollment Date: _____

Nickname _____

Gender (check one)

Male Female

Street Address _____

Mailing Address _____

City _____

State _____

Zip Code _____

Mother's/Guardian's Name _____

Birthdate: _____

Email: _____

Cell # _____

Home # _____

Work # _____

Employer _____

Father's/Guardian's Name _____

Birthdate: _____

Email: _____

Cell # _____

Home # _____

Work # _____

Employer _____

How did you hear about us? _____

Emergency Contacts (Other than Parents) and persons Authorized to Pick-Up the Child

Name	Relationship to Child	Address	Phone #
<input type="checkbox"/> Check if there are no emergency contacts available, other than parents.			
<input type="checkbox"/> Check if there are no persons authorized to pick up the child, other than parents.			
Out of Area/State Contact Name (if available)	Relationship to Child	Address	Phone #

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

Signature of Parent or Guardian _____

Date _____

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):

To and From School On Field Trips (with written permission in advance) Other

Signature of Parent or Guardian _____

Date _____



Child Health Assessment

Please Write Legibly

Name of Child _____ Birthdate _____

Check all that apply:

Does your child have any known allergies or sensitivities to:

	No	Yes	If Yes, Please List:
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Illness or Medical Conditions:

Does your child have any of the following?

	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="text"/>	

Please list any allergies your child has with what their reactions are:

List any additional health information or special instructions you feel we need to be aware of:

List any regular medications your child takes:

Name of Child's Medical Provider:

Signature of Parent or Guardian _____ Date _____

This form must be completed for each child enrolled and must be reviewed annually by the parent/guardian, and any changes noted.

Annual Review/Update:

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____



Student Schedule

AristoCat Children’s Academy is open Monday through Friday from 7:30 am to 5:30 pm, with the exception of the designated closed dates on the annual calendar.

Infant, Toddler, and Early PreSchool enrollment is FULL TIME ONLY.

Please mark which days during the week your student will be attending the Academy.

Child's Name

Age

Monday	Tuesday	Wednesday	Thursday	Friday

Signature of Parent or Guardian

Date

Annual Review/Update:

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Scheduling:

Tuition for children under the age of 3, and children over the age of 3 who are not fully potty train is not adjustable and full time only, until my child is 3 and fully potty trained.

This means that tuition will be the infant, toddler, and early preschool rate.

Signature of Parent or Guardian

Date