



**SUMMIT ACADEMY PRESCHOOL
ENROLLMENT APPLICATION**

For Office Use Only: **Start Date:** _____
Class: _____

Child's Name: _____ M ___ F ___ Date of Birth: _____
Last First Middle

Home Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Expected date for attendance to begin: _____

Program: Part-time _____ After-School _____ Summer Camp _____

Normal attendance will be approximately: _____ a.m. to _____ p.m. on the following days:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

After-School Program: Child's Grade: _____ School: _____

School Address: _____ School Phone: (____) _____

Mother or Guardian: _____ Employer: _____

Home Address: _____ Home Phone: (____) _____

Work Address: _____ Work Phone: (____) _____

E-mail (home and/or work): _____ Cell Phone: (____) _____

Pager: (____) _____

Father or Guardian: _____ Employer: _____

Home Address: _____ Home Phone: (____) _____

Work Address: _____ Work Phone: (____) _____

E-mail (home and/or work): _____ Cell Phone: (____) _____

Pager: (____) _____

Who is legally responsible for payment of the tuition? _____

In an emergency situation in which the parent(s) cannot be reached, the following people should be contacted. PLEASE GIVE LOCAL NUMBERS ONLY.

Name: _____ Relationship: _____

Phone: (____) _____ Cell Phone: (____) _____ Pager: (____) _____

Name: _____ Relationship: _____

Phone: (____) _____ Cell Phone: (____) _____ Pager: (____) _____

My child may also be released to the following people who are at least 17-years-old:

Name: _____ Relationship: _____

Phone: (____) _____ Cell Phone: (____) _____ Pager: (____) _____

Name: _____ Relationship: _____

Phone: (____) _____ Cell Phone: (____) _____ Pager: (____) _____

Child's Physician: _____ Phone: (____) _____

Child's Dentist: _____ Phone: (____) _____

Hospital Preferred: _____ **Address:** _____

1. In the event of a medical emergency when neither my child's parent(s) nor any designated emergency contacts can be reached, I give permission for a representative of Summit Academy Preschool to obtain whatever emergency medical care is deemed necessary for my child. I understand I will be financially responsible for any and all charges related to such medical emergency.
2. I do _____ do not _____ give permission for my child to be transported in a Summit Academy vehicle for special activities, field trips, and/or to be picked up for after-school care if applicable.
3. I do _____ do not _____ give permission for my child to be photographed for educational or publicity purposes representative of the enriching experiences offered at Summit Academy.

Signature of Parent or Legal Guardian

Date

Signature of Summit Academy Administrator

Date