



# SKIPWITH ACADEMY CHILD ENROLLMENT FORM

SCHOOL \_\_\_\_\_

ENROLLMENT DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

WITHDRAWAL DATE \_\_\_\_\_

NICKNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

*(If parent is not listed or has limited custody, or if guardian is not a parent, legal paperwork must be provided.)*

Name \_\_\_\_\_ SSN \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Has legal custody?  Yes  No

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

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Name \_\_\_\_\_ SSN \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Has legal custody?  Yes  No

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

*Persons to be contacted in case of illness, accident, or emergency if parents or guardians cannot be reached (minimum of 2 required)*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PERSONS AUTHORIZED TO PICK UP CHILD

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SCHOOLING

*Please list any previous school and/or childcare center enrollment*

Name of School/Center \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_

Name of School/Center \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_

Is your child attending another school concurrently with our program?  Yes  No

Name of School \_\_\_\_\_ Grade or Class Level \_\_\_\_\_

## HEALTH

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies and Intolerance to Foods, Medication or Other Substances \_\_\_\_\_

Action to Be Taken \_\_\_\_\_

Does your child have any chronic physical problems?  Yes  No Please specify \_\_\_\_\_

Type of Accommodations Needed \_\_\_\_\_

Does your child have any developmental or learning needs?  Yes  No Please specify \_\_\_\_\_

Type of Accommodations Needed \_\_\_\_\_

*If special accommodations are needed, a current copy of the appropriate documentation/care plan (such as IHP, IEP or IFSP) is required.*

Are any medications given regularly?  Yes  No Please list medications and reasons \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

*If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY

*Other family members (brothers, sisters, grandparents, etc.) living at home:*

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

*Other family members living in the community:*

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian's Occupation \_\_\_\_\_ Parent/Guardian's Occupation \_\_\_\_\_

## HOLD HARMLESS

I, \_\_\_\_\_ (please print names), the parents/guardians of \_\_\_\_\_ agree to release and hold harmless Skipwith Academy and its employees, from any accident or harm that may occur should I retain the services of any Skipwith Academy employee for the care of my child(ren) outside the childcare center. I understand that Skipwith Academy does not condone or encourage its employees to care for children outside of the childcare center. If I retain the services of any Skipwith Academy employee in such capacity, Skipwith Academy has no responsibility and is held harmless from any incident which may occur.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## IDENTITY VERIFICATION (For Office Use Only)

Form of Proof  Birth Certificate  Passport  Placement Agreement  Other: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth Certificate/Document Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Name of Person Viewing Documentation \_\_\_\_\_ Signature \_\_\_\_\_

## PHOTO RELEASE

I give permission for photos of my child to be used by Skipwith Academy for purposes to include, but not limited to, emails and newsletters, Skipwith Academy website, social media, ads, flyers, brochures, videos, other marketing purposes and the parent communication app.

I do not wish for photos of my child to be taken and used for any of the above purposes.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

## FINANCIAL AGREEMENT

I, \_\_\_\_\_ (please print names), the parents/guardians of \_\_\_\_\_ agree to pay my child's tuition no later than Monday of the current week. If I have not paid by Wednesday of the current week, I understand that I will be charged a late fee. I also understand that if I do not pick my child up by the center's closing time, I will incur a late pick-up charge. I also agree to pay all costs and expenses including, without limitation, court costs, reasonable attorney fees and reasonable collection agency fees incurred by Skipwith Academy in connection with the collection of tuition and the enforcement of this agreement. I understand that Skipwith Academy and its authorized agents will use any personal contact information (home, work, cell and emergency contact numbers) provided to us on this document in an attempt to collect any outstanding balance on the account.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

## SCHOOL POLICIES

1. I understand that my child must not be left on school grounds without supervision. I agree to walk my child into the school each morning and release my child to a teacher before leaving my child.
2. I understand that all required forms must be completed and on file at the center before my child may attend.
3. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that Skipwith Academy will release children to either parent unless legal paperwork stating otherwise is provided to the Director. I agree to give to the center a list of all persons authorized to pick up my child.
4. I understand that no medication will be administered without written permission from parents.
5. I agree to support and reinforce the school's rules and procedures that concern the health and safety of my child and other children.
6. I understand that the Director will notify me whenever my child becomes ill and I agree to pick up my child or make arrangements to have my child picked up by an authorized individual within one hour of notification.
7. I understand that my child cannot attend the school if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free for 24 hours before returning to school after an illness. I also understand that prescription medication must be administered to my child at home for 24 hours before he or she can return to school.
8. I understand that I am required to inform the center within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
9. I understand that childcare services may be terminated for any of the following reasons:
  - My child's tuition account becomes more than two weeks in arrears.
  - Failure to respond in a timely manner when contacted by the center to pick my child when he or she is sick.
  - Failure to adhere to the 24-hour illness recuperation period.
  - Failure to notify the center, in advance, if my school age child will not be attending after school care.
  - Failure to provide the center with up-to-date emergency contact information for my child.
  - Skipwith Academy does not receive parental support and help when a child is found to have a health, learning or behavioral problem. This includes failure to attend parent conferences, follow through with medical and/or educational specialists, or provide updated copies of appropriate documentation/care plan (such as IHP, IEP or IFSP).
  - My child's behavior threatens his or her own health and safety or threatens the health and safety of other children and staff.
  - Parents/guardians are no longer supportive of Skipwith Academy program and philosophy and become negative and uncooperative in their actions and opinion which may undermine the operation of the school.
  - A child wanders, runs away from or otherwise leaves his/her designated classroom or safe area.

I have read the policies in the Skipwith Academy Family Handbook and understand their application to me and my child.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Director's Signature

Date