



CHILD ENROLLMENT FORM

ENTRANCE DATE

WITHDRAWAL DATE

CHILD'S INFORMATION

Name _____

Gender _____ Age _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Public/Private School _____

MOTHER'S INFORMATION

Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

FATHER'S INFORMATION

Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: Both Parents Mother Father Other _____

Child's Legal Guardian(s): Both Parents Mother Father Other _____

The child may be released to the person(s) signing this agreement or the following:

Name	Address	Phone	Relationship to Child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Persons to contact in case of emergency when parents cannot be reached:

Name	Telephone Number	Relationship to Child
1.	_____	_____
2.	_____	_____
3.	_____	_____

MEDICAL INFORMATION

Child's Physician or Clinic's Name _____

Physician/Clinic's Telephone Number _____

My child has special need(s): None Yes My child needs special accommodations(s): None Yes

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: None Yes

EMERGENCY MEDICAL AUTHORIZATION

Should _____ (child's name) suffer an injury or illness while in the care of The LemonTree Academy and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. I/We agree to keep the facility informed of changes in contact information. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature of Parent(s) / Guardian

Date