



ENROLLMENT PACKET

Completion of the Agreement is required for enrollment. This information is necessary for Growing Hearts Academy to comply with state child care licensing regulations and to enable us to better understand our child and meet his or her needs. You will be asked to review this packet each year to ensure we have accurate information.

CHILD INFORMATION			
First Name	Middle Name	Last Name	
Nicknames	DOB (MM/DD/YYYY)	Gender	Home Language
Parent 1 Email		Parent 2 Email	
Home Address			
List family members your child lives with – include names and ages of siblings.			
What is your home school (the school your child will be attending when he or she enters Kindergarten)?			

PARENT (PRIMARY CONTACT AND RELEASE) INFORMATION		
Parent/Guardian #1	Relationship to Child	
Home Address	Cell Phone	
Employer and Address	Work Phone	
Hours Worked/Week	Social Security Number	Special Contact Instructions
Parent/Guardian #2	Relationship to Child	
Home Address	Cell Phone	
Employer and Address	Work Phone	
Hours Worked/Week	Social Security Number	Special Contact Instructions



FAMILY INFORMATION	
<input type="checkbox"/> Married, living together	<input type="checkbox"/> Child living with grandparents or other guardian(s)
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Separated, child with _____
<input type="checkbox"/> Biological Parent and Stepparent	<input type="checkbox"/> Divorced, child with _____
<input type="checkbox"/> Other _____	

LEGAL STATUS / UNAUTHORIZED PICK-UP ALERT	
Indicate "none" or "NA" if none exist.	
If divorced or separated, who has legal custody _____	
List full names of any persons who are SPECIFICALLY DENIED permission to pick up our child.	
_____	_____
Name	Reason
_____	_____
Name	Reason

AUTHORIZED PICK-UP LIST	
The following persons may be contacted at our discretion should we be unable to reach you in an emergency or in case you are unable to arrive to pick up your child by closing time (6:00pm). These persons are hereby granted permission to pick up my child – I WILL call Growing Hearts to let the staff know when one of these persons will be taking my child and I will let these individuals know to bring photo ID, but you may release my child to these people:	
1. Name _____	Address _____
Work Phone _____	Cell Phone _____
2. Name _____	Address _____

Work Phone _____	Cell Phone _____
3. Name _____	Address _____

Work Phone _____	Cell Phone _____



MEDICAL INFORMATION

All medical information must be provided including a dentist. If your child does not yet visit the dentist, please put the information for your own. In addition, Growing Hearts must have current Immunization and General Health Appraisal forms on site. Please have your doctor fill each out at **EVERY** visit and return the forms back to the school.

Physician Name _____ Office Name _____

Address _____ Phone Number _____

Dentist Name _____ Office Name _____

Address _____ Phone Number _____

Health Insurance Provider _____

Policy Number _____ Claims Phone Number _____

Preferred Hospital _____

(Please see attached form for the closest hospitals)

MEDICAL PERMISSION / SUNSCREEN PERMISSION
