



A+ Scholars Learning Center

Enrollment Form

Student Information:

Full Name: _____ Sex ____ Age ____ Date of birth: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Parent Information:

Mother/Guardian Information

Father/Guardian Information

Full Name _____

Relationship to Student _____

Home Phone _____

Cell Phone _____

Work Phone _____

Place of Employment _____

Email _____

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

Name _____ Address _____

Telephone Number _____ Relationship to child _____

Name _____ Address _____

Telephone Number _____ Relationship to child _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Emergency Contact Information: Name _____
Relationship to student _____ Phone number _____

Emergency Contact Information: Name _____
Relationship to student _____ Phone number _____

Does student have any special needs or behaviors we need to be aware of? _____

Please explain: _____

The following special accommodations may be required to most effectively meet my child's needs at the center: _____

Does student have any allergies? _____ If so, what kind? _____

Does student take any medication? _____ If so, what kind? _____

Emergency Medical Authorization

Should (child's name) _____ suffer an injury or illness while in the care of (Facility name) _____ and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian signature: _____

Date _____

Owner/Director signature: _____

Date _____