

Aldersgate Academy Enrollment

Child's name: _____ Date of birth: _____

_____ Male _____ Female Days in care: _____ Tue/Thu _____ Mon/Wed/Fri _____ Mon – Fri

Pick up time: _____ 2:30 pm _____ 4:00 pm

Mother: Name: _____ Cell phone: (____) _____

Address: _____ Zip: _____

E-mail: _____ Home phone: (____) _____

Employer: _____ Work phone: _____ Ext.: _____

Father: Name: _____ Cell phone: (____) _____

Address: (if different) _____ Zip: _____

E-mail: _____ Home phone: (____) _____

Employer: _____ Work phone: _____ Ext.: _____

Family's home church name _____

Additional Contacts

You must list at least one local emergency contact that is not listed above. You may also list alternate pick-up people who may or may not be emergency contacts. Full address and phone number are required.

1. Name _____ relationship to child _____

Address _____ City _____ Zip _____ phone _____

_____ This contact is a local emergency contact and for pick up. _____ This contact is for pick up only.

2. Name _____ relationship to child _____

Address _____ City _____ Zip _____ phone _____

_____ This contact is a local emergency contact and for pick up _____ This contact is for pick up only.

List any special problems that your child may have, such as allergies, existing illness, previous serious illness/injuries, disabilities or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which staff should be aware (if none, write none): _____

1. AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

If I cannot be reached for emergency medical attention, I authorize the person in charge to take my child to:

Child's Physician/Pediatrician	Address	Phone
Hospital (<i>must check one</i>): <input type="checkbox"/> Hendrick south 6250 H 83/84	<input type="checkbox"/> Hendrick north 1900 Pine	

2. HEALTH STATEMENT

I acknowledge my child has been examined by a health-care provider within the past year and is physically and mentally able to participate in school activities.

Examining physician's name	Address	Phone
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3. TRANSPORTATION: I give my consent for my child to be transported and supervised by facility's staff in an emergency.

4. WATER ACTIVITIES: I give my consent for my child to participate in water activities (splash pools and sprinklers).

5. CONFIDENTIALITY STATEMENT

Occasionally we share a parent or child's name or phone number with a fellow parent or staff member. Photos are used in the classroom and class portfolios and displayed at the school and church. Photos will also be posted on our private Academy Facebook (Aldersgate Academy of Abilene) page created for currently enrolled families only. I give my consent to release these photos and information for the purposes stated above.

Yes No digital (FB) No (never)

6. FOOD STATEMENT

I understand that I am responsible for supplying my child's lunch. I also understand that Aldersgate Academy is not responsible for the meal's nutritional value or for meeting the child's daily food needs.

7. PARENT HANDBOOK

I understand that I am responsible for the information in the parent handbook, which explains the center's policies and procedures, accessible at www.aldersgateabilene.org under Academy.

8. REGISTRATION PAYMENT

I acknowledge a nonrefundable registration payment will be drafted.

9. TUITION PAYMENT

I understand that all tuition will be drafted from my checking account, that a written notice is required a month in advance to make a change to your draft amount for which a processing fee of twenty-five dollars will be added to my bank draft, and a two-week notice is required to avoid a two-week tuition charge for early withdrawal.

Bank account number _____

Bank routing number _____

I have read and agree to statements and authorizations 1-9 above:

Parent's signature _____ Date _____

Printed Name _____