

Eagle Heights Academy

2009-2010 Enrollment Form

Age of my child on **September 1, 2009** _____ years _____ months

Child's Name _____

Name Called _____ Date of Birth _____ Boy _____ Girl _____

Child's Address _____ City _____ Zip Code _____

Home Phone _____ E-Mail _____

Siblings (Names and Ages) _____

Allergies or Medical Concerns NONE SEE BELOW

Parent's or Guardian's Name _____

Note if parent's or guardian's address is different from child's or submit documents concerning any custody arrangements.

Mother's Work Phone _____ Mother's Cell Phone _____

Father's Work Phone _____ Father's Cell Phone _____

Give names of persons to call if parents/guardians cannot be reached:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

I hereby authorize Eagle Heights Academy to allow my child to leave the facility with only the following people and disclose information to these people

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Parent's Signature _____ **Date** _____

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Initial all that apply:

My child may be photographed for use in classroom projects. _____

My child may be photographed for use in school publications. _____

My child may be photographed for use in school brochures and website. _____

I understand that my child may not attend Eagle Heights Academy until I provide the information on the Health Form, including Immunization Records. _____

Authorization For Emergency Attention:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to

Name of Hospital _____
StreetAddress _____ City _____ ZipCode _____
Telephone Number _____

Name of Physician _____
StreetAddress _____ City _____ ZipCode _____
Telephone Number _____

I give consent for this facility to secure any and all medical care for my child.

Parent's Signature _____ Date _____

For Staff Use:

Admission Date _____ Withdrawal Date _____
Registration Fee _____ Tuition Deposit _____
Class Assignment _____