

# Aldersgate Academy Enrollment

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
\_\_\_\_\_ Male \_\_\_\_\_ Female

Days in care: \_\_\_\_\_ Tue/Thu \_\_\_\_\_ Mon/Wed/Fri \_\_\_\_\_ Mon – Fri

Mother: Name: \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Father: Name: \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

*(if different)*

E-mail: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Family's home church name \_\_\_\_\_

## Additional Contacts

Emergency contacts must be local and allowed to pick up child. You must list at least one 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 number

\_\_\_\_\_ Is this contact an emergency contact? \_\_\_\_\_ If not, is it okay for this contact to pick up children?

2. \_\_\_\_\_  
Name relationship to child

Address City Zip phone number

\_\_\_\_\_ Is this contact an emergency contact? \_\_\_\_\_ If not, is it okay for this contact to pick up children?

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**

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:

Child's Physician/Pediatrician	Address	Phone
Hospital ( <i>you must check one choice</i> ):	_____ ARMC 6250 H 83/84	_____ Hendrick 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 (if different than above)	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 in bulletins and on bulletin boards. 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 MDO/Preschool 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](http://www.aldersgateabilene.org) under Aldersgate Academy and 'about us'.

**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 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** \_\_\_\_\_

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Sibling name Age

\_\_\_\_\_  
Sibling name Age