



**ENROLLMENT APPLICATION
GENERAL INFORMATION**

Arrival Time:_____ **Start Date:**_____ **Full Time/Part Time**
Departure Time:_____ **School Attending:**_____ **Tuition:**_____

Circle days to attend: M T W T F Circle Meals to Receive: Bfast Lunch Snack

Child's Last Name:_____ First:_____ Middle:_____
Street:_____ Date of Birth _____
City:_____ State:___ Zip code:_____ Home Phone:_____

Mother's Name:_____ Social Security #:_____
Place of Employment:_____ DOB:_____
Work phone _____ Cell phone:_____ email:_____

Father's Name:_____ Social Security #:_____
Place of Employment:_____ DOB:_____
Work phone _____ Cell phone:_____ email:_____

CHILD'S PHYSICIAN NAME:_____ **PHONE:**_____

List of the names of individuals authorized to deliver and/or pick up your child from Archway Academy. Also, authorized to assume temporary care of your child if you cannot be reached.

****photo ID required at pick up and a copy placed in child's record****
Provide a 4 digit security code to access the facility_____

- | | |
|-------------------------|-------------------------|
| 1) Name:_____ | 2) Name:_____ |
| Relation to Child:_____ | Relation to Child:_____ |
| Phone:_____ | Phone:_____ |
| Address:_____ | Address:_____ |
| _____ | _____ |
| 3) Name:_____ | 4) Name:_____ |
| Relation to Child:_____ | Relation to Child:_____ |
| Phone:_____ | Phone:_____ |
| Address:_____ | Address:_____ |
| _____ | _____ |

Names and ages of other children in the family:

Child's Name:_____ age:_____ Child's Name:_____ age:_____

Child's Name:_____ age:_____ Child's Name:_____ age:_____

Is Child toilet trained:_____ List any food or other allergies:_____

Does your child have any medical needs or special needs:_____

Any additional information we should know for the wellbeing of your child:

Parent's Name (Please Print) _____

Parent Signature _____ Date _____