

APPLICATION FOR ENROLLMENT

PLEASE PRINT CLEARLY -- LEAVE NO BLANK SPACES.

TODAY'S DATE _____

DESIRED DATE OF ENROLLMENT _____

WHY DID YOU CHOOSE PREMIER ACADEMY? _____

WHOM MAY WE THANK FOR YOUR REFERRAL? _____

HOW WOULD YOU LIKE YOUR MAIL ADDRESSED? _____
(e.g. Mr. & Mrs. John Doe, Dr. & Mrs. John T. Doe, Ms. Jane Doe, Dr. John T. Doe & Ms. Jane Smith, etc.)

STUDENT INFORMATION

 MALE
 FEMALE

PREFERRED NAME FIRST NAME MIDDLE NAME LAST NAME

HOME ADDRESS CITY / STATE / ZIP DATE OF BIRTH

SUBDIVISION NAME NEAREST RELATIVE OTHER THAN AT HOME ADDRESS HOME / CELL PHONE

PARENTS ARE MARRIED SINGLE DIVORCED WIDOWED SEPARATED FOR HOW LONG? _____

WITH WHOM DOES CHILD LIVE? _____

PARENT INFORMATION - FATHER

FATHER'S FIRST NAME MIDDLE NAME LAST NAME

FATHER'S DATE OF BIRTH SOCIAL SECURITY # DRIVER'S LICENSE # / STATE

FATHER'S HOME ADDRESS CITY / STATE / ZIP HOME PHONE

FATHER'S EMPLOYER BUSINESS ADDRESS BUSINESS PHONE

JOB DESCRIPTION / TITLE YEARLY INCOME CELL PHONE

PARENT INFORMATION - MOTHER

MOTHER'S FIRST NAME MAIDEN NAME MIDDLE NAME LAST NAME

MOTHER'S DATE OF BIRTH SOCIAL SECURITY # DRIVER'S LICENSE # / STATE

MOTHER'S HOME ADDRESS CITY / STATE / ZIP HOME PHONE

MOTHER'S EMPLOYER BUSINESS ADDRESS BUSINESS PHONE

JOB DESCRIPTION / TITLE YEARLY INCOME CELL PHONE

MEDICAL & EMERGENCY

Your child must have a local physician established prior to attending class at Premier Academy.

PHYSICIAN'S NAME OFFICE ADDRESS OFFICE PHONE

DENTIST'S NAME OFFICE ADDRESS OFFICE PHONE

HOSPITAL PREFERENCE ALLERGIES / MEDICAL NEEDS / SPECIAL NEEDS / PHYSICAL LIMITATIONS

INSURANCE INFORMATION

NAME OF INSURANCE COMPANY GROUP # POLICY / PLAN #

ADDRESS CITY / STATE / ZIP CONTACT PHONE

DESIRED CLASS PLACEMENT

Check all that apply.

 PlayDay PreK 3 PreK 4 Kindergarten First Grade Summer Fun ! Monday Tuesday Wednesday Thursday Friday School Lunches Early Drop-Off Stay Day

Parent's E-Mail: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM.



STUDENT'S NAME: _____

AUTHORIZATION FOR STUDENT RELEASE

IN ADDITION TO THE CHILD'S PARENTS, EXCEPT AS NOTED BELOW, I AUTHORIZE THE FOLLOWING PEOPLE TO REMOVE MY CHILD FROM THE SCHOOL FACILITY.

NAME	RELATIONSHIP	HOME / CELL PHONE	DRIVER'S LICENSE # / STATE
#1.			
#2.			
#3.			

Is there anyone who specifically **SHOULD NOT** be allowed access to your child? If YES, please explain. _____

HELP US GET TO KNOW YOUR CHILD - You will have further opportunities to meet with your child's Teacher.

PREVIOUS SCHOOL NAME _____ CITY / STATE _____ HOW LONG? _____

Was this school a happy experience? If not, why not? _____

What does your child like to do? _____

Special instructions / areas for concern? _____

Names and ages of siblings / Schools they attend _____

Special dietary requirements _____

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. The State of Florida requires your signature that you have read, understand, and agree to:

ALTERNATE NUTRITION PLAN AGREEMENT

I AGREE TO PROVIDE THE FOLLOWING MEALS and/or SNACKS TO MEET MY CHILD'S DIETARY AND NUTRITIONAL NEEDS.
 BELOW, MARK (P) FOR PARENT PROVIDES, OR (S) FOR SCHOOL PROVIDES.

BREAKFAST AM SNACK NOON MEAL PM SNACK DINNER
 WITH NOON MEAL: MILK JUICE

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

I HAVE RECEIVED the HRS CHILD CARE FACILITY BROCHURE (Chapter 402.3125, FS)

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

DISCIPLINARY STATEMENT Premier Academy believes that a child best manages his or her behavior and becomes an independent and responsible individual when guided with clear expectations and requirements. Discipline at Premier Academy is positive in approach. Teachers and staff provide clear expectations, guidelines, and choices. Redirection to more positive and productive choices is used to help children with behavior adjustment needs. Short and appropriate separations from anxiety creating situations are used when helpful. At no time is a child embarrassed, ridiculed, or verbally attacked. Children are never spanked or physically disciplined in any manner. Premier Academy is eager to suggest additional information on behavior management to interested parents.

I HAVE READ and fully understand the Premier Academy policy on discipline as stated above.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

IN CASE OF EMERGENCY, When I cannot be reached, I authorize Premier Academy to contact my child's physician to arrange treatment.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

PARENT INVOLVEMENT. Premier Academy encourages and appreciates parental involvement. Please indicate how you might donate your time, talent, treasures.

By my signature below, I agree that:

- The statements contained on this form are true and complete to the best of my knowledge.
- I will be legally responsible for all financial obligations to Premier Academy for the above named child.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

Send completed **Application for Enrollment** with all applicable fees to: **Premier Academy Admissions**
 9380 Gotha Road
 Windermere, Florida 34786-0828

