



**For Office Use Only:**

Date of Registration \_\_\_\_\_

Date of Termination \_\_\_\_\_

**Parent Updates:**

(Initial)

(Date)

(Initial)

(Date)

(Initial)

(Date)

# Enrollment Application

Please fill in application completely and legibly

Were you referred to North Paulding Children's Academy? **Y** **N** If Yes, Please complete the enclosed Extra Credit Referral Card

**Child's Name:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle)

**Child's Address:** \_\_\_\_\_ (Street) \_\_\_\_\_ (Apt #)

**City/State/Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** M F **Child's Social Security Number:** (Not Required) \_\_\_\_\_

**Circle days to attend:** AM Mon Tues Wed Thurs Fri **Arrival Time:** \_\_\_\_\_ **Depart Time:** \_\_\_\_\_

**Circle days to attend:** PM Mon Tues Wed Thurs Fri **Arrival Time:** \_\_\_\_\_ **Depart Time:** \_\_\_\_\_

**Meals to attend:** Breakfast AM Snack Lunch PM Snack Evening Snack

**School Age Out of Session days to attend:** Mon Tues Wed Thurs Fri **Arrival Time:** \_\_\_\_\_ **Depart Time:** \_\_\_\_\_

**School Age Out of Session Meals to attend:** Breakfast AM Snack Lunch PM Snack Evening Snack

**Parent/Guardian Name:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle)

**Relationship to Child:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_ **Work Hours:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle)

**Relationship to Child:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_ **Work Hours:** \_\_\_\_\_

**Parents Marital Status:** Married Divorced Single **Child's Primary Residence:** Both Mother Father Guardian:

**If divorced, who has legal custody?** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**May the non-custodial parent pick up the child?** Yes No

North Paulding Children's Academy must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that the person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

**The Child will be released only to the people on this application and the following persons:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian Name** (please print): \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Academy Director Initials \_\_\_\_\_ Date: \_\_\_\_\_



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**How did you hear about us?  
(check all that apply)**

- Referred
- Drive By
- Yellow Pages
- Other \_\_\_\_\_

# Enrollment Application

Continued

**Child's Name:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle)

**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Any allergies:** \_\_\_\_\_ **Special Needs:** \_\_\_\_\_

**Hospital Preference (Emergency Room):** \_\_\_\_\_

**Emergency Contact (other than parents):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Is your child potty trained?** Yes No **What does your child say when he/she wished to use the toilet?** \_\_\_\_\_

**Does your child have any special fears or problems?** \_\_\_\_\_

**Has your child been cared for by anyone other than the parents?** Yes No

**If yes, Whom?** \_\_\_\_\_

**Favorite Book** \_\_\_\_\_ **Favorite Toy/Game** \_\_\_\_\_

**North Paulding Children's Academy will be open from 6:00 AM to 7:00 PM for children ages 6 weeks to 5+ years old.**

- I agree that I am enrolling for \_\_\_\_\_ days per week at a cost of \_\_\_\_\_ per week.
- I agree to pay a registration fee at the time of enrollment to be renewed each August/September. This enrollment fee is not refundable.
- I agree to pay in advance or each week's tuition.
- I am aware that I will be charged a fee for payments received after Monday.
- I am aware that I will be charged a fee for late pick-ups.
- Up to two additional collection attempts will be made to collect on returned checks. The maximum fee allowed by state law will be charged for all collection attempts.
- I have received my Parent Handbook, containing additional policies and procedures.
- North Paulding Children's Academy is an equal opportunity provider.

**Payment by Check Customer Notification:**

By submitting your check for payment, you are authorizing the payee, or its agent, upon receipt of your check to a draft and submit it for payment to your account, in accordance with the terms and conditions as your check. In the event that your check is returned for non-payment, North Paulding Children's Academy will make up to two collection attempts. The maximum fee allowed by state law will be charged for all collection attempts. The parent/guardian is responsible for the principal amount plus all collection fees.

Parent/ Guardian (Payee) Initial \_\_\_\_\_

**Parent/Guardian Name** (please print): \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Academy Director Initials \_\_\_\_\_ Date: \_\_\_\_\_