



Enrollment Application

Date: _____

Child Information

Name of Child:		Date of Birth:	Gender:
Street Address:			
City:	State:	Zip Code:	Telephone:
Parent's primary email address (for internal correspondence only):			
Name of Elementary School Attending (if any):			

Enrollment Information

Date Attendance Will Begin:	Days and Duration of Attendance:
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Parent Information - Mother

Mother's Name:			
Home Phone:	Cell Phone:	Email Address:	
Home Address (if different from child):			
Employer:		Work Hours:	
Street Address:			
City	State:	Zip Code:	Work Telephone:

Parent Information - Father

Father's Name:			
Home Phone:	Cell Phone:	Email Address:	
Home Address (if different from child):			
Employer:		Work Hours:	
Street Address:			
City	State:	Zip Code:	Work Telephone:

Family Information

Marital Status of Parents:	Names of Brothers & Sisters:
Stepfather's Name:	Stepmother's Name:
Is your child adopted?	Do they know?
Child's Living Arrangements: Both Parents () Mother () Father () Other: _____	
Child's Legal Guardian(s): Both Parents () Mother () Father () Other: _____	
Are there any social or family circumstances that Crabapple Academy should be aware of?	

Health Information

Describe any health conditions or other situations concerning your child which Crabapple Academy should be aware that would require special procedures to be followed. Please include physical or mental issues that may limit the child's participation in programs and/or activities and any dietary restrictions.
Please list any and all allergies:
What protocol should be taken if allergic reaction occurs?
Please list any medication(s) prescribed for long-term, continuous use:
Please list any general health issue(s) we should be aware of:

Physician Information

Name and telephone of the physician you wish for us to contact in an emergency situation:	
Physician Name:	Telephone Number:

Emergency Contacts

Persons whom you authorize Crabapple Academy to contact for guidance in a medical or other emergency if the child's parents/guardians are unavailable:		
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:

Release Authorization

Please list the persons other than the parent/guardian to whom Crabapple Academy is authorized to release your child. Crabapple Academy will not release your child to anyone that is not identified below without written, signed authorization from the parent/guardian. Changes to this list of persons appearing below will be made, signed and dated on this form or shall be attached. The parent/guardian agrees that he/she will be certain the staff is aware of the child's arrival and departure each day and to escort their child into and out of the school when dropping off or picking up. Crabapple Academy will not allow any child to enter or leave without an escort.

Name:	Relationship:	Telephone:
Address:		
Name:	Relationship:	Telephone:
Address:		
Name:	Relationship:	Telephone:
Address:		

Attendance Identification Codes

Crabapple Academy utilizes a computerized attendance system which allows us to track the attendance of each child. Each person that is authorized to regularly pick up and/or drop off a child requires a unique, four-digit identification code. The name and desired code for each person authorized to pick up your child on a consistent basis is as follows:

Name _____	Code # _____	Name _____	Code # _____
Name _____	Code # _____	Name _____	Code # _____

Key Deposit

Where applicable, a fob key is required for access to the school. A \$25.00 per key deposit is required and shall be refunded upon return of the keys in normal operating condition.

FOR OFFICE USE ONLY

Key # _____	Issued to _____
Key # _____	Issued to _____

Agreement

I hereby agree with any and all statements and provisions made herein. I hereby further attest that all the information I have provided herein is true and accurate to the best of my knowledge and that I shall notify Crabapple Academy of any changes in timely manner.

Mother/Guardian Signature: _____	Date: _____
Father/Guardian Signature: _____	Date: _____