

**SCHOOL OFFICE COMPLETE:**

Pre-Enrollment Visit Date \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_ Docs Complete \_\_\_\_\_  
TEST Date: \_\_\_\_\_ START Date: \_\_\_\_\_

# PRE-Enrollment Application

Please provide us with the following information to enable us to care for your child. Circle Yes or No for your preference.

Family Last Name: \_\_\_\_\_

**Student Information** Legal Name: \_\_\_\_\_  
First Middle Last

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Preferred Name (Nickname) Social Security Number Date of Birth

**Transportation:** Yes No **Food Allergies:** Yes No **Sex:** M F **Field Trips:** Yes No **Extended Care:** Yes No  
**Photo Release:** Yes No **Social Media Release:** Yes No These images will only be used on our corporate page.

**Special Needs:** Please list and discuss with your Academy director any existing illness, allergies, hospitalization, medication and/or food allergies prescribed for long term or continuous use during past 12 months.

**Medical Information** Doctor: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Primary Health Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please provide a copy of Immunization Certificate to Center Director and submit updated copies as needed.

**Primary** Relationship: Mother Father Neighbor Friend Other (Specify) \_\_\_\_\_

**Contact:** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Permission to Pick Up? \_\_\_\_yes no \_\_\_\_  
Work Phone: \_\_\_\_\_ Responsible for Payment? \_\_\_\_yes no \_\_\_\_  
Driver's License #: \_\_\_\_\_ Contact in an Emergency? \_\_\_\_yes no \_\_\_\_  
Email Address: \_\_\_\_\_ Lives with child? \_\_\_\_yes no \_\_\_\_  
Contact Person's Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

**Additional** Relationship: Mother Father Neighbor Friend Other (Specify) \_\_\_\_\_

**Contact:** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Permission to Pick Up? \_\_\_\_yes no \_\_\_\_  
Work Phone: \_\_\_\_\_ Responsible for Payment? \_\_\_\_yes no \_\_\_\_  
Driver's License #: \_\_\_\_\_ Contact in an Emergency? \_\_\_\_yes no \_\_\_\_  
Email Address: \_\_\_\_\_ Lives with child? \_\_\_\_yes no \_\_\_\_  
Contact Person's Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

NOTE: Once your child's enrollment is verified by the Arkansas Department of Education's "Education Freedom Accounts" department, you will receive an official welcome packet with policies, enrollment forms, and curriculum information. Your child will also be scheduled for testing prior to their first day of attendance. **Reminder, the deadline to apply for the EFA voucher is August 15, 2024.**

Welcome Home to your Child's Academy!!!

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_