



67 Boone Road  
Hoschton, Ga. 30548

Phone: (706) 658-2343

## Enrollment Application and Agreement

Enrollment Date \_\_\_\_\_ First Day of Attendance \_\_\_\_\_ Class \_\_\_\_\_

### Student Profile

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

Name child likes to be called \_\_\_\_\_ Sex: M F

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has your child been previously enrolled in a child care program? YES NO

Is your child toilet trained? YES NO

### Parent/Guardian Profile

Mother's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Social Security Number \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

With whom does the child reside? Both Parents Mother Father Other \_\_\_\_\_

Please explain any custodial issues the center should be aware of: \_\_\_\_\_

### Additional/ Emergency Contacts

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work/Cell \_\_\_\_\_

Permission to pick up your child: YES NO Contact in Emergency: YES NO

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work/Cell \_\_\_\_\_

Permission to pick up your child: YES NO Contact in Emergency: YES NO

I have provided Elite Academy with the proper documentation showing that my child has had all age appropriate immunizations.

**Emergency Medical Information**

I hereby authorize Elite Academy, in the event of an emergency, to administer or seek medical treatment for my child \_\_\_\_\_. If I can not be reached, Elite Academy is authorized to transport my child to the nearest medical facility used by the center.

I will take full responsibility for payment of all medical services rendered due to an emergency situation.

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_ City \_\_\_\_\_

Primary Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies of Child \_\_\_\_\_

Daily Medications \_\_\_\_\_

List any health conditions or continuing treatments the center should be aware of \_\_\_\_\_

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

**Transportation Agreement**

I agree to allow Elite Academy to transport my child, \_\_\_\_\_ from Elite Academy to \_\_\_\_\_ (school) at \_\_\_\_\_ a.m/p.m.

My child will be picked up from \_\_\_\_\_ (school) at \_\_\_\_\_ a.m/p.m. And delivered to Elite Academy at \_\_\_\_\_ a.m/p.m.

\_\_\_\_\_ is authorized to receive my child. In the event that the authorized person is not present to receive my child, the driver will wait an additional 5 minutes for that person to arrive. If after 5 minutes the authorized person has not arrived the child will be brought back to the center and the parent will be notified.

The above services are provided on the following days:  
\_\_\_\_\_ Mon-Fri. \_\_\_\_\_ Mon. \_\_\_\_\_ Tue. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

This transportation service may be provided by a state approved Elite Academy vehicle or by the Jackson County School bus system if service is available.

In the event that my child is not to be transported as outlined above, I agree to notify Elite Academy in advance.

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