

**Little Eagles Learning Center
Application for Enrollment
2017-2018**

Standard 2.7b
Place recent student photo here.

(Type or print in ink and complete ALL questions)

Date: _____

Student Information: Name: Last: _____ First: _____ Middle: _____

Date of Birth: --/--/---- Gender: M F

Address: Street or Box: _____

City: _____ State: _____ Zip: _____

Home Phone Number: () _____

Ethnic Origin: Caucasian African American American Indian Asian Hispanic Arabic Semitic Other

Pre-School Information: Last school or daycare attended: _____ School address: _____

Reason for leaving: _____

Has this student ever been refused admission to another school? ___ Yes ___ No (If yes, describe in detail on the back of this page.)

Has this student ever had any disciplinary problems ___ Yes ___ No

Program Desiring to Enter: (Circle One) Two-Year Old Program Three-Year Old Program Four Year-Old Program

_____ Two Days (Tues. & Thurs.) _____ Three Days (Mon., Wed., & Fri.) _____ Five Day

**Family/Guardian Information
Please Print**

Father: Last Name: _____ First Name: _____ M.I. _____ Employer Name: _____

Home Phone: () _____ Bus. Address: _____

Home Address: _____

Cell Phone or Pager: () _____ Business Phone: () _____

E-mail address: _____

Mother: Last Name: _____ First Name: _____ M.I. _____ Employer Name: _____

Home Phone: () _____ Bus. Address: _____

Home Address: _____

Cell Phone or Pager: _____ Business Phone: () _____

E-mail address _____

Marital Status of Parent(s): Married Widowed Divorced Separated Single

Student is currently living with: Father & Mother Father Mother Other(*)

(*) If other, please state name and relationship to student, and who has legal custody/guardianship.

Name: _____ Relationship: _____

Who has legal custody or guardianship of student? _____

Student's Brothers and Sisters:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Emergency Contact Person:

In the event of any emergency, if a parent cannot be reached, contact the following person(s).

Name: _____ Name: _____

Relationship to student: _____ Relationship to student: _____

Phone: () _____ Phone: () _____

Primary Language Information:

What is the primary language spoken in the home? _____ English _____ Other If other, please list. _____

Church Attendance Information:

Home Church: _____ Name of Pastor: _____

Mailing Address: _____ Phone: () _____

Denomination: _____

Physical Developmental Information:

Does the student have any physical or mental handicaps?
If yes, describe in detail on the back of this page. _____ Yes _____ No

Is the student toilet trained? _____ Yes _____ No

Does the student need assistance in the restroom? _____ Yes _____ No

Does the student use a bottle? _____ Yes _____ No

Does the student use a pacifier? _____ Yes _____ No

Does the student need assistance eating? _____ Yes _____ No

Referral Information

Were you referred to Eagle Ridge by a family with children at the school? No Yes (If yes, please list the name of the family on the line below.)

Liability Release/Authorization For Emergency Medical Care

In consideration for being accepted by Little Eagles Learning Center for participation in school sponsored, on or off-campus, field trips, special activities, recreation, work, and school work activities; I do hereby release, forever discharge and agree to hold harmless Little Eagles Learning Center and Eagle Ridge Christian School, Rock of Cape, Inc. and the directors, employees and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participants that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further agrees to hold harmless and indemnify said Rock of Cape, Inc., its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

Signed this _____ day of _____, _____.

The undersigned further consents to the administration of first aid and /or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees, and agents from any acts of misfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Student Signature: _____ Parent/Guardian Signature: _____

Insurance Co. Name: _____ Policyholder: _____

Policy Number: _____ Hospital Preference: _____

Family Physician: _____ Phone Number: _____

Rules, Regulations, and Standards of Conduct

I understand and agree that if admitted, my child(ren) , the student herein, will be subject to any and all rules, regulations, and standards of conduct of Little Eagles Learning Center. Consideration is established upon payment of the registration fee and acceptance of my child as a student.

(Parent/Guardian Signature)

(Date)

Transportation To And From School

Little Eagles Learning Center does not transport. Parents are responsible for transporting child to and from school.

Field Trips

I understand that I must give written permission for field trips/excursions and that I will be notified when they are Planned.

Acknowledgements

A) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.

B) When my child is ill, I understand and agree that she/he may not be accepted for care or remain in care.

Parent/Guardian Signature

Date
