



small characters

Small Characters Enrollment Form

Child's Name:		Birthday:		Grade:		School:	
Child's Name:		Birthday:		Grade:		School:	
Guardian's Name:	_____			Email:			
Home Address:	_____			Work Name and Address:			
Home Phone:		Cell Phone:		Work Phone:			
Preferred method of contact during		Email _____		Cell _____		Work _____	
Times that your child attends the center?							
Guardian's Name:	_____			Email:			
Home Address:	_____			Work Name and Address:			
Home Phone:		Cell Phone:		Work Phone:			
Preferred method of contact during		Email _____		Cell _____		Work _____	
Times that your child attends the center?							

Other Authorized Persons for Pick-up of Children (IDs will be verified of those not familiar to staff):

Name:		Relation:		Phone Number:	
Name:		Relation:		Phone Number:	
Name:		Relation:		Phone Number:	

Anticipated Days of Normal Attendance: (Please checkmark)

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					
½ Day Kindergarten					
Full Day Care					
Full Day Preschool					
½ Day Preschool					

Payment Terms:

Tuition payments are due prior to program start date each month. Payments may be made with cash, check, debit or credit.

OFFICE USE:

Date Enrolled _____ **Reg. Fee Amount Paid** _____ **Method** _____ **Enrollment Papers (both sides)** _____
Parental Agreement _____ **Immun. Record** _____ **Physical (7 & under)** _____ **Current Calendar** _____
Email/Welcome Letter _____ **Scan** _____ **Copy** _____ **QB** _____



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EMERGENCY/MEDICAL INFORMATION	Child's Name: _____
Emergency Contacts (NOT PARENTS) These people can assume responsibility for the child(ren) in the event of an emergency if the parent/guardians cannot be reached immediately.	Name: _____ Phone: (Home/Cell) _____ (Work) _____ Address: _____ Name: _____ Phone: (Home/Cell) _____ (Work) _____ Address: _____
Allergies, Chronic Medical Conditions & Immunization History:	
Primary Hospital Name, Address and Phone Number:	
Physician Name, Address and Phone Number:	
Dentist Name, Address and Phone Number:	

By signing below, I affirm that I have the lawful right to enroll the child(ren) in the program(s), and that I am authorized to act on the child's behalf. Further, I consent that I have read and understand the Parent Handbook, and the Disciplinary Policy referenced therein, and I agree to comply with all relevant provisions of those documents. In addition, I have notified all authorized persons identified above of their responsibilities under the Parent Handbook and agree that I may be held responsible for the actions of any authorized person. I hereby grant permission for Small Characters to take whatever steps necessary to secure emergency medical and/or surgical treatment for the above-named minor child(ren) while in the care of Small Characters.

Consent / Release Agreement

On behalf of the above-named minor child and as said child's legal representatives, I hereby release and agree to hold harmless the Small Characters and its representatives and agents from all claims or liability for damages and/or injuries to or incurred by said child in connection with any event or activity.

Print Name: _____

Signature: _____

Date: _____