



small characters

Small Characters Enrollment Form

| | | | | | | | |
|--|----------------------|--------------------|--|-------------------------------|--|----------------|--|
| Child's Name: | | Birthday: | | Grade: | | School: | |
| Child's Name: | | Birthday: | | Grade: | | School: | |
| Guardian's Name: | Home Address: | | | Email: | | | |
| | | | | Work Name and Address: | | | |
| Home Phone: | | Cell Phone: | | Work Phone: | | | |
| Preferred method of contact during times that your child attends the center? | | | | | | | |
| Email <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> | | | | | | | |
| Guardian's Name: | Home Address: | | | Email: | | | |
| | | | | Work Name and Address: | | | |
| Home Phone: | | Cell Phone: | | Work Phone: | | | |
| Preferred method of contact during times that your child attends the center? | | | | | | | |
| Email <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> | | | | | | | |

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: | |

| | |
|---|---|
| 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: _____ |



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| | |
|--|----------------------------|
| EMERGENCY/MEDICAL INFORMATION | Child's Name: _____ |
| 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: | |

Payment Terms:

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

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: _____

OFFICE USE:

Date Enrolled _____ **Email/Welcome Letter** **Scan** **Copy** **QB**