



small characters

## Small Characters Enrollment Form

<b>Child's Name:</b>		<b>Birthday:</b>		<b>Grade:</b>		<b>School:</b>	
<b>Child's Name:</b>		<b>Birthday:</b>		<b>Grade:</b>		<b>School:</b>	
<b>Parent/ Guardian's Name:</b>	<b>Home Address:</b>			<b>Email:</b>			
					<b>Work Name and Address:</b>		
<b>Home Phone:</b>			<b>Cell Phone:</b>		<b>Work Phone:</b>		
Preferred method of contact during times your child is at the center? Email <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>							
<b>Parent/ Guardian's Name:</b>	<b>Home Address:</b>			<b>Email:</b>			
					<b>Work Name and Address:</b>		
<b>Home Phone:</b>			<b>Cell Phone:</b>		<b>Work Phone:</b>		
Preferred method of contact during times your child is at 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):

<b>Name:</b>		<b>Relation:</b>		<b>Phone Number:</b>	
<b>Name:</b>		<b>Relation:</b>		<b>Phone Number:</b>	
<b>Name:</b>		<b>Relation:</b>		<b>Phone Number:</b>	

<b>Emergency Contacts (NOT PARENTS)</b>  These people can assume responsibility for the child in the event of an emergency if the parent/guardians cannot be reached immediately.	<b>Name:</b> _____
	<b>Phone: (Home/Cell)</b> _____ <b>(Work)</b> _____
	<b>Address:</b> _____
	<b>Name:</b> _____
	<b>Phone: (Home/Cell)</b> _____ <b>(Work)</b> _____
	<b>Address:</b> _____



small characters

<b>EMERGENCY/MEDICAL INFORMATION</b>	<b>Child's Name:</b> _____ <b>Child's Name:</b> _____
<b>Allergies, Chronic Medical Conditions &amp; Immunization History:</b>	
<b>Primary Hospital Name, Address and Phone Number:</b>	
<b>Physician Name, Address and Phone Number:</b>	
<b>Dentist Name, Address and Phone Number:</b>	

**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 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 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**

**Updated: Spring 2021**