



**HAPPY MINDS KIDS ACADEMY
ENROLLMENT/EMERGENCY INFORMATION**

School Year : _____

CHILD'S NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE () _____ DATE OF BIRTH _____ SEX _____

FATHER'S NAME _____ WORK # () _____ Cell () _____

MOTHER'S NAME _____ WORK # () _____ Cell () _____

Father's Email: _____ Mother's Email: _____

Marital Status of Parents _____ Is There a Step-Parent? _____ If separated who lives with child? _____

Circle Program: Extended Days Full Days Half Days

Circle Days: Mon. – Fri. M/W/F T/TH OTHER: _____

Circle Age Group: Infants/Toddlers 2's 3's Pre-K Jr.K

Allergy Information : _____

EMERGENCY CONTACT INFORMATION

OTHERS AUTHORIZED TO PICK UP AND CARE FOR CHILD IF NEEDED:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

PERSON TO CONTACT OUT OF STATE IN CASE OF A MAJOR DISASTER IN SOUTHERN CALIFORNIA:

NAME _____ RELATIONSHIP _____ Phone () _____

CHILD'S PHYSICIAN _____
(NAME) (PHONE)

“IN THE EVENT EITHER PARENT OR DESIGNATED PHYSICIAN CANNOT BE REACHED, PERSONNEL OF THE PRESCHOOL ARE AUTHORIZED TO USE THEIR DISCRETION TO SECURE MEDICAL AID.”

SIGNATURE:

PARENT OR GUARDIAN DATE

OFFICE USE ONLY

Reg. Paid _____ Ck. # _____ Age Group _____ Room # _____ Start Date _____ Last Day _____