



HAPPY MINDS KIDS ACADEMY
ENROLLMENT/EMERGENCY INFORMATION
 School Year 2017 - 2018

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 () _____

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 : _____

Office use

Schedule Change on : 5 days 3 days 2 days

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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 _____