The Academy At WellSpring

Developing The Whole Child In Jesus' Name

For office use only

Date Rec'd: _____

Amount: _____

Check #: _____

Cash: _____

Immunization Record Rec'd: ❑

Class/Teacher:

Preferred program: M/W ☐ T/Th ☐

Student Application

Student Name: _____ DOB: _____ Gender: M F

Street Address: _____ Child's Preferred Name: _____

City: _____ State: _____ Zip: _____ County: _____

Mother's Name: _____ Contact Phone: _____

Employer: _____ Contact Phone: _____

Father's Name: _____ Contact Phone: _____

Employer: _____ Contact Phone: _____

Primary Contact e-mail: _____

Secondary e-mail (only if weekly school communication is desired): _____

❑ Does your child have any allergies? YES NO _____

Does your child take any medication on a regular basis? YES NO _____

Child lives with: Mother Father Both Parents Other _____

Are there any custody issues we should be aware of? _____

Names of siblings that have attended our preschool: _____

Is your child potty trained? YES NO (Students in the 3 year old program and above must be potty trained)

Church currently attending: _____

In case you are not able to be reached, what is another contact person we can call?

Name: _____ Phone: _____

Please list all people (excluding parent/guardian) who are permitted to pick up your child:

Medical Information

Pediatrician: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

In case of emergency, I authorize The Academy at WellSpring to contact emergency personnel (ambulance/ fire/police) on behalf of my child and their immediate need. I understand that every effort will be made to contact me (the parent/guardian) should such a situation occur.

Parent Signature: _____ Date: _____

Is there any additional information we need to know about your child?

_____

_____

_____

One of the steps to register our preschool with the state is to make parents aware that we are not required to be licensed by the state because students attend only two days per week, for not more than 6 hours per day. By signing below, you acknowledge your awareness of the following statement:

This facility is not required to be licensed by the state as a child care agency.

Signature of parent/guardian: _____

Date: _____