



Date of Admission \_\_\_\_\_

Enrollment Interview \_\_\_\_\_

# SPRING GARDEN ACADEMY

PRESCHOOL-8TH GRADE | EXTENDED CARE | SUMMER CAMP

Date of Application \_\_\_\_\_

## **CHILD'S INFORMATION**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_ **Please Circle One:**  
Male/Female

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## **PARENT/GUARDIAN**

Name: \_\_\_\_\_ **Please Circle One:** Biological Parent /Foster

Parent/Legal Guardian Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone/Other Numbers: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status: Single/Married/Divorced/

Widowed (circle one) Occupation: \_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

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## **PARENT/GUARDIAN**

Name: \_\_\_\_\_ **Please Circle One:** Biological Parent /Foster

Parent/Legal Guardian Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone/Other Numbers: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status: Single/Married/Divorced/

Widowed (circle one) Occupation: \_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_



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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **EMERGENCY INFORMATION**

Name of child's physician/medical care provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Health Insurance

or Medical Assistance Benefits \_\_\_\_\_

\_\_\_\_\_ Policy Number

(Required) : \_\_\_\_\_

***If you indicate any information on the lines below, please fill in a Special Needs***

***form with details.*** Special Challenges or Disabilities: \_\_\_\_\_

Medical or dietary information necessary in an emergency situation: \_\_\_\_\_

Allergies (including medications): \_\_\_\_\_

***Parents/guardians are the first people we contact in an emergency situation. Please list atleast three other people we can contact if the parents/guardians cannot be reached.***

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home



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Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **RELEASE INFORMATION**

***We will release the child to the parents listed on the application or to the***

***people listed below.*** Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



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## **PARENTAL CONSENT**

***Parent/Guardian signatures indicate consent and may be required for admission to SpringGarden Academy.***

**Spring Garden Academy may obtain emergency care for my child.**

\_\_\_\_\_  
*Parent/Guardian Signature and Date.*

\_\_\_\_\_  
*Parent/Guardian Signature and Date*

**My child may participate in walking trips in the Spring Garden Academy program.**

\_\_\_\_\_  
*Parent/Guardian Signature and Date.*

\_\_\_\_\_  
*Parent/Guardian Signature and Date*

**Spring Garden Academy may transport my child for field trips, regular activities, or emergencies.**

\_\_\_\_\_  
*Parent/Guardian Signature and Date.*

\_\_\_\_\_  
*Parent/Guardian Signature and Date*

**Spring Garden Academy may administer minor first aid procedures.**

\_\_\_\_\_  
*Parent/Guardian Signature and Date.*

\_\_\_\_\_  
*Parent/Guardian Signature and Date*

**My child may participate in wading activities (play in shallow water).**

\_\_\_\_\_  
*First Parent/Guardian Signature and Date*

\_\_\_\_\_  
*Parent/Guardian Signature and Date*