

EXCEL ACADEMY

ENROLLMENT FORMS FOR: _____

DUE TO SCHOOL BY: 1st day of school

OVER THE COUNTER MEDICATION

Child's Name: _____

Doctor's Name: _____

Doctor's Signature: _____

Clinic Name & Address of Doctor: _____

Parents:

For us to administer over the counter medication to your child we **MUST** have a doctor's written statement on file giving the age, appropriate dosage and time to be administered. This statement will be effective until the child's age changes. This form will need to be updated annually.

(Examples: Pediatric Robitussin, Triaminic, Cough Syrups, & other decongestants)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PERSONAL INFORMATION

If you are divorced or separated, please state custody arrangements. Attach a copy of the legal document showing custody and visitation arrangements. _____

Please list all brothers and sisters and their ages:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Favorite toys and activities: _____

Discipline method used by parents: _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long term continuous use, any other information which staff should be aware of: __

Child's personality (outgoing, shy, etc.): _____

Toilet training, habits, or unusual names: _____

Enrollment Information

Date of Registration: _____

Date of Enrollment: _____

Child's Name: _____

Home Phone Number: _____

Birthdate: _____ Sex: _____

Alt. Phone Number: _____

Child lives with... _____

Address: _____

<p>Parent/Guardian Name: _____</p> <p>Relationship: _____</p> <p>Phone Number: _____</p> <p>Address: _____</p> <p>DL/ID Number: _____</p> <p>Employer: _____</p> <p>Work Phone Number: _____</p> <p>Email: _____</p>	<p>Parent/Guardian Name: _____</p> <p>Relationship: _____</p> <p>Phone Number: _____</p> <p>Address: _____</p> <p>DL/ID Number: _____</p> <p>Employer: _____</p> <p>Work Phone Number: _____</p> <p>Email: _____</p>
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I understand that it is my responsibility to see that a staff member of Excel Academy is aware of my child's arrival and departure from Excel Academy each day.

Signature: _____

Date: _____

List all approved persons for your child to be released to. The child will not be released to anyone else, without written permission from the parents. I, hereby, authorize Excel Academy to allow my child, _____, to leave Excel Academy only with the following persons.

Signature: _____

Date: _____

AUTHORIZED PERSONELL:

Name: _____ Address: _____ Tele.: _____

Name: _____ Address: _____ Tele.: _____

Name: _____ Address: _____ Tele.: _____

Name: _____ Address: _____ Tele.: _____

Doctor's Name: _____ Tele.: _____

Address of Clinic: _____

