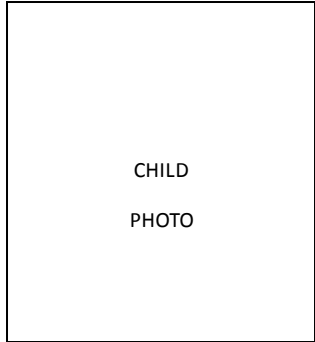


# EXCELSIOR INTERNATIONAL ACADEMY

## ENROLLMENT APPLICATION

**This application must be completed in its entirety and updated every January and July.**

Parent Updates _____ (signature) (Date)
Parent Updates _____ (signature) (Date)
Parent Updates _____ (signature) (Date)



Today's Date: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ I.D. Code \_\_ - \_\_ - \_\_ - \_\_

Child Name (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Sex: Male  Female

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

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Child's Primary Residence:  Mother  Father  Both  Legal Guardian

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed

Which program are you enrolling in (CHECK ONE):

- 5 DAY (M – F)  3 DAY (M-W-F)  2 DAY (T-TH)  Drop-In
- VPK (6:30am – 7:00pm)  VPK (9:00am – 3:00pm)  VPK (9:00am – 12:00pm)  VPK Summer (Free)
- Before & After School Care  Before School Care Only  After School Care Only  Adventure Summer Camp

If interested in Before and/or After School Care, please list name of school(s):

Name of Elementary School: \_\_\_\_\_

\*\*\*\*\*

### FAMILY INFORMATION:

Mother's Name: \_\_\_\_\_  
Mother's D.L.#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cellphone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Father's D. L.#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cellphone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

\*\*\*\*\*

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_  
Parent/Guardian Initial \_\_\_\_\_

# EXCELSIOR INTERNATIONAL ACADEMY

## EMERGENCY/ALTERNATE PICK-UP PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of an emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

### Mandatory:

Parent/Guardian #1: _____	Relationship to Child: _____
Home Phone: _____	Cell Phone: _____
Home Address: _____	Home Email Address: _____
Employer: _____	Employer Address: _____
Work Phone/Extension: _____	Work Hours: _____
Driver's License Number/State: _____	
<input type="checkbox"/> Emergency Contact & Release	<input type="checkbox"/> Release Only

### Optional

Parent/Guardian #2: _____	Relationship to Child: _____
Home Phone: _____	Cell Phone: _____
Home Address: _____	Home Email Address: _____
Employer: _____	Employer Address: _____
Work Phone/Extension: _____	Work Hours: _____
Driver's License Number/State: _____	
<input type="checkbox"/> Emergency Contact & Release	<input type="checkbox"/> Release Only

### Optional

Parent/Guardian #3: _____	Relationship to Child: _____
Home Phone: _____	Cell Phone: _____
Home Address: _____	Home Email Address: _____
Employer: _____	Employer Address: _____
Work Phone/Extension: _____	Work Hours: _____
Driver's License Number/State: _____	
<input type="checkbox"/> Emergency Contact & Release	<input type="checkbox"/> Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee per every 15 minute or portion of 15 minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

\*\*\*\*\*

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_  
Parent/Guardian Initial \_\_\_\_\_

# EXCELSIOR INTERNATIONAL ACADEMY

## MEDICAL INFORMATION:

### AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

I hereby grant permission to the staff of Excelsior International Academy to contact the following medical personnel to obtain emergency medical care if warranted:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I (we), \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_. I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of \_\_\_\_\_.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Health Insurance Provider and Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_

Does your child have any allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ List allergies: \_\_\_\_\_

Does your child take any medication: Yes \_\_\_\_\_ No \_\_\_\_\_ List medication: \_\_\_\_\_

Please list any special medical or dietary needs, or other areas of concern for your child:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent(s) or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Appeared before me and produced** \_\_\_\_\_ **as identification. Date:** \_\_\_\_\_

**Director Name:** \_\_\_\_\_ **Director Signature:** \_\_\_\_\_

\*\*\*\*\*

### FOR OFFICIAL USE ONLY

Date of Enrollment: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_  
Parent/Guardian Initial \_\_\_\_\_

# EXCELSIOR INTERNATIONAL ACADEMY

## CHILD MEDICAL HISTORY

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_

1. Medication that will be administered regularly at school:

\_\_\_\_\_  
\_\_\_\_\_

2. Special Dietary Needs:

\_\_\_\_\_  
\_\_\_\_\_

3. Is your child able to walk?

Yes  No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs?

Yes  No Explain: \_\_\_\_\_

5. Is your child toilet trained?

Yes  No Explain: \_\_\_\_\_

6. Please provide special instructions concerning any other illnesses, as necessary:

\_\_\_\_\_  
\_\_\_\_\_

7. Please list any allergies that your child may have to the following:

Medications	Reaction: _____
Food	Reaction: _____
Other: _____	Reaction: _____

8. Are any of the allergies severe or life-threatening?

Yes  No If yes, please provide special instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PER STATE REGULATIONS, A WRITTEN STATEMENT IF REQUIRED FOR WAIVER OF IMMUNIZATION REQUIREMENTS.**

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_  
Parent/Guardian Initial \_\_\_\_\_

# EXCELSIOR INTERNATIONAL ACADEMY

## CHILD PROFILE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?  
\_\_\_\_\_
2. What does your child enjoy doing the most?  
\_\_\_\_\_
3. What are your child's favorite toys?  
\_\_\_\_\_
4. With whom does the child reside? Please list the names and relationships to child, and names and ages of other children:  
ADULTS:           Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
                      Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
                      Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
  
CHILDREN:        Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                      Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                      Name: \_\_\_\_\_ Age: \_\_\_\_\_
5. Who also cares for your child?  
\_\_\_\_\_
6. What language(s) is/are spoken in your home?  
\_\_\_\_\_
7. Does your child have any medical or physical needs? Explain:  
\_\_\_\_\_
8. Does your child have any allergies? Explain:  
\_\_\_\_\_
9. What are the foods your child like best?  
\_\_\_\_\_  
Least? \_\_\_\_\_
10. What are your child's mealtime routines at home?  
\_\_\_\_\_
11. How many hours of sleep does your child receive at night?  
\_\_\_\_\_
12. Does your child need to be awakened in the morning to attend school?  
\_\_\_\_\_
13. What are your child's sleeping arrangements (Check One)?  
 Own Room            Shares room with \_\_\_\_\_            Sleeps in crib            Sleeps in bed
14. What are your child's bedtime rituals?  
\_\_\_\_\_
15. Does your child take naps?    Yes    No   How long? \_\_\_\_\_
16. Does your child need a favorite item (such as a blanket) for a nap?    Yes                    No  
If yes, does your child have a special name for it? \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_  
Parent/Guardian Initial \_\_\_\_\_

# EXCELSIOR INTERNATIONAL ACADEMY

- 17. What words are spoken in your house for toileting?  
\_\_\_\_\_
- 18. How does your child express anger or react to frustration?  
\_\_\_\_\_
- 19. Does your child have any particular fears?  
\_\_\_\_\_
- 20. How does your child react to change (such as being left by parents)?  
\_\_\_\_\_
- 21. How does your child comfort himself/herself?  
\_\_\_\_\_
- 22. What are your child's play interests (preference for creative, dramatic or construction play)?  
\_\_\_\_\_
- 23. How do you discipline your child?  
\_\_\_\_\_
- 24. When did your child begin to use language?  
\_\_\_\_\_
- 25. How would you describe your child (personality characteristics)?  
\_\_\_\_\_
- 26. What do you enjoy the most about your child?  
\_\_\_\_\_
- 27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?  
\_\_\_\_\_
- 28. Has your child had previous preschool experiences?  
\_\_\_\_\_
- 29. Are you available to help us with special events such as field trips when they become available?  
\_\_\_\_\_
- 30. Do you have a special interest or hobby you would like to share with the children?  
\_\_\_\_\_
- 31. What family or cultural traditions are important in your home?  
\_\_\_\_\_

Would you be willing to share these traditions with the children?  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent(s) or Guardian**

\_\_\_\_\_  
**Date**

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_  
Parent/Guardian Initial \_\_\_\_\_

# EXCELSIOR INTERNATIONAL ACADEMY

## ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information packet and Parent Handbook with each family member. Be sure that all forms are completely filled out and properly signed, dated and initialed. Review the child's health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

### OBTAIN SIGNED FORMS FROM FAMILY

- Completed Enrollment Registration Information Packet (Staple the carbon copy of the Enrollment Agreement to the back pages of the Parent Handbook)
- Parent Handbook Acknowledgement
- Child Information Card (if applicable)
- Other State and Federal required forms: \_\_\_\_\_

### REVIEW WITH FAMILY

- |  |   |
|--|---|
| <input type="checkbox"/> The child's first day   | <input type="checkbox"/> Annual registration fee                            |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy)                     | <input type="checkbox"/> Late fees  |
| <input type="checkbox"/> Tuition payment schedule, amounts and due dates                                 | <input type="checkbox"/> Vacation policy                                    |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Special needs                                      |
| <input type="checkbox"/> Process and Procedures of Security Access                                       | <input type="checkbox"/> Absenteeism policy                                 |
| <input type="checkbox"/> Authorized pick-up, late pick-up policy and emergency controls                  | <input type="checkbox"/> Sick policy  |
| <input type="checkbox"/> Child Custody Documents (if applicable)   | <input type="checkbox"/> Meals  |
| <input type="checkbox"/> Clothing and other items to bring (labeled)                                     | <input type="checkbox"/> Allergies  |
| <input type="checkbox"/> Any pick-up restrictions  | <input type="checkbox"/> Security deposit (if applicable)                   |
| <input type="checkbox"/> Any field trip restrictions (when available)                                    | <input type="checkbox"/> Medication policy                                  |
| <input type="checkbox"/> Any photo restrictions  | <input type="checkbox"/> Relevant curriculum features for child age group   |
| <input type="checkbox"/> Immunization/Health Information   | <input type="checkbox"/> Infant/Toddler Needs Services Plan (if applicable) |
|  | <input type="checkbox"/> Review Disaster Plans                              |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Excelsior International Academy's policies.

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_  
Parent/Guardian Initial \_\_\_\_\_