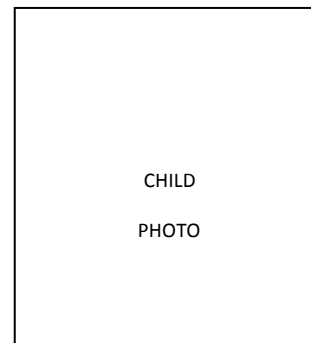


# EXCELSIOR INTERNATIONAL ACADEMY

## ENROLLMENT APPLICATION

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

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



Today's Date: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Password: \_\_\_\_\_

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 – 6:30pm)  VPK (9:00am – 3:00pm)  FREE VPK (9 am – 12pm)  FREE VPK Summer  
 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

# EXCELSIOR INTERNATIONAL ACADEMY

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## EMERGENCY/ALTERNATE PICK-UP FORM

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.

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

Parent/Guardian Initial \_\_\_\_\_

# EXCELSIOR INTERNATIONAL ACADEMY

## AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of any extreme medical situation, as deemed by the Owner and/or Director, paramedics or medical personnel must be notified **immediately** to escalate medical attention for the child. All efforts will be made to notify the parents or guardian. 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 \_\_\_\_\_.

Excelsior International Academy will not be held responsible for any medical expenses due to an emergency. The undersigned further authorizes Excelsior International Academy to have \_\_\_\_\_ (child's name) released into the custody of its representative, should hospital care no longer be required. The undersigned further authorizes Excelsior International Academy staff and/or Director to perform CPR/First Aid on \_\_\_\_\_ (child's name) in the event of an emergency.

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**

**THIS FORM IS TO BE USED ONLY IN THE EVENT OF AN EMERGENCY**

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

Parent/Guardian Initial \_\_\_\_\_

# EXCELSIOR INTERNATIONAL ACADEMY

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State of Florida  
County of Broward

Subscribed and sworn on before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, and who produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

Notary Public:  
My Commission expires on:

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

Parent/Guardian Initial \_\_\_\_\_