

CHESTERFIELD ACADEMY



Application for Enrollment

Child's Name _____ **Sex** _____ **Birth date** _____

Address (Street, City, State, Zip Code) _____

Guardian's Name _____ **Primary Telephone Number** _____

Address (Street, City, State, Zip Code) _____

Employed By _____ **Hours of Employment** _____

Address (Street, City, State, Zip Code) _____

Cell Phone _____ **Business Telephone** _____

E-Mail Address _____

Guardian's Name _____ **Primary Telephone Number** _____

Address (Street, City, State, Zip Code) _____

Employed By _____ **Hours of Employment** _____

Address (Street, City, State, Zip Code) _____

Cell Phone _____ **Business Telephone** _____

E-Mail Address _____

Emergency Contacts (Persons authorized to take child other than parents)

Name _____ Telephone Number(s) _____

Address _____ Relationship _____

Name _____ Telephone Number(s) _____

Address _____ Relationship _____

Child's Development

(personal development, behavior, patterns, habits, and individual needs):

***Note- Children in our Preschool Program (3-5 years old) MUST be fully potty trained upon enrollment. Any Behavioral Issues must be disclosed prior to enrollment. See Handbook for Policy regarding these matters.**

Activity Permission

I do _____ do not _____ give consent/permission for my child to be photographed for display/advertising purposes, may also be used on Chesterfield Academy's Facebook page and/or website. **Your child's name will never appear on any advertisement, be it flyer, brochure, mailer, Facebook, Pinterest or on our website.**

Authorization for Emergency Medical Care

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I understand that Chesterfield Academy will contact the people I have provided as Emergency Contacts.

In a critical emergency requiring immediate medical care I hereby authorize Chesterfield Academy to contact the following:

Physician or Clinic

Name _____ Telephone Number _____

Preferred Hospital:

Name _____ Telephone Number _____

Acknowledgements:

1. I have been made aware of this facility's policies pertaining to the admission, care, and discharge of children.
2. I have been informed that a copy of the Licensing Rules for Group Childcare Homes and Centers is available at this facility for review.
3. The provider and I have agreed on a plan for communication regarding my child's development, behavior, and individual needs.
4. When my child is ill, I understand and agree that he/she may not be accepted into care or remain in care.
5. I have received a copy of Chesterfield Academy's Parent Handbook and Fee and Financial Agreement.
6. I have read, understood, and signed the Fee Agreement and am aware that I am financially responsible for childcare fees.
7. I certify that my child, is to my knowledge, in good health and free of disabilities that would endanger him/her or other children at this facility.
8. I authorize the School Administration Team to provide any necessary or advisable treatment for my child, including medical evaluation, management, and treatment within the capabilities of the facility and its management.
9. I have been informed and have received a copy of Chesterfield Academy's Safe Sleep Policy when enrolling a child less than one (1) year of age.
10. I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

Parent Signature _____ Date _____

Child's Health History

Any food allergies/food restrictions due to religious beliefs _____

Any allergies, special medical conditions, including chronic health problems _____

Any special medications and/or restrictions _____

To Be Completed With Chesterfield Academy

Admission Date _____

Enrolled for (Days of the week) _____

Plan to Pay Tuition **Weekly/Monthly** (circle one)

Hours Per Day _____

Discharge Date (Retained for one year after) _____

Parent or Guardian Signature and Date

Director Signature and Date

Chesterfield Academy Christian School, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It is a non-denominational, faith-based school and respect all religions. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.