

ACADEMY FOR CREATIVE ENRICHMENT

SCHOOL REGISTRATION FORM

This application must be accompanied by registration and activity fee. The registration & activity fee are non-refundable as stipulated in the Parent Handbook

DATE OF APPLICATION (OR UPDATE) _____

CHILD'S NAME _____ BIRTHDATE _____

FULL HOME ADDRESS, CITY, STATE, ZIP _____

MOTHER'S NAME _____ HOME/CELL TELE _____

HOME ADDRESS _____ OCCUPATION _____

BUSINESS NAME & ADDRESS _____ WORK TELE _____

SOCIAL SECURITY # _____ HOURS _____ DISTANCE _____

FATHER'S NAME _____ HOME/CELL TELE _____

HOME ADDRESS _____ OCCUPATION _____

BUSINESS NAME & ADDRESS _____ WORK TELE _____

SOCIAL SECURITY # _____ HOURS _____ DISTANCE _____

MOTHER E-MAIL ADDRESS _____ FATHER E-MAIL ADDRESS _____

NAME & ADDRESS OF PERSON TO BE CONTACTED IN AN EMERGENCY (OTHER THAN PARENT) _____ TELE NO. _____

NAME & ADDRESS OF CHILD'S PHYSICIAN OR SOURCE OF MEDICAL CARE _____ TELE NO. _____

HEALTH INSURANCE COVERAGE (INSURED, SOCIAL SECURITY #, INSURANCE CARRIER, GROUP #) _____

IS THERE ANYTHING ELSE THAT SHOULD BE KNOWN, SUCH AS YOUR CHILD'S LIKES, DISLIKES, ALLERGIES, ETC.? _____

PERSON(S) DESIGNATED BY PARENT(S) TO WHOM THE CHILD MAY BE RELEASED, TELEPHONE # (WRITE NONE OTHER THAN IF ONLY PARENTS)

1. _____ 2. _____ 3. _____

PREVIOUS DAY CARE OR PRESCHOOL OR SCHOOL EXPERIENCES:

1. _____ 2. _____ 3. _____

HOW WERE YOU REFERRED TO ACE? _____

| | | |
|------------------|--|---|
| OFFICE USE ONLY: | Class: _____ Payment Arrangement: _____ (100,60/40,monthly) _____ | Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check Registration: \$ 30/45 Activity Fee: \$ _____ Tuition: \$ _____ Total Amount Due: \$ _____ Check Number _____ Amount Paid: \$ _____ Date _____ |
|------------------|--|---|

CONSENT FOR EMERGENCY MEDICAL TREATMENT IN THE EVENT A PARENT CAN NOT BE REACHED (EMT) _____ YES PLEASE INITIAL
CONSENT FOR PHOTOGRAPHS TO BE UTILIZED IN ACE ADVERTISING MATERIAL. _____ YES PLEASE INITIAL
Consent to watch occasional educational films during school year/weekly movie day during the summer (student/campers 3 and older only) _____ YES PLEASE INITIAL

WHAT TIME DOES YOUR CHILD USUALLY GO TO BED IN THE EVENING AND WAKE IN THE MORNING? _____
DOES MOTHER AND FATHER RESIDE IN SAME HOUSEHOLD? YES NO
SIBLING _____ AGE _____ Initial here to give your permission use your name & # for referrals _____
Initial here for permission to use your child's photo's for advertisement purposes _____
Initial here for consent to place your name and email address in the Parent Contact _____

ALL OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE ALSO READ THE PARENT HANDBOOK, PTP REQUIREMENTS, AND TUITION SCHEDULE. I UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES SET FORTH IN THE HANDBOOK, PTP REQUIREMENTS AND TUITION SCHEDULE.

SIGNATURE OF PARENT OR GUARDIAN DATE