# 2024-2025

## CAMELLIA SCHOOL
### BUILDING • LIVES • AROUND • SOUND • TRUTH

## Application for Enrollment

| Childs Name: | | ☐ Boy ☐ Girl | Date of Birth: |
|---|---|---|---|
| Address: | | | Home Phone: |
| City, Zip: | Physician: | | Physician's Phone: |
| Email Address: | | | ███ |
| Mother's Name: **(if address if different than child's please note on back of form)** | | | Cell Phone: |
| Place of Employment: | | | Work Phone: |
| Father's Name: **(if address if different than child's please note on back of form)** | | | Cell Phone: |
| Place of Employment: | | | Work Phone: |

With whom does the child live: Both Parents ☐ Mother ☐ Father☐ Other ☐ Please list:

Church Which family attends:

Name & Ages of Siblings:

Medical History:  Tubes in Ears☐ Prone to ear infections ☐ Asthma ☐ Prone to Respiratory Infections ☐ Eczema ☐
        Other:

Allergies:

Child is:  Right Handed ☐   Left Handed ☐   Undetermined ☐

Previous Daycares Attended (for reference purposes):

Any other comments which might help us better help your child (list only stressful situations your child may have been in):

Emergency Contacts (other than Parents):
Name:        Phone Number:        Relationship:
Name:        Phone Number:        Relationship:

Other than parents & emergency contacts, **who is allowed to pick up child:**

I hereby grant permission for the director or acting director to take whatever steps necessary to obtain emergency medical care for my child. Any expenses incurred will be borne by the child's parent(s). I also understand that the above information may be used to verify past financial obligations at other centers.

_____        _____
Parent Signature                                Date

| Fees | | | |
|---|---|---|---|
| | Registration Fee (Annual) | $100 | |
| Infants | $165.00/week | Creepers-Crawlers-Climbers | $155.00/week |
| 3 Year Old Kindergarten (K3), 4 Year Old Kindergarten (K4), 5 Year Old Kindergarten (K5) | | | $145.00/week |

# OFFICE USE ONLY

| Class | |
|---|---|
| | Babies |
| | Creepers |
| | Crawlers |
| | Climbers |
| | K3 A |
| | K3 B |
| | K4 |
| | K5 |

**K3-K5 Only:**

| Academic Eval Scheduled | Date & Time: | | Teacher | |
|---|---|---|---|---|
| Comments: | _____<br>_____<br>_____ | | Decision: | __ Yes  __No |

| Registration Paid | __ Yes  __No | Amount Paid: | | Date Paid: | |
|---|---|---|---|---|---|
| Immunization Record Received | | __ Yes        __No | | Date R'cvd: | |

| Enrollment Date | |
|---|---|
| First Day of Attendance | |
| Last Day of Attendance | |
| Withdrawal Reason | |
| Comments/ Notes: | _____<br>_____<br>_____<br>_____<br>_____ |

**Additional Addresses:**

| Name: | Relationship to child: |
|---|---|
| Address: | |
| City, Zip: | Phone #: |

| Name: | Relationship to child: |
|---|---|
| Address: | |
| City, Zip: | Phone #: |

☐    Court Papers on File