

# Acres of Discovery

## Student Enrollment Form

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

Student's Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Previous School or Daycare Attended: \_\_\_\_\_ Grade \_\_\_\_\_

Legal Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Home#: \_\_\_\_\_

Mother Employment: \_\_\_\_\_ Work#: \_\_\_\_\_

Father Name: \_\_\_\_\_ Home#: \_\_\_\_\_

Father Employment: \_\_\_\_\_ Work#: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Custody Issues: \_\_\_\_\_

Name and Age of Siblings: \_\_\_\_\_

Medical Alert: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is your child allergic to latex gloves? \_\_\_\_\_

Medications: \_\_\_\_\_

**Written permission to administer medication is required**

**Forms are available on request**

**Non-Prescription Medication can not be administered by our staff**

**Original labels must be on bottle with physicians name, phone number, name of medication, dates to administer, and dosage**

