

NORTH STAR ACADEMY

1816 Bryan Station Road, Lexington, KY 40505
859-294-4349

Enrollment Form

DATE OF ENROLLMENT (M)____(D)____(YR)____

CHILDS NAME (LAST)____(FIRST)____(MI)____

NICKNAME____SOC. SEC. #____

DATE OF BIRTH (M)____(D)____(YR)____

HOME ADDRESS____

CITY____STATE____ZIP CODE____

IS THIS CHILD A FOSTER CHILD (YES)____(NO)____/IF YES PLEASE LIST
SOCIAL WORKER'S

NAME____PH. #____

Student Status

____BEFORE SCHOOL ONLY____BEFORE & AFTER SCHOOL

____AFTER SCHOOL ONLY____ALL DAY (OVER 5 HOURS)

**IF TRANSPORTATION IS DESIRED PLEASE SIGN A RELEASE FOR NORTH STAR
ACADEMY (YOU MAY OBTAIN FROM DIRECTOR)**

MOTHER'S NAME____

SOC. SEC. #____D.O.B.____

PERMANENT ADDRESS____

CITY____STATE____ZIP CODE____

HOME PHONE____CELL PHONE____

EMPLOYER____WORK PHONE____

ADDRESS____CITY____ZIP____

HOURS OF EMPLOYMENT (FROM)____A.M./ P.M. (TO)____A.M./P.M.

FATHER'S NAME____

SOC. SEC. #____D.O.B.____

PERMANENT ADDRESS____

CITY____STATE____ZIP CODE____

HOME PHONE____WORK PHONE____

EMPLOYER____SUPERVISORS NAME____

ADDRESS____CITY____ZIP____

HOURS OF EMPLOYMENT (FROM)____A.M./ P.M. (TO)____A.M./P.M.

IF THERE ARE ANY SPECIAL CIRCUMSTANCES ABOUT VISITORS AND/OR UNAUTHORIZED PERSONS PICKING UP YOUR CHILD LET US KNOW!!!!!!

STATE REQUIRED RECORDS THAT MUST BE RECEIVED BY THE CENTER WITHIN 30 DAYS OF ENROLLMENT.

_____ **OFFICIAL IMMUNIZATION CERTIFICATE SIGNED BY CHILD'S DR.**
CHILD'S PHYSICIAN _____ OFFICE PH # _____
ADDRESS _____ CITY _____ STATE _____

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES, SPECIAL CONDITIONS, OR SPECIAL NEEDS? _____

MEDICATIONS WILL ONLY BE GIVEN WITH **SIGNED PARENTAL PERMISSION & ONLY AS PRESCRIBED BY PHYSICIAN.** NO MEDICATIONS WILL BE GIVEN THAT ARE OUTDATED OR NOT IN ORIGINAL CONTAINERS.

EMERGENCY CONTACTS

NAME _____ PH # _____

RELATIONSHIP TO CHILD _____

NAME _____ PH # _____

RELATIONSHIP TO CHILD _____

NAME _____ PH # _____

RELATIONSHIP TO CHILD _____

THE CENTER HAS PERMISSION TO RELEASE THE CHILD NAMED ON THIS APPLICATION TO THE FOLLOWING PERSONS:

NAME _____ PH # _____ PASSWORD _____

NAME _____ PH # _____ PASSWORD _____

NAME _____ PH # _____ PASSWORD _____

GENERAL PERMISSION RELEASES:

NORTH STAR ACADEMY, LLC HAS MY PERMISSION TO TRANSPORT _____
(MY CHILD), TO AND FROM HOME AND TO AND FROM ALL GROUP FUNCTIONS
AND EVENTS IN WHICH MY CHILD PARTICIPATES.

SIGNATURE OF PARENT/GUARDIAN _____

NORTH STAR ACADEMY, LLC HAS MY PERMISSION TO OBTAIN EMERGENCY
MEDICAL TREATMENT FOR _____ IF I CANNOT BE
CONTACTED. **SIGNATURE OF PARENT/ GUARDIAN** _____

**NORTH STAR ACADEMY HAS MY PERMISSION TO DISPLAY MY CHILD'S PICTURE IN
THE CENTER ONLY. SIGNATURE OF PARENT/ GUARDIAN** _____

FOR CENTER USE ONLY

BEGIN DATE _____ COPAY _____