



HLC KIDS ACADEMY ENROLLMENT FORM

Please complete all sections. This form must be updated whenever a change occurs.

CHILD INFORMATION

Full Name: _____ Nickname: _____

Age: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female

Allergies or Important Information:

CHILDCARE SCHEDULE

Care Start Date: _____ ☐ Full-Time ☐ Part-Time ☐ Extended Hours (5:00–6:30 PM)

Day	Drop-Off Time	Pick-Up Time
Monday	:	:
Tuesday	:	:
Wednesday	:	:
Thursday	:	:
Friday	:	:

EXTRAS

I permit for my child's photo to be shared via Brightwheel: _____ (Initials)

Will you be enrolling in Pizza Friday? ☐ Yes ☐ No

GENERAL INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Parent 1 Name: _____ Phone: _____

Email: _____ Employer: _____

Employer Phone: _____ Work Days/Hours: _____

Parent 2 Name: _____ Phone: _____

Email: _____ Employer: _____

Employer Phone: _____ Work Days/Hours: _____

Parents' Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ Widowed

Child Lives With: _____

Who has legal custody? _____ May the non-custodial parent pick up the child? ☐ Yes ☐ No

AUTHORIZED PICK-UP CONTACTS

Each family must list at least two contacts outside of the parents.

Full Name	Relationship	Phone Number

MEDICAL INFORMATION

Physician Name: _____ Phone: _____

Address: _____

Dentist Name: _____ Phone: _____

Address: _____

Preferred Hospital: _____ Phone: _____

Address: _____

Insurance Provider: _____ ID #: _____

Subscriber's Name: _____ Relationship to Child: _____

EMERGENCY MEDICAL AUTHORIZATION

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent Name (Print): _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Enrollment Start Date: _____ Tuition Rate: _____

Security Deposit: _____ Brightwheel Set Up: ☐ Yes ☐ No