

**Little Eagles Learning Center  
Application for Enrollment  
2019-2020**

Standard 2.7b

Place recent student photo here.

(Type or print in ink and complete ALL questions)

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

Student Information: Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: --/--/---- Gender:  M  F

Address: Street or Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_

Ethnic Origin:  Caucasian  African American  American Indian  Asian  Hispanic  Arabic  Semitic  Other

Pre-School Information: Last school or daycare attended: \_\_\_\_\_ School address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Has this student ever been refused admission to another school? \_\_\_ Yes \_\_\_ No (If yes, describe in detail on the back of this page.)

Has this student ever had any disciplinary problems \_\_\_ Yes \_\_\_ No

Program Desiring to Enter: (Circle One) Two-Year Old Program Three-Year Old Program Four Year-Old Program

\_\_\_\_\_ Two Days (Tues. & Thurs.) \_\_\_\_\_ Three Days (Mon., Wed., & Fri.) \_\_\_\_\_ Five Day

**Family/Guardian Information  
Please Print**

Father: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Employer Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone or Pager: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mother: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Employer Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone or Pager: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Marital Status of Parent(s):  Married  Widowed  Divorced  Separated  Single

Student is currently living with:  Father & Mother  Father  Mother  Other(\*)

(\*) If other, please state name and relationship to student, and who has legal custody/guardianship.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Who has legal custody or guardianship of student? \_\_\_\_\_

**Student's Brothers and Sisters:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Emergency Contact Person:**

In the event of any emergency, if a parent cannot be reached, contact the following person(s).

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

**Primary Language Information:**

What is the primary language spoken in the home? \_\_\_\_\_ English \_\_\_\_\_ Other If other, please list. \_\_\_\_\_

**Church Attendance Information:**

Home Church: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Denomination: \_\_\_\_\_

**Physical Developmental Information:**

Does the student have any physical or mental handicaps?  
If yes, describe in detail on the back of this page. \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the student toilet trained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student need assistance in the restroom? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student use a bottle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student use a pacifier? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student need assistance eating? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Referral Information (New Students Only)**

Were you referred to Eagle Ridge by a family with children at the school ?  No  Yes ( If yes, please list the name of the family on the line below.)

\_\_\_\_\_

## Liability Release/Authorization For Emergency Medical Care

In consideration for being accepted by Little Eagles Learning Center for participation in school sponsored, on or off-campus, field trips, special activities, recreation, work, and school work activities; I do hereby release, forever discharge and agree to hold harmless Little Eagles Learning Center and Eagle Ridge Christian School, Rock of Cape, Inc. and the directors, employees and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participants that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further agrees to hold harmless and indemnify said Rock of Cape, Inc., its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

The undersigned further consents to the administration of first aid and /or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees, and agents from any acts of misfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Rules, Regulations, and Standards of Conduct

I understand and agree that if admitted, my child(ren) , the student herein, will be subject to any and all rules, regulations, and standards of conduct of Little Eagles Learning Center. Consideration is established upon payment of the registration fee and acceptance of my child as a student.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

## Transportation To And From School

Little Eagles Learning Center does not transport. Parents are responsible for transporting child to and from school.

## Field Trips

I understand that I must give written permission for field trips/excursions and that I will be notified when they are Planned.

## Acknowledgements

A) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.

B) When my child is ill, I understand and agree that she/he may not be accepted for care or remain in care.

Parent/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_