



ENROLLMENT PACKAGE  
65 GRAY RD CARROLLTON, GA 30116  
678-664-1234  
CARROLLTONPREPACADEMY@GMAIL.COM

ENROLLMENT DATE  
\_\_\_\_\_

WITHDRAWAL DATE  
\_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

MOTHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S)  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ WORK# \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

FATHER'S NAME

PHONE#

\_\_\_\_\_

FATHER'S ADDRESS (F DIFFERENT FROM CHILD)

CITY

STATE

ZIP

\_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT

WORK#

\_\_\_\_\_

EMPLOYER ADDRESS

CITY

STATE

ZIPCODE

\_\_\_\_\_

CHILD'S LIVING ARRANGEMENT: (CHECK ONE) ( ) BOTH PARENTS ( ) MOTHER ( ) FATHER ( ) OTHER

CHILD'S LEGAL GUARDIAN(S): CHECK ONE: ( ) BOTH PARENTS ( ) MOTHER ( ) FATHER ( ) OTHER

THE CHILD MAY BE RELEASED TO THE AUTHORIZED SIGNER OF THIS AGREEMENT AND ANY PARTIES THAT ARE LISTED BELOW:

NAME

ADDRESS

\_\_\_\_\_

PHONE#

RELATIONSHIP TO CHILD

\_\_\_\_\_

OTHER INFORMATION IF AVAILABALE

\_\_\_\_\_

NAME

ADDRESS

\_\_\_\_\_

PHONE#

RELATIONSHIP TO CHILD

\_\_\_\_\_

OTHER INFORMATION IF AVAILABALE

\_\_\_\_\_

EMERGENCY CONTACTS

NAME

PHONE#

\_\_\_\_\_

NAME

PHONE#

\_\_\_\_\_

NAME

PHONE#

\_\_\_\_\_

NAME OF PUBLIC/PRIVATE SCHOOL CHILD ATTENDS

\_\_\_\_\_

CHILD'S DOCTOR

DOCTOR'S PHONE#

\_\_\_\_\_

MY CHILD HAS SPECIAL NEEDS AND NEED ACCOMMODATION( ) YES OR ( ) NO

PLEASE LIST ANY SPECIAL ACCOMADATIONS THAT ARE REQUIRED TO MEET YOUR NEEDS AS THE PARENT AS WELL AS THE CENTER:

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MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR A LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISITNG CONDITIONS, ALLERGIES, OR HEALTH CONCERNS:

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## EMERGENCY MEDICAL AUTHORIZATION

Should (child's name)Date of birth

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suffer an injury or illness while in the care of LEARNING HOUSE ACADEMY and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility.for payment for services.

Parent/Guardian:

Signature

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Date:

Facility Administrator/Person-In-Charge

Signature

Date:

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