



Enrollment and Admission Application

1) Parents and/or Guardian information:

Father's Name: _____ Father's Last Name: _____

Father's SS#: _____ Mother's SS#: _____

Mother's Name: _____ Mother's Last Name: _____

Home Address: _____

Home Address: _____

(Please specify father's and mother's address if they are different)

Marital Status: Married: ___ Single Parent: _____

Father:

Home Phone Number: _____ Mobile Phone Number: _____

Work Phone Number: _____ Email: _____

Mother:

Home Phone Number: _____ Mobile Phone Number: _____

Work Phone Number: _____ Email: _____

Custody – Visiting Arrangements (Must have court order in File): Y__N__ NA_____

Emergency Contacts:

1) Name: _____ Phone Number: _____

2) Name: _____ Phone Number: _____

3) Name: _____ Phone Number: _____

Family Doctor's Name: _____ **Phone Number:** _____

Dentist Name: _____ **Phone Number:** _____

Preferred Hospital _____

2) **Child / Children Information:**

Name: _____ DOB: _____ Gender: M ___ F ___

Name: _____ DOB: _____ Gender: M ___ F ___

Name: _____ DOB: _____ Gender: M ___ F ___

3) General Child information

Is your child potty trained? _____

Does your child nap? _____

Does your child have any health situation such as food allergies or other that we should be aware of?

If yes, please explain _____

What are some of your concerns about your child's development?

Are there any special medical, physical or emotional needs that we should be aware of?

If yes, please explain _____

Does your child feed him/herself? _____

Does your child take any type of regular medication? _____

Is this your child's first experience in a preschool setting? _____

What are some of your child's favorite activities? _____

What are some of your child's favorite foods? _____

4) Authorization for Pick-Up

Who is authorized to pick up your child from Naples Preschool Academy?

Mother: Yes No

Father: Yes No

Others:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

5) Authorization for Medical Emergency Treatment

I give permission for the staff of Naples Preschool Academy (NPA) to take whatever steps may be necessary for my child(ren) medical care in the event of an emergency.

Parent's/Legal Guardian signature: _____ Date: _____

6) Authorization to take pictures /photographs

We frequently take pictures of all children while conducting activities either on site at NPA or off-site. We may use these pictures in our newsletters, website, thank you cards, brochures and other promotional and marketing activities related to Naples Preschool Academy. Please indicate whether or not you approve for us to use your child's pictures in this manner.

Yes _____ No _____

Parent's/Legal Guardian signature: _____ Date: _____

7) Permission to Apply Sunscreen

During the summer months the sun's rays are stronger and the level of discomfort to some children increases. At these times some sort of solar protection is highly advisable when your child is outside. Please let us know if you approve NPA staff to use sunscreen on your child at their discretion.

Yes _____ No _____

Parent's/Legal Guardian signature: _____ Date: _____

8) Liability Release

I give permission for my child to participate in the Naples Preschool Academy program. Although safety and an accident free environment is one of our main priorities, accidents can sometimes take place. I hereby acknowledge that I am releasing Naples Preschool Academy, Inc., and its staff members and volunteers from any and all liability due to injury, loss, or damage, which may occur on Naples Preschool Academy's site while my child participates in the activities of this program. By signing below, I acknowledge that I have read, understand and voluntarily agree to this authorization and release.

Parent's/Legal Guardian signature: _____ Date: _____

**9) Immunization & Physical Examination Records provided: Yes_____ No _____
(If Answer is no, Admission will not be processed and/or approved)**

Parent's/Legal Guardian signature: _____ Date: _____

Tuition Express

Naples Preschool Academy uses Tuition Express as our provider for electronic tuition payment. For Bank Account or Credit Card Authorization, complete this page and return it to NPA with your enrollment application.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Professional Solutions, as agent on behalf of Naples Preschool Academy to initiate debit entries to my Checking/Savings or Credit Card Account indicated below at the depository financial institution hereafter called DEPOSITORY. I (we) authorize Professional Solutions to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees which are due and payable. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law. (Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.)

For Checking/Savings Accounts:

Your Name (as it appears on your account)

Bank/Credit Union Name _____

City State Zip of Bank _____

Type: _____ Checking _____ Savings

Routing Transit Number _____

Account Number _____

For VISA or MasterCard:

Your Name (as it appears on your account)

Account Number _____

Exp. Date _____ CVV Number _____

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions - Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Under no circumstances shall this time be less than 5 business days.

Signature _____

Date _____

(Please attach a copy of a voided check below - deposit slips not accepted.)