



21 Greenwood Lake Tpk  
Ringwood, NJ 07456

Nothing is Out of Reach for an All Star Kid!

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**Enrollment Application**

Today's Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender \_\_\_\_\_

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

Enrolling Parent Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Email: \_\_\_\_\_

Enrolling Parent Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Primary Residence of Child **(Circle One)**: Mother Father Both Guardian

If divorced, who has legal custody? \_\_\_\_\_ (IF any legal restrictions prohibiting child from pickup, please note and court orders will be required) \_\_\_\_\_

**Emergency Contact List & Pick-up Release Authorization If Other Than Parent/Guardian Enrolling** (List Local Contacts)

Only Contacts Listed Below will be able to pick up your child from our center.

Name	Address	Phone #	Relationship
1.			
2.			
3.			
4.			

I give permission for my child to walk to Brady's Prime 15 Steakhouse. This policy is in place should children need to vacant the premises of All Star Kids Academy for their safety.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information:**

I give consent to All Star Kids Academy and staff to seek and authorize emergency medical treatment as they may deem necessary for my child (named above in enrollment). By signing below, I understand and I give permission to administer CPR, any First Aid and/ or contact emergency workers with the possibility to release your child in an emergency situation for further treatment to a hospital. I also agree to such waivers of responsibility and permission forms as are normally required for emergency treatment at a hospital. I also release All Star Kids Academy and staff from any liability in connection with an injury/accident.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Child's Physician & Practice Name:
Phone Number:
Insurance Carrier:
Group #:
Policy #:
Policy Holder's Name:
Copy of front & back of card
Any Allergies:
Hospital Preference:
Any Other Information You Would Like to Share:

<b>Program (Circle One):</b>	Infants (6 weeks to 18 months)	Toddlers (1 ½ -2 ½ years)	Prek (2 ½ -5 years)		
Full Time 6:30 a.m. - 7:00 p.m.	or	Part Time 9:00 a.m. -12:00 p.m.			
Before Care Only (6:30 a.m. - Bus Includes Delayed Openings)		After Care Only (Bus – 7:00 p.m.)			
Before & After Care (6:30 a.m. - Bus- 7:00 p.m.)		Summer Program (6:30 a.m. -7:00 p.m.)			
<b>Days Needed :</b>	Monday	Tuesday	Wednesday	Thursday	Friday
START DATE: _____	Drop Off Time _____	Pickup Time _____			
Elementary School Attending if applicable _____					

I have read and understand all policies set forth (Enrollment, Code of Conduct, Parent Agreement, and Tuition Policies). I am in agreement by signing below to enroll my child and all information is accurate. I further understand that it is my responsibility to provide current information and any changes in documentation regarding my child. Lastly, I understand that my child's enrollment can be terminated with or without notice and reason.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_