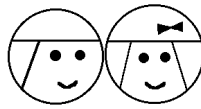


E.F. _____
 Rate _____

Start Date _____
 Days: _____
 Site: _____

**JUNIOR ACADEMY CHILDREN'S CENTERS
 IMAGINATION IN EDUCATION**



Last name of Child _____ First _____ Middle _____ Name Called _____

Sex: M _____ F _____

 Date of Birth _____ Address _____ Zip Code _____ Phone # _____

If different, Mother's _____ Father's _____

 Address _____ Zip Code _____ Phone # _____

Mother's Name _____ Where Employed _____ Employers Address _____ Employer's Phone # _____

If Military

SSN _____ Company/Unit _____ Commander's Name _____ Phone # _____

Married _____ Divorced _____ Separated _____ Widowed _____ Other _____

Father's Name _____ Where Employed _____ Employers Address _____ Employer's Phone # _____

If Military

SSN _____ Company/Unit _____ Commander's Name _____ Phone # _____

If neither parent can be reached in case of emergency or special circumstances:

Name: _____ Phone: _____

Address: _____

In case of emergency, if I or my child's physician cannot be reached, I hereby give my consent to the Junior Academy Children's Center to call a physician or to take such action as it deems necessary for medical or surgical care and I agree that any expenses will be accepted by

 Parent's Signature/Date

Child's doctor: _____ Phone: _____

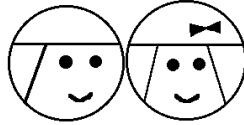
Doctor's Address: _____

Child's dentist: _____ Phone: _____

Dentist's Address: _____

Hospital preferred: _____ Health Insurance provider: _____

Hospital Address: _____



Past history of serious illness, injury, lacerations, _____ nosebleeds, allergies, penicillin/drug reactions, sunburns, special medication, asthma treatments, convulsions, prolonged bleeding, or diet routine: _____

Allergies, describe: _____

- Toddler Parents: I give my permission for my child to sleep on a cot _____

I give my permission for my child to be served peanuts, peanut butter and/or nuts. (Please initial) __yes__no

Is your child on medication or under medical care at this time? Explain: _____

Please give any information that will be helpful to the staff in assisting your child to make an adjustment to group experiences: eating and play habits, sleeping patterns, likes/dislikes: _____

Do you have any special behavioral or emotional problems with your child? _____
What types of control over the child's behavior are most frequently used? _____

Do you grant permission to Junior Academy Children's Center to appropriately discipline your child as needed? ____yes ____no

Child's previous childcare/school experience (school, grade level)? _____

List ages and sex of other children in the family: _____

Swimming proficiency: _____ Roller skating proficiency: _____ Shoe Size: _____
Activities you do not want your child to participate in: _____

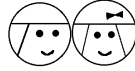
The persons listed below have permission to pick up (child's name) _____ from the Junior Academy Children's Center.

<u>PLEASE INCLUDE YOURSELF.</u>	Address:	Phone:
1. (Mother) _____	_____	_____
2. (Father) _____	_____	_____

OTHER:	Address:	Phone:
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

NAMES OF PERSONS <u>NOT</u> PERMITTED TO PICK YOUR CHILD UP:		
Name:	Address:	Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Any Additional information: _____



I have read the Enrollment Rules as listed on the _____ policy sheet for Junior Academy Children's Centers and I agree to abide by the rules as set out therein.

I give my permission for my child to go on trips or transportation to and from school away from the premises of the JA/IEE location, whether on foot or by vehicle.

I have read the rules for enrollment and I understand that Junior Academy Children's Centers cannot be held responsible for accidents that may occur to my child while on field trips or while using school transportation. It is understood, however, that the insurance provided by Junior Academy Children's Centers is in effect during school hours and on field trips or while being transported to and from school.

I agree to give _____ ONE MONTHS NOTICE (Preschool/Toddler) I agree to give _____ TWO WEEK'S NOTICE (B/A School/Day Camp); _____ before withdrawing my child from Junior Academy Children's Centers. If such notice cannot be given, I agree to pay the tuition for that period in lieu of notice of withdrawal.

I agree to pay attorney's fees, interest and collection costs incurred by Junior Academy Children's Center over any past due or unpaid accounts I may have with Junior Academy Children's Centers.

I agree to provide sunscreen for my child, or give my permission for the Junior Academy Children's Centers to administer sunscreen: _____

Signature of Mother
Date: _____

Signature of Father
Date: _____

Enrolling Teacher
Date: _____

Circle days child will attend: M T W TH F
_____ Half Day _____ Full Day

Name of relative in town _____ Phone _____

Address of relative in town: _____

Name of close friend in town _____ Phone _____

Address of close friend in town: _____

How did you hear about Junior Academy Children's Centers? _____

JUNIOR ACADEMY TALENT RELEASE AGREEMENT

I hereby grant Junior Academy Children's Centers the absolute right and permission to copyright, broadcast or resell photographic or videotape pictures of my child, including voice recordings, or in which may be included in whole or part, for our advertising, trade or any other lawful purpose whatsoever.

I hereby waive my right that I have to inspect and or approve the finished product or the advertising copy that maybe used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to save Junior Academy Children's Centers from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the making of said pictures or tapes, or in any processing towards the completion of the finished product.

I understand that no fees are offered and I release Junior Academy Children's Centers from any liability therefore connected.

Child's Name _____

Parents Name _____

Parents Signature _____ Date _____

Please provide 2 email addresses and 2 cell phone numbers for updates about early release, closures etc.

EMAIL

CELL PHONE

EMAIL

CELL PHONE

8/12/15