



# Fern Academy

EDUCATIONAL CHILDCARE

- Toddler (18-24 Months)    Jr Preschool (2-3 Years)    Preschool (3-4 Years)    Summer Camp  
 Pre-Kindergarten (4-5 Years)    Kindergarten (5-6 Years)    School Age (6-12 Years)    Fern+

Date of Application: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Last Day of Enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Gender: \_\_\_ F \_\_\_ M

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address:(if needed) \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Home Telephone:#(\_\_\_\_\_) \_\_\_\_\_ Cell#:(\_\_\_\_\_) \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work#:(\_\_\_\_\_) \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work#:(\_\_\_\_\_) \_\_\_\_\_

**Emergency Contact: Person to call in an Emergency or Release Child to (if parent(s) cannot be reached)**

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#:(\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Weekly Care Schedule: Monday: \_\_\_ Tuesday: \_\_\_ Wednesday: \_\_\_ Thursday: \_\_\_ Friday: \_\_\_**

What is your child's favorite thing? (e.g. toys, books) \_\_\_\_\_

Is your child allergic to anything? \_\_\_ Y/N If yes, please describe: \_\_\_\_\_

Anything that you would like us to know more about your child? \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_