

# A GIFT FROM HEAVEN ACADEMY

4195 Welcome All RD, College Park, GA 30349

## After School Enrollment Form

New Enrollment: \_\_\_\_\_

Start Date: \_\_\_\_\_

Re-Enrollment: \_\_\_\_\_

Location: College Park

### CHILD'S INFO

**Child's Full Name** \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Current School Attending \_\_\_\_\_ Grade \_\_\_\_\_

### FAMILY INFO

**Marital Status:** ( ) Married ( ) Divorced ( ) Single ( ) Separated

**Legal Guardian(s):** ( ) Both Parents ( ) Mother ( ) Father ( ) Other

*If Other, explain:*

**Mother's Name** \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Business Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Business Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_

*Last*

*First*

*Middle*

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work # & Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Tell Us About Your Child/Children:**

Does your child have special needs? \_\_\_\_\_

if yes, explain \_\_\_\_\_

Does your child have any special dietary needs? \_\_\_\_\_

if yes, explain \_\_\_\_\_

Does your child have any behavior problems in school? \_\_\_\_\_

If yes, explain \_\_\_\_\_

What are your child's strong subjects in school? \_\_\_\_\_

What were your child's most challenging subjects in school this year? \_\_\_\_\_

What activities does your child seem to enjoy? \_\_\_\_\_

Does your child participate in any extra-curriculum activities? \_\_\_\_\_

**Release Authorization:**

My child may be released to the following person(s) – *this must be complete:*

**Name** \_\_\_\_\_

*Last*

*First*

*Middle*

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Release Authorization:**

**Name** \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Emergency Contact:**

**Name** \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Name** \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Will your child need Summer Camp, May through August? Yes or No

**Your Child's Physician:**

**Name** \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Before fully enrolling your child, the following forms must be signed:**

- Immunization Record*
- Food Eligibility Form*
- Transportation Forms Form*
- Drivers License/Picture ID (Copy)*
- Birth Certificate*
- Parental Agreement Form*
- A Gift from Heaven Academy Internet Release Form*
- Emergency Medical Form*