

A Gift from Heaven Academy

4195 Welcome All Rd, College Park, GA 30349

Confidential Enrollment Form

New Enrollment: _____ Start Date: _____

Re-Enrollment Date: _____ Location: Atlanta (College Park)

CHILD'S INFO

Child's Full Name _____
Last First Middle

Address _____

City/State _____ Zip _____

Birth Date _____ Age _____ Sex: M ___ F ___

FAMILY INFO

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

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

If Other, explain: _____

Living Arrangements: () Both Parents () Mother () Father () Other

If Other, explain: _____

Mother's Name _____
Last First Middle

Home Address _____

Home Telephone # _____ Cell # _____

Place of Employment _____ Address _____

Work # _____ DL# _____ Email _____

Signature _____ Date _____

Father's Name _____
Last *First* *Middle*
Home Address _____
Home Telephone # _____ Cell # _____
Place of Employment _____ Address _____
Work # _____ DL# _____ Email _____
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:

How many more brothers/sisters? _____ (their ages)? _____

What other child care center(s) or home daycare center(s) your child attended? _____

Any special dietary needs/allergies _____

Does your child have special needs? ____ If yes, explain _____

Has your child ever been dismissed from a child care center or home daycare? _____

If yes, explain _____

What type of discipline is used in your home _____

What activities does your child seem to enjoy? _____

Release Authorization:

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

| |
|---|
| Name _____ <i>Last</i> <i>First</i> <i>Middle</i> |
| Home Address _____ |
| Home Telephone # _____ Cell # _____ |
| Relationship to child _____ |

| |
|---|
| Name _____ <i>Last</i> <i>First</i> <i>Middle</i> |
| Home Address _____ |
| Home Telephone # _____ Cell # _____ |
| Relationship to child _____ |

Emergency Contact:

| |
|---|
| Name _____ <i>Last</i> <i>First</i> <i>Middle</i> |
| Home Address _____ |
| Home Telephone # _____ Cell # _____ |

| |
|---|
| Name _____ <i>Last</i> <i>First</i> <i>Middle</i> |
| Home Address _____ |
| Home Telephone # _____ Cell # _____ |

| |
|---|
| Need child care for <u>entire year (Jan-Dec)</u> () or <u>school year (Aug-May)</u> (). |
| Desired Drop Off Time _____ Desired Pickup Time _____ |

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

- **Immunization Record (form 3231)**
- **Birth Certificate**
- **Food Eligibility Form**
- **Copy of Drivers License or Picture ID**
- **Parental Agreement with A Gift from Heaven Academy**
- **A Gift from Heaven Academy Internet Release Form**