

Little Rising Star Preparatory Academy, LLC

Enrollment Application

Please print completely and legibly

Child's Name: _____
(Last Name) (First) (Nickname) (Middle Initial)

Child's Address: _____

City: _____ State: _____ Zip: _____ Phone #: (503) _____ - _____

Date of Birth: _____ - _____ - _____ Sex: Male Female First Day of Enrollment _____ - _____ - _____
(Month) (Day) (Year) (Month) (Day) (Year)

Circle days to attend: **Mon. Tues. Wed. Thurs. Fri.** (Aprox) Arrival Time: _____ Departure Time: _____

Parent Information:

E-mail Address: _____ @ _____

Enrolling Parent/Guardian: _____
(Last Name) (First Name)

Relationship to Child: _____ Phone #: (503) _____ - _____

Address: _____ City: _____ State: ____ Zip: _____

Employer: _____ Work Phone #: (503) _____ - _____ ex: ____

Work Address: _____ City: _____ State: ____ Zip: _____

Work Hours: _____ Mobile Phone #: (503) _____ - _____

E-Mail Address: _____ @ _____

Parent/Guardian: _____
(Last Name) (First Name)

Relationship to Child: _____ Phone #: (503) _____ - _____

Address: _____ City: _____ State: ____ Zip: _____

Employer: _____ Work Phone #: (503) _____ - _____ ex: ____

Work Address: _____ City: _____ State: ____ Zip: _____

Work Hours: _____ Mobile Phone #: (503) _____ - _____

Primary Residence: With Mother with Father with Both with Guardian (Name): _____

Parent's Marital Status: Married Single Separated Divorced Widowed

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If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No
(If yes, include name in release below. If no, Documentation from the court may be required.)

The child will be released only to the people on this application and the following persons:

Name: _____ **Phone # (503)** _____ - _____

Name: _____ **Phone # (503)** _____ - _____

Name: _____ **Phone # (503)** _____ - _____

Child's Physician: _____ Phone # (503) _____ - _____

Address: _____ City _____ State _____ Zip _____

Child's Dentist: (If applicable) _____ Phone # (503) _____ - _____

Address: _____ City _____ State _____ Zip _____

Any allergies or special needs? Yes No If yes, what _____

If Mother or Father cannot be reached in an emergency, please Call:

Name: _____ Phone # (503) _____ - _____

Address: _____ City _____ State _____ Zip _____

Hospital Preference: _____

In an **emergency**, Rising Star Prep Academy has my permission to call an ambulance or go to a physician at my expense. **Yes or No**

Does your child have any fears or problems? _____

Is your child currently on any **medications**? Yes No If yes, Name/reason? _____

Has your child been cared for by other than parents? Yes No If yes, whom? _____

My child may be taken on **field trips** by walks, bus, van, or other private motor vehicles under proper supervision. **Yes No**
My child may have his/her **picture taken** and used for publicity or news purposes. **Yes No**

Parent Agreement

- ◆ **I agree to pay in advance each week's tuition.** A \$10.00 late fee will be added if not paid by Wednesday.
- ◆ A late fee will be charged for late pick-ups after 6pm.
- ◆ \$ 20.00 fee on all checks returned NSF.
- ◆ **I agree to pay a \$65.00 non-refundable registration fee at the time of enrollment per child.**
- ◆ **I agree to pay a renewal fee of \$65.00 every September.**
- ◆ I have received additional policies and procedures pertaining to enrollment at Rising Star Preparatory Academy, LLC
- ◆ Failure to pay any unpaid balance on accounts will result in legal action at my expense.

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

THIS FORM MUST BE COMPLETED AND RETURNED **ON OR BEFORE** THE FIRST DAY OF ATTENDANCE. THANK-YOU