

THE PRODIGY SCHOOL

Developing the gift in every child!!!

ENROLLMENT PACKAGE

Welcome to our family!

Please fill out the following information for the teachers in your child's classroom. This material will help the teachers make your child's transition into the classroom as smooth as possible!

Child's Name

Nickname

Birth date

Child's Address

Telephone Number

Mother's Name

Father's Name:

Mother's Employer

Job Title/Dept

Telephone

Extension

Father's Employer

Job Title/Dept

Telephone

Extension

Does he/she have any siblings?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Days of Attendance

Please check the days your child will attend and indicate the approximate hours he/she will be here.

Monday: _____ Hours of Care: ____ a.m./p.m. to ____ a.m./p.m.

Tuesday: _____ Hours of Care: ____ a.m./p.m. to ____ a.m./p.m.

Wednesday: _____ Hours of Care: ____ a.m./p.m. to ____ a.m./p.m.

Thursday: _____ Hours of Care: ____ a.m./p.m. to ____ a.m./p.m.

Friday: _____ Hours of Care: ____ a.m./p.m. to ____ a.m./p.m.

Allergies or Food Restrictions

Special Needs or Other Notes

Health Concerns

Special Diet

Any other information that could be useful about child's habits?

Has your child ever attended a Preschool? _____ Where? _____

How long? _____ Why are you changing? _____

DOCTORS

Pediatrician

Phone Number

Family Physician

Phone Number

In Case of Emergency

Mother's Parents

----- Address

Phone Number (home) (work)

Father's
Parents

----- Address

Phone Number (home) (work)

Non-Relative Reference to Contact in Emergency

----- Name

----- Address

Phone Number (home) (work)

----- Name

----- Address

Phone Number (home) (work)

----- Name

----- Address

Phone Number (home) (work)

Authorized Escorts other than Parents

The people you list below will be permitted to pick up your child(ren) from The Prodigy School. Please be advised that we require picture identification which we will copy before we will allow anyone we do not recognize to leave the center with your child. It is important that you remember to revise/update this list if need be, because only the people on this list will be allowed to take your child(ren) from The Prodigy School. Please include anyone other than the child's parents (including grandparents, other relatives, and friends).

----- Name	----- Relationship to child
----- Name	----- Relationship to child
----- Name	----- Relationship to child
----- Name	----- Relationship to child
----- Name	----- Relationship to child

CHILD'S MEDICAL HISTORY

Has your child had any of the following? If so, give dates:

Whooping Cough _____ Chicken Pox _____ Mumps _____
Measles _____ Scarlet Fever _____ Polio _____ Typhoid _____

Has your child's immunization program been started? yes no

We must have a current Kentucky immunization certificate on file when your child starts.

The following information will be placed in an emergency box, which will go with us from the School in case of an emergency, such as fire. For this reason, it is very important that you update this information whenever necessary.

The Prodigy School Emergency Data Sheet

Child's Name _____

Birthdate _____ **Home Phone** _____

Address _____

Mother's Name _____

Work Phone _____

Father's Name _____

Work Phone _____

Emergency Contact (other than parent) _____

Phone (home) _____ **(work)** _____

Authorized Escorts to Pick up Your Child

Name: _____ **Relationship to Child** _____

Name: _____ **Relationship to Child** _____

Known Allergies _____

Child's Doctor _____

Phone _____

Hospital Preference _____

The Prodigy School

This form will go with your child to the hospital in the event of emergency; please complete thoroughly and have notarized.
Emergency Medical Treatment Form

I, _____, do hereby give my permission for my child, _____, to receive emergency medical treatment if for any reason I am unable to be reached at work or home. The following people, or any employee of The Prodigy School, may sign for emergency care in my absence.

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

Child's Permanent Address _____

Mother's Place of Employment _____

Father's Place of Employment _____

Child's Social Security Number _____

Child's Medical Insurance Company _____

Phone _____ Address _____

Child's Physician/Pediatrician _____

Phone: _____

Parent's Signature _____

Date _____

Notarized by _____

Date: _____ Commission Expires _____

THE PRODIGY SCHOOL

Enrollment Agreement

I hereby acknowledge my receipt of The Prodigy School Parent Handbook and agree to comply with all information contained therein. I understand that it is my responsibility to read and understand it thoroughly. I understand that all payments are due on Friday prior to the week of school. I agree to pay the current late fee if my payment is not made by close of business on Wednesday of the school week. Should payment with late fee not be received by Friday of the school week I understand that admission to the school will be denied the following Monday until the account is brought current. Should this occur I understand that payment for the coming week will become immediately due as well. I also understand that all monthly payments are due on the first day of the month, and quarterly payments are due on the first day of the quarter.

I hereby agree to notify The Prodigy School administration in writing at least two (2) weeks in advance of withdrawal of my child(ren) or I forfeit any claim to my deposit. I understand that payment will be due for weeks attended even if the child is withdrawn. I also understand that if I do not give notice that my child is leaving, I will still be charged for two weeks tuition.

Signed _____ Date _____
(Mother or Legal Guardian)

Signed _____ Date _____
(Father or Legal Guardian)

Witness:

Signed _____ Date _____