

CHILD ENROLLMENT APPLICATION

You must complete an application for each child in your family. Multiple children can be listed on the same deposit form.

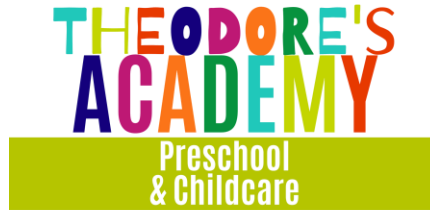
CHILD'S INFORMATION		
Child's Name:		Date of Birth:
Address:		
City:	State:	Zip
Allergies:		
Special Instructions/Comforting Items:		

PARENT/GUARDIAN INFORMATION (1)		
Name:		Relationship to Child:
Address (if different than child):		
City:	State:	Zip:
Home #:	Work #:	
Cell #:	Email:	
Place of work:	Work Email:	
Address:		
City:	State:	Zip:
PARENT/GUARDIAN INFORMATION (2)		
Name:		Relationship to Child:
Address (if different than child):		
City:	State:	Zip:
Home #:	Work #:	
Cell #:	Email:	
Place of work:	Work Email:	
Address:		
City:	State:	Zip:



EMERGENCY CONTACT (1)		
Name:	Relationship to Child:	
Address:		
City:	State:	Zip:
Home #:	Work #:	
Cell #:	Email:	
EMERGENCY CONTACT (2)		
Name:	Relationship to Child:	
Address:		
City:	State:	Zip:
Home #:	Work #:	
Cell #:	Email:	
EMERGENCY CONTACT (3)		
Name:	Relationship to Child:	
Address:		
City:	State:	Zip:
Home #:	Work #:	
Cell #:	Email:	

MEDICAL INFORMATION		
Child's Doctor:	Phone #:	
Address:	City:	State:
Preferred Hospital to contact:	Phone #:	
Address:	City:	State:
Child's Dentist:	Phone #:	
Address:	City:	State:
Does your child have any special needs that we need to be aware of?		



Persons allowed to pick up my child if I am unable to: (Include emergency contacts below if they are allowed to pick up your child)		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Any person NOT allowed to pick up my child (with copy of court order, if applicable):	
Name:	Name:
Name:	Name:

Will your child need full-time or part-time care?

Full-Time Part-Time

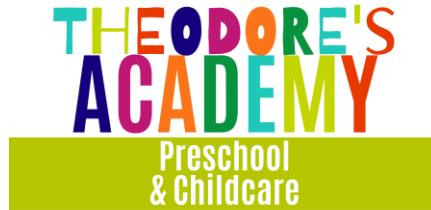
Hours your child will attend our center: (This is to give us an idea of your daily family schedule, you will not be held to these hours as our full hours of operation will be available for your family to utilize.)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

When complete with this application, please continue to the Deposit Form found on page 4. You can either mail your completed application to 2511 Nicklaus Blvd, Sioux City, IA 51106 or email it to theodoresacademy@gmail.com



DEPOSIT FORM

At the time of application submittal, we require a \$200 deposit to hold the spot of your child, any additional children in your household will require a deposit of \$100.

This deposit will go toward your child's first two weeks of childcare.

PARENT(S) NAME		
CHILD NAME (1)		\$200.00
CHILD NAME (2)		\$100.00
CHILD NAME (3)		\$100.00
TOTAL		\$

- Please send me an invoice via PayPal for the appropriate amount
 - My email address is _____

- I will send a check within the next 2 business days to **2511 Nicklaus Blvd, Sioux City, IA 51106**
 - We will contact you when your check is received, if you do not hear from us a week after you mailed the check please contact Paxi Cutler at 712.389.2180 or theodoresacademy@gmail.com

Parent Signature _____

Date _____

*This deposit is non-refundable but will go toward your child's weekly childcare costs. Depending on inclement weather for the construction of our facility, if our open date is pushed back and your family cannot accommodate a different open date, please contact our Director, Paxi Cutler.