



CHILDREN'S LEARNING ACADEMY

19249 Watkins Mill Road, Montgomery Village, MD 20886
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STUDENT INFORMATION:

ENROLLMENT DATE: _____

NICKNAME: _____

START DATE: _____

CHILD'S NAME: _____
LAST FIRST MIDDLE

CHILD'S ADDRESS: _____
CITY STATE ZIP

PHONE: _____ DOB _____/_____/_____ SEX: M F

PRIMARY HOURS OF CARE: FROM: _____ TO _____

ATTENDING DAYS: M-F MWF TTH

FAMILY INFORMATION:

CHILD LIVES WITH: _____

MOTHER/GUARDIAN: _____ FATHER/GUARDIAN: _____

ADDRESS: _____ ADDRESS: _____

HOME PHONE: _____ HOME PHONE: _____

CELL: _____ CELL: _____

EMPLOYER: _____ EMPLOYER: _____

ADDRESS: _____ ADDRESS: _____

WORK #: _____ WORK #: _____

SS#: _____ SS#: _____

EMAIL: _____ EMAIL: _____

CUSTODY: MOTHER FATHER BOTH OTHER: _____

EMERGENCY/MEDICAL INFORMATION:

DOCTOR: _____ ADDRESS _____ PHONE: _____

INSURANCE PROVIDER: _____ POLICY #: _____

ANY KNOWN ALLEGIES, MEDICAL, DIETARY NEEDS OR OTHER AREAS OF CONCERN:

HOSPITAL PREFERENCE: _____

EMERGENCY CONTACTS: Child/ren will be released only to the custodial parents/legal guardians and the persons listed below. The following people will also be contacted and authorized to remove the child from the center in case of illness, accident or emergency, if for some reason the custodial parents/legal guardians cannot be reached:

NAME ADDRESS BEST CONTACT #

NAME ADDRESS BEST CONTACT #

NAME ADDRESS BEST CONTACT #

EMERGENCY AUTHORIZATION

State law requires that we have written authorization from a child’s legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this form will provide us with that authorization.

Our policy, in the event of a medical emergency is to contact you first. If we can’t contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representatives, or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interest of the child.

TO THE BEST OF MY KNOWLEDGE I HAVE COMPLETED THE ABOVE INFORMATION TO BE TRUE AND ACCURATE AND I FURTHER UNDERSTAND THE FOLLOWING TERMS AND AGREEMENTS:

1. I AGREE TO PAY A LATE FEE OF \$1.00 A MINUTE FOR EVERY MINUTE I ARRIVE AFTER 6:30PM PER CHILD. (DUE UPON ARRIVAL)
2. I AGREE TO PAY THE LATE CHARGE OF \$10 PERDAY FOR TUITION PAYMENTS OR PARENT CO-PAYS THAT ARE RECEIVED AFTER MONDAY.
3. I UNDERSTAND THAT I MUST PAY AN ANNUAL REGISTRATION AND ACTIVITY FEE FOR MY CHILD TO PARTICIPATE IN CLA CHILDCARE PROGRAM.
4. I UNDERSTAND THAT MY REGISTRATION FEE AND MY DEPOSIT OF ONE WEEK IS DUE PRIOR TO MY CHILDS START DATE.
5. I UNDERSTAND THAT I MUST PROVIDE A MINIMUM OF TWO WEEKS NOTICE IN WRITING IF WITHDRAWING OTHERWISE MY DEPOSIT WILL BE FORFEITED.
6. I HAVE READ AND REVIEWED THE CENTERS HANDBOOK AND WILL ADHEAR TO CLA POLICIES AND PROCEDURES.

REGISTRATION: \$ _____ DEPOSIT: \$ _____ TUITION: \$ _____ PARENT COPAY: \$ _____

CLASSROOM: _____ PROGRAM: _____ START DATE: _____

PLEASE SIGN HERE: _____ DATE: _____
PARENT/LEGAL GUARDIAN