

# ALL ANGELS ACADEMY



## ENROLLMENT INFORMATION

Academic Year 20\_\_ to 20\_\_ Grade Applying For \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_ Sex \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_  
*Street City State Zip*

Telephone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Name by which applicant is called \_\_\_\_\_

Applicant lives with (check any that apply): \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Step-Father \_\_\_\_\_ Step-Mother  
\_\_\_\_\_ Other (identify) \_\_\_\_\_

Please check any that apply:

\_\_\_\_\_ Father deceased \_\_\_\_\_ Mother deceased \_\_\_\_\_ Parents divorced \_\_\_\_\_ Parents separated

Who has legal custody? \_\_\_\_\_

Financial responsibility for student will be assumed by \_\_\_\_\_

Social Security Number of responsible party: \_\_\_\_\_

Father's Full Name

Mother's Full Name

\_\_\_\_\_

\_\_\_\_\_

Home Address (if different from above)

Home Address (if different from above)

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Name used \_\_\_\_\_

Name used \_\_\_\_\_

Nature of work; position \_\_\_\_\_

Nature of work; position \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Business telephone \_\_\_\_\_

Business telephone \_\_\_\_\_

Cell number \_\_\_\_\_

Cell number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

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Names and ages of siblings \_\_\_\_\_

Relatives who are now or have previously attended All Angels \_\_\_\_\_

Present school \_\_\_\_\_

*Name*

*Address*

Number of years at present school \_\_\_\_\_ Present grade \_\_\_\_\_ Rising Grade \_\_\_\_\_

Will you be applying for financial assistance? Yes \_\_\_ No \_\_\_

Have you applied for admission in previous years? Yes \_\_\_ No \_\_\_

Has the applicant previously been enrolled at All Angels? Yes \_\_\_ No \_\_\_

Will student require after school care? Yes \_\_\_ No \_\_\_

**Other Information:**

Has the applicant ever attended a school or program designed for students who have special academic or other needs (e.g., programs for the gifted, special learning, etc.)? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any physical, emotional, or health problems should be aware? (This may include special diets, allergies, prescriptions, counseling, or limitations on normal activities.) If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Has applicant ever been suspended, expelled, or withdrawn from any school for any reason? If so, please explain (including the name of the school, year, and contact person for further inquiry.)

\_\_\_\_\_  
\_\_\_\_\_

How did you become interested in All Angels Academy? \_\_\_\_\_

\_\_\_\_\_

*All Angels Academy admits student's of any race, color, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. All Angels Academy does not discriminate on a basis of race, color, national, or ethnic origin in the administration of its educational or admissions policies, scholarship, athletic, or other school-administered programs. If a student is accepted and enrolled, parents agree to abide by all financial, academic, and disciplinary policies of the school as stated in the Student/Parent Handbook.*

\_\_\_\_\_  
*Signature of Parent*

\_\_\_\_\_  
*Signature of Parent*

\_\_\_\_\_  
*Date*

**EMERGENCY INFORMATION**

Other person(s) responsible for child to be notified in case of emergency if parents cannot be reached:

Name and Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name and Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Other person(s) authorized to pick up child from school:

Name and Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name and Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**HRS 10M-1203 CHILD DISCIPLINE** (Applies to all grade levels)

All Angels Academy will use age-appropriate, constructive disciplinary practices for the children in our care. Discipline will be administered with love and shall never be in any form a physical punishment, humiliating or frightening,

**ENROLLMENT FORM (Supplement)** (Applies to Pre-K through Kindergarten only)

Section 1 OM-1 2.008(2) f.a.c. requires that parents must receive a copy of the child care facility brochure "KNOW YOUR CHILD'S DAY CARE CENTER." The parents or legal guardian's signature verifies receipt of the brochure. **(Brochure will be given once registration is complete.)**

I \_\_\_\_\_ have received a copy of the childcare facility brochure referenced above.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*