



for a Bright Tomorrow

NAPLES PRESCHOOL ACADEMY
1275 Airport Pulling Road S.
Naples, FL 34104
(239) 403-7977
www.naplespreschoolacademy.com

For Office Use Only

Date: \_\_\_ Initials: \_\_\_
Age: \_\_\_ Room: \_\_\_
Days: \_\_\_ Hours: \_\_\_
Deposit: \_\_\_ Ck#: \_\_\_

Enrollment Form

1) Parents and/or Guardian information:

Father's Name: \_\_\_\_\_ Father's SS#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's SS#: \_\_\_\_\_

Father's DOB: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Please specify father's and mother's address if they are different)

Marital Status of parents: Married: \_\_\_ Single: \_\_\_ Separated: \_\_\_ Divorced \_\_\_
(If divorced, copy of legal custody required)

Father:

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Mother:

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Custody - Visiting Arrangements (Must have court order on File): Y \_\_\_ N \_\_\_ NA \_\_\_

Emergency Contacts (We will call emergency contact in the order outlined below):

1) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Dr.'s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

2) Child / Children To Be Enrolled:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

3) I have received and read NPA's parents hand book, "Know Your Child Center" booklet and H1N1 brochure.

Parent's/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**4) Authorization for Pick-Up:**

Mother :        Yes    No                          Father:            Yes    No

**Others:**

Name/Telephone#: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name/Telephone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

**5) Authorization for Medical Emergency Treatment:**

I give permission for the staff of Naples Preschool Academy (NPA) to take whatever steps may be necessary for my child (children)'s medical care in the event of an emergency.

Parent's/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6) Authorization to take pictures and publish them in NPA's related marketing efforts:**

Yes \_\_\_ No \_\_\_ Parent's/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7) Permission to Apply Sunscreen/Diaper Rash Cream:**

Yes \_\_\_ No \_\_\_ Parent's/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8) Liability Release:**

I hereby acknowledge that I am releasing Naples Preschool Academy, Inc., and its staff members and volunteers from any and all liability due to injury, loss, or damage, which may occur on Naples Preschool Academy's site while my child participates in the activities of this program. By signing below, I acknowledge that I have read, understand and voluntarily agree to this authorization and release.

Parent's/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**9) NPA Check-In Station:**

**Parents are required to use the ProCare Check-In Stations.** Only authorized persons will have access to check a child in and out. All parents will be required to register and use this station daily, as well as any authorized family members or friends.

Parent's/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**10) Immunization & Physical Examination Records provided:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**(If Answer is no, Admission will not be processed and/or approved)**

**11) I will provide snacks/meals for my child that meets USDA guidelines and/or his/her nutritional meals:**

Parent's/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**12) Tuition Payment Policy:** All deposits, registration fees, and Tuition fees are non-refundable. I am responsible for prompt payment in full, regardless of number of days missed and the reason for absence (vacation, illness, adverse weather, etc.).

Parent's/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_