



VILLAGE ACADEMY NORTH, Inc.
 5970 US-1 N.
 ST. AUGUSTINE, FL 32095
 OFFICE: 904.824.7997
 FAX: 904.824.2344

ENROLLMENT FORM
RECORD OF CHILD ACCEPTED

Child's Name: _____
Last First Middle Alias

Birth Date: _____ Sex: _____ Enrollment Date: _____

Mother's Name: _____ Mother's SSN: _____

Father's Name: _____ Father's SSN: _____

Mother	Home Address	Zip	Home Phone	Cell Phone
	Employer Address	Zip	Employer Name	Work Phone
Father	Home Address	Zip	Home Phone	Cell Phone
	Employer Address	Zip	Employer Name	Work Phone

(Please mark an "X" by address where Child lives)

Mother's Email: _____ Father's Email: _____

Child's Physician: _____ Address: _____ Phone: _____

May the Village Academy North call another physician if unable to contact the above? Yes _____ No _____

I learned about Village Academy North through: Friend Work Web Site Ad Other

Legal Custody

Person permitted to remove child:	Mother	Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	Yes	No	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardian	Yes	No	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Persons to be contacted in case of illness, accident, or emergency and those persons authorized to remove Child from the facility. If none, indicate "None".

Name	Address	Phone	Relationship
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Primary Hours of Care required: From: _____ To: _____ (Note: Maximum of 10 hours per day)

Special Instructions regarding eating habits, toileting, allergies, or areas of concern: _____

Section 10M-12.008(2) F.A.C. requires that parents receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER. The parent's or legal guardian's signature verifies receipt of the child care brochure. Please complete the following:

I, _____ have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER.
Name of Parent or Legal Guardian I have also received the Parent Policies and the school's disciplinary procedures.

Signature of Parent or Legal Guardian: _____ Date: _____

Parents please note: Section 65C0-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Office Use Only	Class: _____	Start Date: _____	FT / PT
ECS: Y / N	Drama ___	Gymnastics ___	Spanish ___ Sign Language ___