

# Millennium Academy

Innovation in Early Learning

203 Capcom Avenue #104 Wake Forest, NC 27587 Office 919-435-1089 admissions@millenniumacademync.com

Today's Date

**Select Academic Program**  3rd Grade  2nd Grade  1st Grade  Kindergarten  
 PreKindergarten

**Select Enrichment Program(s)**  
 Summer Camp  Trackout Camp  Before/After School  Other  
 If other please list

**Child's Name** Nick Name   
 First Name  Middle Name  Last Name   
 Child's Age  Child's DOB  Child's Social Security #

Does your child have allergies?  No  Yes  
 Known Allergy  Allergic Reaction   
 Known Allergy  Allergic Reaction

**Chronic Health Conditions**   
 Medication  Frequency   
 Medication  Frequency   
 Medication  Frequency

**Child's Emergency Care Information** Hospital of Choice   
 Child's Physician  Phone   
 Insurance  Policy Number

**Primary Contact**  
 Name  Relationship   
 Home Phone  Mobile Phone  Business Phone

**I authorize my child to be released to the following individuals:**

Name	<input style="width: 100%; height: 20px;" type="text"/>	Home Phone	<input style="width: 100%; height: 20px;" type="text"/>	Mobile	<input style="width: 100%; height: 20px;" type="text"/>
Name	<input style="width: 100%; height: 20px;" type="text"/>	Home Phone	<input style="width: 100%; height: 20px;" type="text"/>	Mobile	<input style="width: 100%; height: 20px;" type="text"/>
Name	<input style="width: 100%; height: 20px;" type="text"/>	Home Phone	<input style="width: 100%; height: 20px;" type="text"/>	Mobile	<input style="width: 100%; height: 20px;" type="text"/>
Name	<input style="width: 100%; height: 20px;" type="text"/>	Home Phone	<input style="width: 100%; height: 20px;" type="text"/>	Mobile	<input style="width: 100%; height: 20px;" type="text"/>

## Information About the Family

### Father's Information

First Name  Last Name   
Home Phone  Mobile Phone  Business Phone   
Address  City  State  Zip Code

Father's Email Address

### Father's Employment Information

Employer  Title  Phone

### Mother's Information

First Name  Last Name   
Home Phone  Mobile Phone  Business Phone   
Address  City  State  Zip Code

Mother's Email Address

### Mother's Employment Information

Employer  Title  Phone

### Siblings

<input type="radio"/> Boy	<input type="radio"/> Girl	Age	<input type="text"/>	Name	<input type="text"/>
<input type="radio"/> Boy	<input type="radio"/> Girl	Age	<input type="text"/>	Name	<input type="text"/>
<input type="radio"/> Boy	<input type="radio"/> Girl	Age	<input type="text"/>	Name	<input type="text"/>
<input type="radio"/> Boy	<input type="radio"/> Girl	Age	<input type="text"/>	Name	<input type="text"/>

How does your child interact with his or her siblings?

1/24/2010

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## Enrollment Agreement

Initial each box to indicate you understand and agree with each condition of enrollment.

### Healthcare Authorization

- I (We) Agree that Millennium Academy will authorize a healthcare provider of their choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.
- I (We) agree and authorize Millennium Academy to initiate Emergency Medical Services in the event of a severe medical emergency and authorize my child to be transported to the closest hospital for care.
- I (We) authorize Millennium Academy to release medical documentation/information to healthcare providers in the event of an emergency.
- I (We) agree to be responsible for the cost of emergency medical care.
- I (We) agree and understand that Millennium Academy will only give medications for acute or chronic illnesses as prescribed by the child's physician. Medications to be given will have an affixed prescription label to include name of medication, frequency, physician's name and contact information.

### Participation in Activities

- I (We) hereby give permission for my child to participate in activities that are sanctioned by Millennium Academy. I assume all responsibility for any accident or injury that may occur on school premises and during school related off campus activities.

### Parental Requirements

- I (We) agree and understand that my child must arrive to school on time daily to maintain continued enrollment status for the current year.
- I (We) agree to attend all parent/teacher conferences as requested.
- I (We) agree to partner with the school to create a positive learning experience for my child.
- I (We) understand that compliance with the school's parent handbook policies and procedures is required.

### Financial Obligations

- I (We) understand that required fees and my initial deposit (equal to one full month of tuition) is non-refundable.
- I (We) are responsible for the cost of tuition for a full 10-month calendar year.
- I (We) agree to pay tuition in full or set up automatic recurring credit/debit card payments with Millennium Academy.
- I (We) agree that insufficient fund responses from my financial institution will result in a fee of \$25 per occurrence.
- I (We) agree and understand that I (We) are responsible for fees and cost of before/after school care, snacks/meals, school uniforms and transportation.

Signing below indicates that I have read, understand and agree the contents of this document.

Father's Signature

Mother's Signature

Date

Date