

Enrollment & Registration Form

Please complete all sections. A one-time \$175 enrollment fee applies.

Child Information

CHILD'S FULL NAME

DATE OF BIRTH

GENDER

HOME ADDRESS

CITY

ZIP

NICKNAMES

PRIMARY LANGUAGE

REQUESTED START DATE

Care Schedule Requested

Excellence Learning Pod offers care 24 hours a day, 7 days a week. Please mark the days and typical hours you need.

Sun

Mon

Tue

Wed

Thu

Fri

Sat

TYPICAL DROP-OFF TIME

TYPICAL PICK-UP TIME

DAYS PER WEEK (3/4/5)

I may need overnight, night-shift, or weekend care (24-hour care available).

Parent / Guardian 1

FULL NAME

RELATIONSHIP TO CHILD

CELL PHONE

WORK PHONE

EMAIL

EMPLOYER

WORK ADDRESS

Enrollment & Registration Form

Please complete all sections. A one-time \$175 enrollment fee applies.

Parent / Guardian 2

FULL NAME

RELATIONSHIP TO CHILD

CELL PHONE

WORK PHONE

EMAIL

EMPLOYER

WORK ADDRESS

Health & Care Notes

ALLERGIES (FOOD, MEDICATION, ENVIRONMENTAL)

MEDICAL CONDITIONS, SPECIAL NEEDS, OR MEDICATIONS

CHILD'S DOCTOR / CLINIC

DOCTOR PHONE

PREFERRED HOSPITAL

INSURANCE PROVIDER

Additional Services (optional)

- Tutoring / academic support
- Transportation (to/from school or activities)

Enrollment & Registration Form

Please complete all sections. A one-time \$175 enrollment fee applies.

Authorization & Signature

I certify the information above is accurate. I understand the \$175 enrollment fee is one-time and non-refundable, and that a trial period of 5 days or 2 weeks applies. I agree to the policies in the Parent Handbook.

PARENT / GUARDIAN SIGNATURE

DATE