



FAMILY REGISTRATION FORM

Start Date: _____

1887 West Oak Parkway, Marietta, GA 30062
678-594-8700

Parent/Guardian Information (FILL IN COMPLETELY)

Father/Guardian	First Name: _____	M.I. _____	Last Name: _____
Address: _____			
Home Phone: _____		Cell Phone: _____	
Employed by: _____		Work Address: _____	
Office Phone: _____		Work Hours: _____ to _____	
Email: _____		Father's SS#: _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Custodial Parent (If married, mark both parents)			
Preferred PIN number for checking in/out (4 digit number, must be different than all other pick ups)			
1st choice: _____ 2nd Choice: _____			

Mother/Guardian	First Name: _____	M.I. _____	Last Name: _____
Address: _____			
Home Phone: _____		Cell Phone: _____	
Employed by: _____		Work Address: _____	
Office Phone: _____		Work Hours: _____ to _____	
Email: _____		Mother's SS#: _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Custodial Parent (If married, mark both parents)			
Preferred PIN number for checking in/out (4 digit number, must be different than all other pick ups)			
1st choice: _____ 2nd Choice: _____			

Child Information (FILL IN COMPLETELY)

1st Child	First Name: _____	M.I. _____	Last Name: _____
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Name child prefers to be called: _____ Grade/Class: _____
Child's Address: _____
Gender: Male Female Date of Birth: _____ SS#: _____
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____
Pediatrician's Name: _____ Phone: _____
Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

2nd Child	First Name: _____	M.I. _____	Last Name: _____
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Name child prefers to be called: _____ Grade/Class: _____
Child's Address: _____
Gender: Male Female Date of Birth: _____ SS#: _____
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____
Pediatrician's Name: _____ Phone: _____
Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child	First Name: _____	M.I. _____	Last Name: _____
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Name child prefers to be called: _____ Grade/Class: _____
Child's Address: _____
Gender: Male Female Date of Birth: _____ SS#: _____
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____
Pediatrician's Name: _____ Phone: _____
Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

4th Child

 First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ SS#: _____

List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:
(OTHER THAN PARENTS/GUARDIANS)

1st Contact/Pick-up

 Name: _____ Phone: _____

Address: _____

Relationship to child: _____

PIN for check In/Out (4 digit number, must be different than all other pick-ups): _____

Able to pick up all children in the family
 Not able to pick up the following children: _____

2nd Contact/Pick-up

 Name: _____ Phone: _____

Address: _____

Relationship to child: _____

PIN for check In/Out (4 digit number, must be different than all other pick-ups): _____

Able to pick up all children in the family
 Not able to pick up the following children: _____

3rd Contact/Pick-up

 Name: _____ Phone: _____

Address: _____

Relationship to child: _____

PIN for check In/Out (4 digit number, must be different than all other pick-ups): _____

Able to pick up all children in the family
 Not able to pick up the following children: _____

4th Contact/Pick-up

 Name: _____ Phone _____

Address: _____

Relationship to child: _____

PIN for check In/Out (4 digit number, must be different than all other pick-ups): _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount:

_____ Weekly Bi-Weekly Monthly Other: _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____



Primary Prep Academy

1887 West Oak Parkway

Marietta, GA 30062

678-594-8700

www.primaryprepacademy.com

Medical Authorization

Should _____, _____ suffer an injury or illness
(Child's Name) (Date of Birth)

while in the care of Primary Prep Academy and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary.

I agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Primary Prep Academy agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

Physician/Clinic Name Telephone Number

Physician Address

Known medical conditions (i.e.) diabetic, asthmatic, drug allergies:

Signed _____ Date _____ Telephone _____

PRIMARY PREP ACADEMY

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PARENTAL AGREEMENT

1. Primary Prep Academy agrees to provide care for _____
on _____ (days of the week) from _____ AM to _____ PM
from _____ (month) to _____ (month).

My child will participate in the following meal plan:

breakfast _____ morning snack _____

lunch _____ afternoon snack _____

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage, date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parents(s), or facility personnel.

4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

5. Primary Prep Academy agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, and exposure to communicable diseases, which include my child.

6. Primary Prep Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

7. I understand my weekly childcare rate is \$ _____ per week payable on Friday of the preceding week. Childcare fees are due regardless of attendance.
A non-refundable enrollment fee of \$ _____ is due upon enrollment of my child.

8. I agree to provide Primary Prep Academy with a 2 week notice prior to any vacation time and agree to pay child care fees to hold my child's position during any vacation time or extended leave due to illness. Full payment must be received whether or not child attends. (See handbook for exceptions).

9. Parent and Primary Prep Academy agree to provide a 2-week written notice to terminate this contract. If a 2-week written notice is not given to Primary Prep Academy prior to withdrawal of my child then the final 2-week fees will still be payable to Primary Prep Academy.

10. I have received a copy of the parent handbook and agree to abide by the policies and procedures of Primary Prep Academy.

Signature (Parent or Guardian) _____ Date _____

Signature (Director/Assistant) _____ Date _____