



Amaze Academy Preschool Enrollment Form

1. Child's Information

Full Name (First/Middle/Last): _____

Preferred Name/Nickname: _____

Date of Birth: ____/____/____ Age: _____ Gender: _____

Home Address: _____

Primary Language(s) Spoken at Home: _____

Is this child a U.S. Citizen? _____ Ethnicity: _____

Does your child receive any special education services? _____

2. Parent/Guardian Information

Primary Caregiver: _____ DOB ____/____/____

Relationship to Child: _____

Email Address (please list in boxes below)

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Home Address: _____ City, _____ State, _____, Zip _____

Phone Number: (Home) _____ (Mobile) _____ (Work) _____

Place of employment: _____ Work hours: _____

Ethnicity: _____ Marital Status: _____

Secondary Caregiver: _____ DOB ____/____/____

Relationship to Child: _____

Email Address (please list in boxes below)

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Home Address: _____ City, _____ State, _____, Zip _____

Phone Number: (Home) _____ (Mobile) _____ (Work) _____

Place of employment: _____ Work hours: _____

Ethnicity: _____ Marital Status: _____

3. Emergency Contacts (other than parents/guardians)

1. Name: _____

Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (Home) _____ (Mobile) _____ (Work) _____

Is this person authorized to take the child from the center? Yes _____ No _____

2. Name: _____

Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (Home) _____ (Mobile) _____ (Work) _____

Is this person authorized to take the child from the center? Yes _____ No _____

3. Authorized Pick-Up List

(Names of individuals permitted to pick up your child)

1. Name _____	Relationship _____	Phone # _____
2. Name _____	Relationship _____	Phone # _____
3. Name _____	Relationship _____	Phone # _____

4. Medical Information

Child's Physician or Emergency Treatment Facility: _____

Phone Number: _____ Preferred Hospital: _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____ Mother/ Father/ Guardian (circle one) of
_____, do hereby give my consent to the Director of the Child
(Child's name)

Care Facility, or their duly representative, for said child to receive medical or surgical aid, as may be deemed necessary and expedient, by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or their duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature of parent or guardian

Date

5. Consents

I hereby give _____ / do not give _____ the Director of the Child Care Facility or their appointed representative permission to give _____ Acetaminophen.

(Child's Name)

I understand I will be notified that the medication has been administered.

Signature: _____ Date: _____

I hereby give _____ / do not give _____ written permission for the use of suntan lotions/sunscreen for my child in permissible weather. School age children may apply sunscreen to themselves with supervision. In accordance with Minimum Licensing Requirements:

Signature: _____ Date: _____

I hereby give _____ / do not give _____ the Child Care Facility permission to take photographs or video tape of my child for use in the facility.

I hereby give _____ / do not give _____ the Child Care Facility permission to place photos and/or video recordings of my child on social media, Procure or the facility webpage.

Signature: _____ Date: _____

I understand that I must send a change of clothes to school with my child. There should always be a clean set of clothes in a ziplock bag with the child's name.

Signature: _____ Date: _____

6. Acknowledgements:

This is a statement of verification that I have been informed my child may possibly be interviewed for the purpose of determining licensing compliance or for investigative purposes. Interviews do not require parental notice or consent.

Signature: _____ Date: _____

This is a statement of verification that I have been informed that licensing compliance forms are available for review upon request.

Signature: _____ Date: _____

This is to acknowledge that I have received a copy of or given the website address to the electronic version of a list of Kindergarten Readiness Skills for my child (3 and 4YO).

Calendar:

<https://arbetterbeginnings.com/wp-content/uploads/Getting-Ready-for-Kindergarten-Calendar-2023.pdf>

Checklist:

https://arbetterbeginnings.com/wp-content/uploads/Kindergarten-Readiness-Indicator-Checklist-for-Families_2024.pdf

Signature: _____ Date: _____

I understand that no physical punishment shall be administered to children. I understand that time-out will not exceed my child's age. (e.g., no more than four minutes for a four-year old).

This is a statement verification that I have been informed of the behavior guidance policy practiced.

Signature: _____ Date: _____

This is a statement verification that I have received information regarding Shaken Baby Syndrome in accordance with Carter's Law (all parents of infants).

Signature: _____ Date: _____

7. Pertinent Medical and Developmental Information

Immunizations: I have provided a copy of my child's Immunization Record: Yes _____ No _____
I understand that I must provide a current copy of my child's immunization record within 10 days of enrollment?

Signature: _____ Date: _____

Disease history: Measles _____ Mumps _____ German measles _____ Chicken Pox _____
Whooping Cough _____

Frequent colds: Yes _____ No _____

Biting: Yes _____ No _____

Defective heart: Yes _____ No _____

Seizures: Yes _____ No _____

Sun Sensitivity: Yes _____ No _____

Diabetes: Yes _____ No _____

Fainting spells: Yes _____ No _____

Temper Tantrums: Yes _____ No _____

Contracted Tuberculosis: Yes _____ No _____

Frequent ear infections: Yes _____ No _____

Frequent throat infections: Yes _____ No _____

Bed wetting: Yes _____ No _____

Other: _____

Allergies: _____ Medications: _____

Physical or emotional concerns child might have: _____

Other conditions or comments: _____

Special food needs: Formula _____ Diabetic diet _____ Other _____

Is child toilet-trained: Yes _____ No _____ Words used in toileting _____

Siblings? Yes _____ No _____ Name(s) of siblings: _____

Is your student a twin, triplet, etc.? _____

Type of child care used before? _____

8. I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature: _____ Date: _____

9. I have received a copy of the Amaze Academy Handbook and agree to the policies therein.

Signature: _____ Date: _____

10. I give consent for my child to attend field trips with Amaze Academy Staff. I will be informed when a field trip is being planned.

Signature: _____ Date: _____

11. I understand tuition and fee payment terms and agree to comply.

Signature: _____ Date: _____

Resources (A copy of these documents may be requested at any time.)

Arkansas Child Development and Early Learning Standards: Birth through 60 Months

[https://www.arheadstart.org/Ark_Early_Learning_Standards%20\(19\)%20\(1\).pdf](https://www.arheadstart.org/Ark_Early_Learning_Standards%20(19)%20(1).pdf)

Shaken Baby

https://core-docs.s3.us-east-1.amazonaws.com/documents/asset/uploaded_file/1394/Preschool/5362504/18-Shaken_Baby_Brochure_English.pdf