



**La O'wn Academy**  
*For Children... Our Future Global Leaders...*

**ENROLLMENT APPLICATION**

Date of Application \_\_\_\_\_ Requested First Day of Attendance \_\_\_\_\_ Classroom \_\_\_\_\_

**CHILD INFORMATION**

Child's Name (Last, First Middle) \_\_\_\_\_, \_\_\_\_\_ Sex ( ) M ( ) F

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ -- \_\_\_\_\_

Cell no. ( ) \_\_\_\_\_ - \_\_\_\_\_

Has your child been previously enrolled in a La O'wn Academy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will your child have a sibling enrolled? \_\_\_\_\_ yes \_\_\_\_\_ No

Sibling's name: \_\_\_\_\_

Has your child been previously enrolled in preschool, group play, or a child care program other than a La Own Academy? \_\_\_\_ Yes \_\_\_\_ No

Is your child toilet trained? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ In Process \_\_\_\_\_

Does your child speak another language? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Which Language? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Mother/Guardian's Name**

Relationship \_\_\_\_\_ D/L# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

S.S # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Subdivision \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell No. (     ) \_\_\_\_\_

Work no. (     ) \_\_\_\_\_

Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Father/ Guardian's Name**

Relationship \_\_\_\_\_ D/L# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

S.S # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Subdivision \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell No. (     ) \_\_\_\_\_

Work no. (     ) \_\_\_\_\_

Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CHILD'S LIVING ARRANGEMENTS: (    ) BOTH PARENTS (    ) MOTHER (    ) FATHER  
(    ) OTHER

CHILD'S LEGAL GUARDIAN: (    ) BOTH PARENTS (    ) MOTHER (    ) FATHER  
(    ) OTHER

**EMERGENCY INFORMATION**

Should my child become ill or suffer an accident. I hereby authorize La O'wn Academy to administer, call for, or secure the necessary emergency care of medical attention as deemed necessary by La O'wn Academy. I understand that an effort will be made to contact myself or the designated person if possible before any action is taken. I also understand that any expense incurred will be accepted by me.

Child's Physician \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_

Physician's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Emergency Medical Facility \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Facility Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Do you have your child's evidence of age-appropriate immunizations record available? YES NO

\* If not, are you willing to sign affidavit against such immunizations? YES NO

\*Please list any continuing treatment for a medical or behavior disorder your child is receiving

\_\_\_\_\_  
\_\_\_\_\_

\*Please list any medical problems or chronic illness which the academy should be aware of \_\_\_\_\_

\_\_\_\_\_

\*Please list any food or drug allergies or dietary restrictions \_\_\_\_\_

\_\_\_\_\_

List two persons other than parent(s)/guardian(s) who may be a contact for your child's pick up in case of an emergency. \*Copy of D/L needs to be on file\*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ D/L # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work no. (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ D/L # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work no. (\_\_\_\_) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

LA O'WN ACADEMY: \_\_\_\_\_

Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_



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