SMART START ACADEMY

1	LAST NAME	FIRST NAME		MIDDLE NAME		DOB		
Student Information	FIRST DAY OF ENROLLMENT	ADULT(S) CHILD LIVES WITH				IALE		
	MOTHER'S LAST NAME	FIRST NAME		MIDDLE NA	ME	SOCIAL SECURITY #		
2								
Family Information Parent Marital	HOME ADDRESS	СІТҮ		STATE	ZIP	CELL PHONE		
	EMPLOYER	MOTHER DOB		EMAIL		WORK HOURSE		
Status	EMPLOYER ADDRESS	CITY		STATE	ZIP	WORK PHONE		
(check one)	FATHER'S LAST NAME	FIRST NAME		MIDDLE NAME		SOCIAL SECURITY #		
Married Single Divorced Widowed Separated	HOME ADDRESS	СІТУ		STATE	ZIP	CELL PHONE		
	EMPLOYER	FATHER DOB		EMAIL		WORK HOURSE		
	EMPLOYER ADDRESS	СІТҮ		STATE	ZIP	WORK PHONE		
3 AUTHORIZED PICK-UP	THE STUDENT WILL BE RELEASED ONLY TO THE PERS		TO THE FOLLOWING PERSO					
	LAST NAME	FIRST NAME	LAST NAME		FI	RST NAME		
	HOME ADDRESS	CITY STATE ZIP	HOME ADDRESS			CITY STATE ZIP		
	CELL PHONE	WORK PHONE	CELL PHONE			WORK PHONE		
	RELATIONSHIP	RELATIONSHIP						
4	LAST NAME	FIRST NAME	TNAME		ME	SOCIAL SECURITY #		
4 Accounts								
Receivable	HOME ADDRESS	СІТҮ		STATE	ZIP	CELL PHONE		
Information (Person Responsible	EMPLOYER	DOB		EMAIL		WORK HOURSE		
for Payment)	EMPLOYER ADDRESS	СІТҮ		STATE	ZIP	WORK PHONE		
5 Medical	PHYSICIAN'S NAME	OFFICE ADDRESS		OFFICE PHONE NUMBER				
Information	DENTIST'S NAME	OFFICE ADDRESS		OFFICE PHONE NUMBER				
and	EMERGENCY CONTACT (OTHER THAN PARENT OR DOCTOR) LEGAL AUTHORITIES WILL BE CONTACTED FOR STUDENTS LEFT AT THE CENTER ONE HOUR AFTER CLOSING TIME OF THE CENTER							
Emergency Information	LEGAL AUTHORITIES WILL BE CONTA LAST NAME	FIRST NAME	LAST NAME	SING TIME OF THE		RST NAME		
	HOME ADDRESS	CITY STATE ZIP	HOME ADDRESS			CITY STATE ZIP		
	CELL PHONE	WORK PHONE	CELL PHONE			WORK PHONE		
	RELATIONSHIP		RELATIONSHIP					
6 To Be	MONDAY TUESDAY	TO FROM	то	THURSDAY		FRIDAY		
Completed by Center	ANNUAL FEES							
Director		REGISTRATION FEE \$75 REGULAR TUITION \$		RETURN CHECK FEE \$35 LATE PAYMENT FEE \$20				
	CENTER HOURS 6.30am TO 6PM							
	A LATE PICK-UP FEE OF \$10 WILL BE CHARGED EACH 5 MINUTES							
	PARENT CERTIFICATION: BY MY SIGNATURE BELOW, I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND AND ACCEPT ALL TERMS							
	AND CONDITIONS OF THIS PARENT AGREEMENT/APPLICATION FOR ENROLLMENT. X X X							
			Signature of Parent	/Gardian		Date		

Signature of Parent/Gardian