Application for admission and service contract

Soleil Early Learning Academy

Student's name:		Sex	_D.O.B
Enrollment date:			
Student's local address:			
(street, city, state and zip code)			
Mother's name:	_ Best phone #		
Father's name:	Best phone #		
Mother's address (if different from student)			
Father's address (if different from student)			
Mother's additional phone #'s			
Father's additional phone #'s			
Mother's email address			
Father's email address			
In the event we cannot reach either parent, we require a	third-party emergenc	y contact per	son:
Name	Best phone #		
Relationship to child	_ Additional phone #		
Child's Physician	Phone #		
I authorize Soleil Early Learning Academy to seek medical	care if I cannot be rea	iched,	
Parent signature			
List the student's medical history and needs: allergies, belorder to adequately assist, the director is required to know			
Soleil Early Learning Academy provides morning snack, lur Parents are required to feed their child breakfast at home			
I agree to comply with the rules and regulations of Soleil Edeadlines, illness policies and other items specified in the that tuition continues in my child's absence. I am aware o tuition is still due. I am aware that the school closes for er with a 10-business day notice prior to withdrawal should notice was not given.	parent handbook or of f the scheduled school mergencies with Palm	contract issue of closing for Beach Coun	ed by the school. I understand winter break and holidays and ty. I agree to notify the school
Parent signature	Date		
Printed Parent's name			