



Square One Kids Academy

The Right Foundation to Reach New Heights

ENROLLMENT FORM

CHILD'S INFORMATION:

Last Name: _____ First Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Gender: M / F Age: _____ Date of Birth: _____

Date of Enrollment: _____ Start Date: _____ Classroom: _____

of Days per Week: _____ Circle Days per Week: M T W Th F

Timings (Check one):

Full Day w/ After care (7am – 6:30pm); Full Day w/o After care (7am - 3:30pm); Half Day (7am – 11:30pm)

PARENT/GUARDIAN INFORMATION:

Last Name: _____ First Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Relation to Child: _____ Social Security Number: _____

Employer: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Work: _____

Email Address: _____

Last Name: _____ First Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Relation to Child: _____ Social Security Number: _____

Employer: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Work: _____

Email Address: _____

Attendance Requirements: Children attending Square One Kids Academy must be accompanied by an adult and signed in and out on the daily roster by an authorized adult. Absences must be reported to the center. Check child's cubby and parent notice boards daily for correspondence and notices. If a person not previously authorized for pick up is to be picking up child, then a written message prior to pick-up must be provided and the person picking up will be expected to provide identification. Emergency information is to be updated when necessary.

Address: 112 Bauer Drive, Oakland, NJ 07436

Phone: 201-644-7575 / **Fax:** 201-644-7574

www.SquareOneKidsAcademy.com

info@SquareOneKidsAcademy.com



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_____ Program Charges: A non-refundable registration fee of \$75 is due at the time of registration. Tuition is expected to be paid at the beginning of the month. Any payments not received by the 5th of each month may be assessed a late payment charge. See tuition information page for more details.

_____ I understand that children participation at Square One Kids Academy will include outdoor activities and all the risks that accompany such activities. In case of emergency, staff will contact parent/guardian or any authorized emergency contact provided. If immediate hospital attention is needed, staff will call 911 and accompany student if necessary. I understand that I will be held responsible for all costs incurred. I therefore waive any claims and agree to release and hold harmless this program, the employees or agents. I have read, understand and agree to abide by all of the above statements:

Parent/Guardian Signature: _____

Date: _____