



# Peachtree Academy Application for Admission

## Child's Information

Child's Name:		Enrollment Date:
Nickname:	Birth Date:	Age:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		

## Parent/Guardian Information

<b>Father's Name:</b>		
Address:		
City:	State:	ZIP:
Home Phone:	Mobile Phone:	
Employer:	Occupation:	
Employer Address:		
Work Phone:		
Email:		

<b>Mother's Name:</b>		
Address:		
City:	State:	ZIP:
Home Phone:	Mobile Phone:	
Employer:	Occupation:	
Employer Address:		
Work Phone:		
Email:		

Parents:  Married     Single     Separated     Divorced

Who has primary custody?     Both parents     Father     Mother  
 Other: \_\_\_\_\_

## Pickup Authorizations

*I authorize my child to be released to the person signing this agreement and:*

Name	Address	Telephone	Driver's License #

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Peachtree Academy Medical and Liability Release Form

Child's Name:	Enrollment Date:
Birth Date:	Age:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Allergies:	
Special Needs:	

<b>Father's Name:</b>		
Address:		
City:	State:	ZIP:
Home Phone:	Mobile Phone:	
Work Phone:		
<b>Mother's Name:</b>		
Address:		
City:	State:	ZIP:
Home Phone:	Mobile Phone:	
Work Phone:		

<b>Physician Name &amp; Address:</b>	<b>Phone:</b>
<b>Dentist Name &amp; Address:</b>	<b>Phone:</b>
<b>Hospital Preference &amp; Address:</b>	<b>Phone:</b>

### Emergency Contact Information (Two emergency contacts, other than parents, are required by the State of Colorado Dept. of Human Services)

<b>Emergency Contact Name (1):</b>		
Address:		
City:	State:	ZIP:
Home Phone:	Mobile Phone:	
Work Phone:		
<b>Emergency Contact Name (2):</b>		
Address:		
City:	State:	ZIP:
Home Phone:	Mobile Phone:	
Work Phone:		

## Medical Liability Release

I hereby authorize **Peachtree Academy** to secure necessary emergency/medical attention for my child in the event of an illness or injury at school or on any school sponsored function. In the event that I cannot be reached in an emergency situation, I hereby authorize that my child is treated as a **Peachtree Academy** staff member or EMT deems necessary. I hereby authorize the physician chosen by **Peachtree Academy** to hospitalize or secure proper treatment for my child as deemed necessary. I also agree to assume financial responsibility for any such services rendered.

I hereby agree to assume and accept all risks and hazards inherent to school-related activities. I agree not to hold **Peachtree Academy**, the employees, or chaperones liable for damages, losses, or injuries to the student. I understand that I am signing for the student on this form and the signature is for medical and liability release.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## Peachtree Academy Vehicle Emergency Medical Information and Transportation Agreement

Child's Name:	Enrollment Date:
Birth Date:	Age:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	

**Peachtree Academy** uses the following medical center in the event of an emergency:

Platte Valley Medical Center  
1850 Egbert Street  
Brighton, CO 80601  
(303) 659-1531

Elementary School:	Grade:
School Arrival Time:	School Dismissal Time:
My child will need to be escorted to/from to elementary school:	
<input type="checkbox"/> Before School drop off	
<input type="checkbox"/> AM Kindergarten pick up	
<input type="checkbox"/> PM Kindergarten drop off	
<input type="checkbox"/> After School pick up	

I give permission for my child, \_\_\_\_\_ to walk to and from public school and/or on designated field trips under the supervision of **Peachtree Academy** staff.

I will contact **Peachtree Academy** by telephone no later than 2:00 p.m. if my child will not need to be picked up from school.

I understand that **Peachtree Academy** only assumes responsibility for children given to them by the school system. I will notify elementary school officials that my child attends **Peachtree Academy**. (*Note: Failure for the school system to have children available for pick up as planned may result in the delay of your child's pick up*).

In the event of an emergency involving my child and I cannot be reached, I hereby authorize any necessary medical care to be given. I further agree to hold harmless Peachtree Academy and its representatives from all liability. I understand that I will be responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Peachtree Academy Child Profile

*This profile will be stay with your child's teachers. As your child grows and develops, characteristics will be added to this form. Your child's future teachers will benefit from this continual updating, therefore, we need your input on any changes taking place outside of school that may affect your child while in our care. Communication is the key to a successful relationship between teachers, children and parents.*

Child's Name:		Enrollment Date:
Nickname:	Birth Date:	Age:
1. Has your child had previous child care or preschool experience?		
2. What would you most like for your child to experience with us?		
3. Does your child have any particular fears?		
4. Do you consider your child to be shy or outgoing?		
5. What are your child's favorite toys?		
6. About what things does your child express the most curiosity?		
7. Does your child play with other children?		
8. List the names and ages of other children in your family home:		
9. What words are spoken in your home for toileting?		
10. Does your child take a nap?		If so, how long?
11. How many of hours of sleep does your child usually receive at night?		
12. Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
13. Does your child have any special medical or physical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
14. What is the marital status of the child's parents? <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/>		
15. Who has primary custody of the child? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		
16. Do you have any special interest/hobby that you would like to share with the children of our classroom?		
17. Are you available to help with special events at our school?		
18. Does anyone else care for your children (Grandparents, neighbors, etc.)?		

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_