

For Office Use Only:

BLM code _____

Date of Registration _____

Date of Termination _____



Parent Updates _____
(initial) (date)
Parent Updates _____
(initial) (date)
Parent Updates _____
(initial) (date)

Enrollment Application

Please fill in application completely and legibly

Were you referred to Brilliant Little Minds Learning Academy? Y N If Yes, please complete the enclosed Extra Credit Referral Card

Child's Name _____
(Last Name) (First Name) (Initial)

Child's Address _____

City _____ State _____ Zip _____ Phone # _____

Date of Birth _____ Sex M F

Enrolling Parent/Guardian Name _____
(Last Name) (First Name) (Initial)

Relationship to Child _____ Drivers License # _____

Address City/State/Zip _____

E-mail Address _____ Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____ Extension # _____

Address City/State/Zip _____ Work Hours _____

Parent/Guardian Name _____
(Last Name) (First Name) (Initial)

Relationship to Child _____ Drivers License # _____

Address City/State/Zip _____

E-mail Address _____ Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____ Extension # _____

Address City/State/Zip _____ Work Hours _____

Parents Marital Status Married Divorced Single Primary Residence Both Mother Father Guardian _____

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No

Brilliant Little Minds Learning Academy must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

The child will be released only to the people on this application and the following persons:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Enrolling Parent/Guardian Signature _____ Date _____

BLM Director Initials _____ Date _____

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How did you hear about us? (check all that apply)	
Referred	Drive By
Direct Mail	Internet
Yellow Pages	Ad
Other _____	

Enrollment Application

Continued

Child's Name _____
(Last Name) (First Name) (Initial)

Child's Physician _____

Any allergies or special needs _____

Hospital preference _____

Emergency contact other than parents _____
Name _____ **Address** _____ **Phone** _____

Is your child potty trained? Yes No **What does your child say when he/she wishes to use the toilet?** _____

Does your child need help: Dressing Eating Washing Hands

Does your child have any special fear or problems? _____

Has your child been cared for by anyone other than the parents? Yes No

If Yes, whom? _____

Favorite Book _____ **Favorite Toy/Game** _____

The Academy will be open from 6:30 AM to 6:30 PM for children of all ages.

- I agree that I am enrolling for _____ days per week at a cost of _____.
- I agree to pay in advance each week's tuition.
- I am aware that I will be charged a fee for payments received after Friday.
- I am aware that I will be charged a fee for late pick-ups.
- I agree to let BLM Management know if my child has been sick, in the hospital for any reason, or has something contagious. This information will be kept confidential but we will send out a health alert to the families to make them aware of it. If my child has seen a dr. then we will bring in a doctor's note to show when child able to return.
- I have received my Parent Handbook, containing additional policies and procedures.
- This institution is an equal opportunity provider.

Additional Contact info:

Best number to text message: _____

Facebook account name: _____

Twitter account name: _____

Parent/Guardian (Payee) Initial _____

Parent or Guardian Name (please print) _____

Parent or Guardian Signature _____ **Date** _____