

Maple Bear Academy: Application for Enrollment

Admission Date: _____

Child's Name: _____

Birthdate: _____

Home Address: _____

Allergies: _____

Parent 1 Name: _____

Phone Number: _____

Alternate Phone Number: _____

Address (if different from above): _____

Place of Work: _____

Work Phone Number: _____

Parent 2 Name: _____

Phone Number: _____

Alternate Phone Number: _____

Address (if different from above): _____

Place of Work: _____

Work Phone Number: _____

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Alternate emergency contact: _____

Relationship to child: _____

Phone Number: _____

Alternate Phone Number: _____

Address (if different from above): _____

Place of Work: _____

Work Phone Number: _____

Family Password: _____

Deposit Date for last 2 weeks of enrollment: _____

Copy of Health Insurance Card Received Date: _____

Copy of Immunization Record Received Date: _____

Or:

Pediatrician Medical Clearance Letter Received Date: _____