



Enrollment Application

STUDENT INFORMATION

Full Name:				
First(legal)	Middle	Last	Nickname	
Home Address:				
Street	City	State	Zip	
Date of Birth(mm/dd/yyyy)		Sex (circle) M F	Current School/Daycare	
Desired Program <input type="checkbox"/> Full-Time <input type="checkbox"/> 3 Day Part-Time <input type="checkbox"/> 2 Day Part-Time		Desired Start Date ____/____/____	Anticipated Arrival Time: _____ Anticipated Departure Time: _____	
I would like camera access (*additional fee) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the child have any special needs of which RSA should be aware?			<input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If yes, please explain:				
(Note: If your child has an IEP please provide a copy with your enrollment materials.)				

FAMILY INFORMATION

Parent/Guardian A Name:	Parent/Guardian B Name:
Home Address:	Home Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
Employer:	Employer:
Email Address:	Email Address:
Best way to reach you during business hours:	Best way to reach you during business hours:

Parents/Guardians Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Other _____
Who does the child currently reside with <input type="checkbox"/> Both <input type="checkbox"/> Parent/Guardian A <input type="checkbox"/> Parent/Guardian B <input type="checkbox"/> Other _____
If parents/guardians are divorced or separated, to whom should school correspondence be sent? <input type="checkbox"/> Both <input type="checkbox"/> Parent/Guardian A <input type="checkbox"/> Parent/Guardian B <input type="checkbox"/> Other _____
Other family members residing in household:

Enrollment Application (Continued)

Child's Medical Information:

Physician's Name _____ Physician's Phone # _____

Dentist's Name _____ Dentist's Phone# _____

Insurance Provider _____ Policy Number _____

Please List Allergies or Health Issues: _____

Please list any additional information you feel that is relevant regarding your child:

PLEASE NOTE THE FOLLOWING:

1. The application fee is non-refundable. Enrollment is official two weeks before start date. As an enrolled family, thirty (30) days' notice must be given to withdraw from the program.
2. Right Start Academy is a year-round preschool program. If a student changes programs at any time, the new program is what will be reserved for the upcoming fall program. Thus, full-time spaces will not be reserved for families who drop to either of the part-time programs.
3. Right Start Academy reserves the right to dismiss any student and/or family that does not comply with school policies as outlined in the Parent Handbook.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

NOTES:

Received By: _____
Registration Date: _____
Start Date: _____
Classroom Assignment: _____
Tuition Weekly/Biweekly (w/ CF): _____
Enrollment Packet Distributed: _____
Added to Enrollment Spreadsheet: _____
Registration Fee Collected: _____

