



ENROLLMENT FORM

Child's Name: _____

Birthdate: _____ SS#: _____ Male Female

Child's Siblings (Names & Ages): _____

Parent(s)/Legal Guardian: 1.) _____ Cell Phone: _____

2.) _____ Cell Phone: _____

1.) Daytime/ Work Phone: _____ Employer's Name: _____

2.) Daytime/ Work Phone: _____ Employer's Name: _____

Home Address: _____

City/ Zip: _____

Evening/ Home Phone: _____

Email Address: 1.) _____

2.) _____

I have read and understand the policies and procedures outline in the Springbok Academy Parent's Guide.

Signing this Enrollment Form implies acceptance of all policies.

Except in cases of immediate safety/ security or health issues, Springbok Academy will notify parents of policy changes one month prior to implementation.

Signature

Date

PLEASE NOTE: WE WILL NOT KEEP A CHILD WITHOUT COMPLETE, CURRENT IMMUNIZATION DOCUMENTATION

EMERGENCY MEDICAL ATTENTION AUTHORIZATION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Springbok Academy personnel to take my child to:

Physician's Name: _____ **Hospital's Name:** _____

Address: _____ **Address:** _____

Phone #: _____ **Phone #:** _____

I give consent for necessary emergency medical treatment when my child is in care of this physician and/or hospital/clinic.

Signature

Date