



Child's Information		
Name:	Last Name:	
DOB: (mm/dd/yyyy)	Gender:	
Primary residence Address:		
City:	Zip Code:	
Family Information /Guardianship		
Parent/Guardian 1 E-MAIL:		
Name:		
Address:		
City:	Zip Code:	
Phone	Work	Mobile
Parent/Guardian 2 E-MAIL:		
Name:		
Address:		
City:	Zip Code:	
Phone	Work	Mobile
Medical Information		
Has your child received vaccinations as recommended by the Surgeon General ?	YES	NO
Does your child suffer from life threatening /anaphylaxis allergies	YES	NO
If yes, please specify:		
Does your child suffer from seasonal allergies?	YES	NO
If yes, please specify:		
Is your child gluten, lactose or citiric intolerant? Does he have any other food allergy?	YES	NO
If yes, please specify:		



*Apex Peak Schools Enrollment Form*

Has your child being diagnosed as having a particular condition	YES	NO
If yes, please specify:		
Has your child ever experienced or currently experiences seizures or fainting spells?	YES	NO
If yes, please specify:		
<b>Primary Physician Information /Hospital/ Insurance information</b>		
Physician/Practice Name:		
Address:		
City:		Zip Code:
Phone	PA:	PRN:
Insurance Provider:		Policy Number
Name of party insured:		Relationship to child:
Emergency Care Information and authorization for medical transportation		
Preferred Hospital		
<b>Emergency Contacts, besides parent/guardians:</b>		
Name:		
Phone		Mobile
Is this person authorized to pick up children from school or program activities? A valid government issued ID will be required.	Yes	No
Name:		
Phone		Mobile
Is this person authorized to pick up children from school or program activities? A valid government issued ID will be required.	Yes	No
I agree that the School may authorize other physicians to provide treatment, and request emergency transportation, in the event that neither I nor the persons listed below may be reached immediately. Please SIGN and DATE:		



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**ABOUT YOUR CHILD**

Primary Language spoken at home:

Do you speak any other language with your child:

Place of your child in the family (only, first, last, middle)

Names and ages of siblings if applicable:

Please tell us 3 favorite things of your child, including favorite book and/or movie:

**PROGRAM ATTENDANCE and PAYMENT OPTIONS**

How many days per week, and which days do you plan your child to attend our school:

No. of days \_\_\_\_\_

Preferred days:

Do you plan to pay tuition with a credit card?

Please provide the following information

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_

Name on Credit Card:

Credit card No: \_\_\_\_\_ CIS /CVN \_\_\_\_\_

Expiration Date:

Billing Address , **please include Zip Code**

Date: