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ENROLLMENT APPLICATION

Please complete all information as fully as possible and notify the Academy promptly of changes.

CHILD INFORMATION

Date of Application: _____	Requested Start Date: _____
Child's Full Legal Name: _____	Birthdate: _____
Preferred Name: _____	Home Address: _____
City/State/ZIP: _____	Program: Infant / Toddler / Preschool / Pre-K / B/A School
Approximate Hours of Care: Drop-Off _____ Pick-Up _____	

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1: _____	Parent/Guardian 2: _____
Relationship: _____	Relationship: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Employer / Work Phone: _____	Employer / Work Phone: _____
Address if different: _____	Address if different: _____

CHILD HEALTH & DEVELOPMENT

Primary Care Provider / Practice: _____ Provider Phone: _____

Known allergies (food, medication, environmental): _____

Medical conditions / special health needs: _____

Current medications or emergency medications: _____

Developmental, behavioral, sensory, feeding, or communication supports: _____

Dietary restrictions or religious dietary needs: _____

Outside services (speech, OT, PT, developmental, behavioral, etc.): _____

EMERGENCY CONTACTS

Name	Relationship	Phone	Address / Notes



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AUTHORIZED PICK-UP

List persons, in addition to parents/guardians, who are authorized to pick up the child. Photo identification may be required.

Name	Relationship	Phone	Address / Notes

CUSTODY / RELEASE INFORMATION

Any custody orders, protective orders, or legal restrictions affecting access or release? Yes ___ No ___

If yes, explain and provide a current copy: _____

ENROLLMENT & PAYMENT INFORMATION

How did you hear about Outer Banks Academy? _____ Enrollment

Deposit: _____ Registration Fee: _____ Tuition Rate: _____

Payment Schedule: Weekly ___ Bi-Weekly ___ Monthly ___ Other ___

Payment Method: Cash ___ Check ___ ACH/Electronic ___ Other ___

ACKNOWLEDGMENT

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that additional health, licensing, medication, emergency, safe-sleep, and enrollment documents may be required before attendance. I acknowledge receipt of the current Outer Banks Academy Parent Handbook and will promptly update contact, health, custody, and authorized pick-up information.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date