GLOBAL PIONEER ACADEMY ENROLLMENT APPLICATION

Name of Child:	Birthdate:	Enrollment Date:

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN # 1		PARENT/GUARDIAN # 2	
Name:		Name:	
Relationship:		Relationship:	
Cell Phone:		Cell Phone:	
Home Phone:		Home Phone:	
Home Address:		Home Address:	
Employer Name:		Employer Name:	
Employer Phone:		Employer Phone:	
Employer Address:		Employer Address:	
E-Mail Address:		E-Mail Address:	

EMERGENCY CONTACTS

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.

Contact Name #1:	Contact Name #2:	Contact Name #3:
Relationship:	Relationship:	Relationship:
Cell Phone:	Cell Phone:	Cell Phone:
Home Phone:	Home Phone:	Home Phone:
Employer Phone:	Employer Phone:	Employer Phone:

CUSTODY

Name of person PROHIBITED from picking up your child:

If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.

PERMISSIONS

☐ I give permission for my child to be ***PHOTOGRAPHED*** during normal daycare hours,field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet including our facebook page.	☐ I ***DO NOT*** give permission for my child to be ***PHOTOGRAPHED*** during normal daycare hours,field trips, or activities and understand that photographs may be used in promoting child care either in print or on the Internet including our facebook page.

SCHEDULE

	Drop Off	Pick Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

SIBLINGS

Name	Age

MEDICAL INFORMATION

Child's Health Care Provider:	
Health Care Provider Phone:	
Health Care Provider Address:	
Name Of Insurance Company/Hmo:	
Group #:	
Identification #:	
Subscriber's Name On Insurance Card:	
Known Allergies (including medication):	
Medication My Child Is Taking:	
List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:	

As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.

Parent/Guardian Initials:

As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.

Parent/Guardian Initials:

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:

PARENT RELEASE

I, _____, the parent (guardian) of _____ do hereby release and hold harmless Global Pioneer Academy and its employees from any liability or accident that may occur in the event that I retain the services of any Global Pioneer Academy employee on a temporary (baby-sitting) basis for the care of my child(ren) outside the child care premises. I do also agree not to solicit Global Pioneer Academy employees away from the child care center for alternative employment opportunities for more than twenty (20) hours per week as defined in the "Letter of Non Solicitation" enclosed in this Enrollment Package.

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:

LETTER OF NON-SOLICITATION

We are in an industry that is notorious for an unusually high percentage of turnover. Therefore, we require each parent to agree not to solicit or hire any of our staff for themselves or others as presented in the Parent Handbook under "Solicitation of Employees" in order to protect one of our most cherished assets, our staff.

In our effort to seek the finest staff available, Global Pioneer Academy expends considerable time, effort, and money. This process costs the center many dollars and long man hours. We invest countless time, energy in the interviewing process, background investigation, screening, training, and continuing education of our staff. It is for this reason we ask all of our parents, guardians, and grandparents to refrain from soliciting Global Pioneer Academy staff for the permanent care of their child(ren) which will be defined as twenty (20) hours or more per work.

This agreement requires every parent or guardian who solicits and hires any of our staff for themselves or others to pay a fee in the amount of ten percent (10%) of the individual's gross annualized salary, plus all legal and court costs in its collection.

I understand that Global Pioneer Academy shall not be held responsible for any of its personnel working off the clock. I have read the above information and agree to the policy on staff solicitation as described above.

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:

TERMINATION OF ENROLLMENT BY PARENT

Please give at least four weeks written notice if you plan to withdraw your child from Global Pioneer Academy. Otherwise, parents will be responsible for one month's tuition fee. There are no refunds on tuition or registration if you withdraw. **We extend our thanks for your cooperation with Global Pioneer Academy policies. I have read the agreement entitled Policy Agreement, and where applicable, have received and read the state Manual/Brochure and accept the conditions stated therein.**

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date: