

# AMBASSADOR ACADEMY EDUCATIONAL ENRICHMENT REGISTRATION FORM

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## Parent/Guardian Information

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

☐ Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

☐ Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_

## Child Information

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing **allergies, medical conditions, medication** and/or **special attention** your child may require.

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

## Child Information ~ Continued

**2<sup>nd</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

List any existing **allergies, medical conditions, medication** and/or **special attention** your child may require.

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

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## Child Information ~ Continued

**3rd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

List any existing **allergies, medical conditions, medication** and/or **special attention** your child may require.

Pediatrician's Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

## Emergency Contacts & Authorized Pickup Persons:

**1st Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: \_\_\_\_\_

\_\_\_\_\_

# AMBASSADOR ACADEMY EDUCATIONAL ENRICHMENT REGISTRATION FORM

## Tuition / Payment Information:

<u>Program</u>	<u>Program Hours</u>	<u>Registration Fee</u> (yearly ~ non-refundable)	<u>Daily Cost</u>
<input type="checkbox"/> Before School	6:30 – 7:45	\$30.00 per child.....\$50.00 per family	\$12 per day 1 <sup>st</sup> child \$11 per day 2 <sup>nd</sup> child \$10 per day 3 <sup>rd</sup> child
<input type="checkbox"/> After School	3:00 to 6:30	\$45.00 per child).....\$65.00 per family	\$16 per day 1 <sup>st</sup> child \$15 per day 2 <sup>nd</sup> child \$14 per day 3 <sup>rd</sup> child
<input type="checkbox"/> Before <u>and</u> After School		\$35.00 per child.....\$50.00 per family	•\$19 per day

Please outline below- person(s) responsible for payment of tuition and fees. If parents are divorced and split the tuition payment, or if the tuition payment is the responsibility of an adult other than the parents listed above, please so indicate:

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- Parent/Caregiver agrees to pay \$25.00 charge if a check is returned from the bank, plus the amount of the balance due for childcare, within 24 hours of getting notice of a returned check.
- Parent agrees to pay all costs associated with collection of any unpaid debt to Provider.

All checks to be made out to: Ambassador Academy.

## Signatures:

Parent/Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You!