

Bright Futures Start At...

Summit Learning Academy



Inspiring children to reach their full life potential

Application for Enrollment

\$125 Registration Fee is due at the time of Application

Child's Full Name _____

Male Female

Birthdate ___/___/___ Current Age ___ Date of Enrollment _____

Child lives with Both Parents Father Mother Other

Parent/Guardian Information

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Employer _____

Work Hours _____

This person is Authorized for pick up

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Employer _____

Work Hours _____

This person is Authorized for pick up

Emergency Contact Information

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

This person is Authorized for pick up

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

In Case of an accident or serious illness, I give my permission to Summit Learning Academy to make arrangements deemed necessary if emergency contacts cannot be reached.

Family Physician _____ Date _____

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Home Phone _____ Work Phone _____ Cell Phone _____

Authorized Contact/Pick Up Information

**Only the persons listed below will be allowed to pick up your
Child/Children.**

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____ Employer _____
Work Hours _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____ Employer _____
Work Hours _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
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Work Hours _____

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