



Crown of Jewels Academy Enrollment Form



Child's Name: Last			Middle	First	Birthdate:	Start Date:
Address			City	State	Zip Code	
Parent/Guardian Name			Phone #		Email:	
Address			City	State	Zip Code	
Employer	Address			Phone #		
Parent/Guardian Name			Phone #		Email:	
Address						
Employer	Address			Phone #		

Child's Attendance (pickup/drop off time)

	Monday	Tuesday	Wednesday	Thursday	Friday
Part Time					
Full Time					

Pick-up/Drop off List

Name	Address	Phone #	Relationship to child
Name	Address	Phone #	Relationship to child
Name	Address	Phone #	Relationship to child
Name	Address	Phone #	Relationship to child

In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.

Parent/Guardian Signature: _____

Name	Address	Phone #
Name: Relationship:		Home: Cell: Alternative:
Name: Relationship:		Home: Cell: Alternative:
Name: Relationship:		Home: Cell: Alternative:

Who cannot pick up your child?

(A copy of supporting court document must be on file)

Name	Reason

Child's Health Information

Health Care Provider	Date of child's last physical exam	Phone number
Street Address	City	State Zip Code
Special Health Problems? Yes or No? If Yes, Specify	Allergies, including drug reactions? Yes or no? If yes, specify.	
Regular Medications? Yes or no? If yes, specify.	Other important information?	
Child Dentist Name:	Telephone #	
Street Address	City	State Zip Code

Child's Medical Insurance Coverage

Insurance Company Name	Member Policy Number
Policy Holder Name	Employer Name
Insurance Company Name	Member Policy Name
Policy Holder Name	Employer Name

Medical Consent/Permission to treat

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendance when deemed necessary or advisable by the physician or car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/Guardian Signature	Date:	Parent/Guardian Signature	Date:
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First Aid
 In the event of an emergency, I authorize the staff of Crown of Jewels Academy to provide any first aid care deemed necessary for my child.
 Parent/Guardian Signature _____ Date _____

Emergency Care
 In the event of an emergency in which I cannot be reached, the physician listed prior or the local hospital are authorized to provide any emergency care deemed necessary from my child.
 Parent/Guardian Signature _____ Date _____

Health Record Transfer
 In the event of an emergency, I authorized the transfer of my child's health records to the appropriate medical team.
 Parent/Guardian Signature _____ Date _____

Transportation Release
 I authorize Crown of Jewels Academy to transport my child to _____ incase of an emergency.
 Parent/Guardian Signature _____ Date _____

Procare Tuition Express

Tuition express is a safe, free and secure online portal for you to easily access your child/children's account information and make a tuition payment.

- Tuition express form must be completed upon enrollment!!
- Once we have received your tuition express form, we will set up your account.
- You will have 2 options
 - You can submit your payment online through your account

or

 - We will process your payment the first day of the week
- If your card does not go through, you will be charged a \$20 late fee! No exceptions!
- If you do not submit your payment the first day of the week before your child is dropped off, they will not be able to stay until payment is made.

***The Tuition Express Enrollment Form will be sent as a separate attachment.

Crown of Jewels Academy

Medical and Transportation Wavier

Childs Name:	Birth Date:
Mothers Name:	Cell Phone:
Work Phone:	Email:
Father's Name:	Cell Phone:
Work Phone:	Email:

Child's Physician:	Office Phone:
Child's Dentist:	Office Phone:
Insurance carrier:	Member Name:
Policy Number:	Group Number:

In the event of a medical emergency, the provider Crown of Jewels Academy will take all reasonable steps to provide adequate medical care. When appropriate, the provider will call 911 and the parent/guardian. If the parent/guardian cannot be reached, the provider will call the authorized persons listed below to be authorized for any further medical treatment of the child. List below any person/persons whom you authorize to make medical decisions for your child.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

In the event of a medical emergency, and no authorized person, parent or guardian can be reached, the Director will contact the child's listed physician, and that physician will have the authority to make medical decisions in the absence of the parent/guardian. All children will be transported to the nearest hospital _____ by ambulance and his/her student file will accompany him/her to the hospital. The parent guardian will be contacted, and if they cannot be reached, then the persons listed as authorized contacts will be called. The director or designee will remain with the child until someone arrives.

I, _____ hereby authorize Crown of Jewels Academy to transport my child _____ to the nearest hospital _____ in the event of a medical emergency.

Parent/Guardian Signature:	Date:
Director Signature:	Date:

Crown of Jewels Academy

Medical Information

Childs Name:	Birth Date:
Mothers Name:	Cell Phone:
Work Phone:	Email:
Father's Name:	Cell Phone:
Work Phone:	Email:

Health History

Please indicate illnesses child has or has had in the past

Asthma	Chicken Pox	Diabetes	Strep Throat
Epilepsy	Measles	Mumps	Hepatitis
RSV	Pneumonia	Mono	Meningitis

1. Does your child have any food or environmental allergies of which we need to be aware in order to provide for his/her safety and welfare? _____ If yes, please explain in detail. _____

2. Does your child have any special needs that need specific attention by the director? _____ If yes, please explain in detail. _____

3. Was your child born prematurely? _____ If Yes, by how many weeks? _____ Describe any issues or concerns you may have. _____

4. Does your child have a condition that, according to current medical information, directly threatens the health and/or safety of others in the program? _____ If yes, please explain in detail, and we will set up a conference to discuss your child's enrollment.

