



Enrollment Form

Entrance Date _____ **Withdrawal Date** _____

Child's Name _____

Date of Birth _____ Sex: ___ Female ___ Male

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Parent 1's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Work Phone _____

Occupation _____ Employer _____

Parent 2's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Work Phone _____

Occupation _____ Employer _____

Child lives with: ___ Parent 1 ___ Parent 2 ___ Both parents ___ Other

The child may be released to the persons signing this agreement or to the following:

Name _____ **Address** _____

Phone Number _____ Relation to Child _____

Relationship to Parents/Guardian _____

Name _____ **Address** _____

Telephone Number _____ Relation to Child _____

Relationship to Parents/Guardian _____



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Persons to contact in case of emergency when parents/guardians cannot be reached:

Name _____ Phone Number _____

Name _____ Phone Number _____

Child's doctor/clinic name: _____

Doctor/clinic phone number _____

My child has the following special needs: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
_____ suffer an injury or illness while in the care of Maylan International Academy, and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



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Programs You Are Applying For

Pre-Primary (Age 2-3)

_____ Half-Day Program (8:30 am-12:30 pm) ___ 3 days ___ 4 days ___ 5 days
_____ Full-Day Program (8:30 am-3:00 pm) ___ 3 days ___ 4 days ___ 5 days

Primary (Age 3-6)

_____ Half-Day Program (8:30 am-12:30 pm) ___ 3 days ___ 4 days ___ 5 days
_____ Full-Day Program (8:30 am-3:00 pm) ___ 3 days ___ 4 days ___ 5 days

After-School Chinese Program

_____ 2-Day Program (Tuesday & Thursday 3:45-5:30pm)
_____ 3-Day Program (Monday, Wednesday, & Friday 3:00-5:00pm)

MEDIA RELEASE FORM

Throughout the school year, your child may be photographed or videotaped at various school-sponsored events. Please indicate below whether Maylan International Academy has your permission to post media of your child on their school website and/or other social media pages.

___ **YES**, Maylan International Academy has my permission to post photos and videos of my child on their website and/or other social media pages.

Parent/Guardian Signature _____ **Date** _____

___ **NO**, Maylan International Academy *does not* have my permission to post photos and videos of my child on their website and/or other social media pages.

Parent/Guardian Signature _____ **Date** _____

LATE PICK-UP POLICY

Please be considerate of the teachers and staff's time by picking up your child at the designated pick-up time as requested by the school. Picking up your child past this time may subject you to late fees.

Parent/Guardian Signature _____ **Date** _____