2025-2026

CAMELLIA SCHOOL

BUILDING • LIVES • AROUND • SOUND • TRUTH

Application for Enrollment

Childs Name:		☐ Boy ☐ Girl	Date of Birth:
Address:			Home Phone:
City, Zip:	Physician:		Physician's Phone:
Email Address:			
Mother's Name: **(if address if different than child's please note on back of form)**			Cell Phone:
Place of Employment:			Work Phone:
Father's Name: **(if address if different than child's please note on back of form)**			Cell Phone:
Place of Employment:			Work Phone:

With whom does the child live: Both Parents ☐ Mother ☐ Father ☐ Other ☐ Please list:

Church Which family attends:

Name & Ages of Siblings:

Medical History: Tubes in Ears ☐ Prone to ear infections ☐ Asthma ☐ Prone to Respiratory Infections ☐ Eczema ☐
Other:

Allergies:

Child is: Right Handed ☐ Left Handed ☐ Undetermined ☐

Previous Daycares Attended (for reference purposes):

Any other comments which might help us better help your child (list only stressful situations your child may have been in):

Emergency Contacts (other than Parents):

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

Other than parents & emergency contacts, **who is allowed to pick up child:**

I hereby grant permission for the director or acting director to take whatever steps necessary to obtain emergency medical care for my child. Any expenses incurred will be borne by the child's parent(s). I also understand that the above information may be used to verify past financial obligations at other centers.

_____ _____

Parent Signature Date

	Fees		
	Registration Fee (Annual)	$100	
Infants-Creepers-Crawlers	$165.00/week	Climbers, 2 Yr. Kindergarten	$160.00/week
3 Year Old Kindergarten (K3), 4 Year Old Kindergarten (K4), 5 Year Old Kindergarten (K5)			$150.00/week

OFFICE USE ONLY

Class	
	Babies
	Creepers
	Crawlers
	Climbers
	K2A
	K2 B
	K3 A
	K3 B
	K4
	K5

K3-K5 Only:

Academic Eval Scheduled	Date & Time:	Teacher	
Comments:	_____ _____ _____	Decision:	__ Yes __No

Registration Paid	__ Yes __No	Amount Paid:		Date Paid:	
Immunization Record Received		__ Yes __No		Date R'cvd:	

Enrollment Date	
First Day of Attendance	
Last Day of Attendance	
Withdrawal Reason	
Comments/ Notes:	_____ _____ _____ _____

Additional Addresses:

Name:	Relationship to child:
Address:	
City, Zip:	Phone #:

Name:	Relationship to child:
Address:	
City, Zip:	Phone #:

☐ Court Papers on File