



Enrollment Application

1715 Lake Pickett Rd Orlando, FL 32826
Phone: 407-658-9332 Fax: 407-658-7804

I. Child Information (Basic)

Last Name		First Name		Initial Middle
Preferred Name	DoB	Sex	Enrollment Date	
S.S.#	Country of Birth			
First Language		Second Language		

HOME ADDRESS

Address				
City	St	Zip	Phone	
	FL			
Phone	Fax			

Internal Use

PIN:	Starts on:	Rate:
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II. Parent/Guardian Information

(Note People listed on Parent/Guardian don't necessary are allowed to remove child, please fill info in Child Release)

Please Check: Mother () or Guardian ()

Last Name		First Name		Initial Middle
Soc. Sec. #	Drivers License	E-mail		
Cel Phone	Carrier (AT&T, T-Mobile, etc.)	Send Text Msg (Y/N)		
Home Address (Write Same if same as Child Home Address)				
City	ZIP	Phone		
Work Info (Company Name, Phone & Address)				

Please Check: Father () or Guardian ()

Last Name		First Name		Initial Middle
Soc. Sec. #	Drivers License	E-mail		
Cel Phone	Carrier (AT&T, T-Mobile, etc.)	Send Text Msg (Y/N)		
Home Address (Write Same if same as Child Home Address)				
City	ZIP	Phone		
Work Info (Company Name, Phone & Address)				

Parents Marital Status: Married () Divorced () Single ()
 If divorced: 1. Who has legal custody? Mother () Father () Both ()
 2. Is parent without legal custody allowed to: Pick-up () Be an emergency contact ()

III. Other Contacts

Please list all people we may contact Regarding your child, if contact will pick up child we'll require a photo ID at the time of pick up.

1

Last Name		First Name		Initial Middle
Relationship (To Child)	Drivers License		Email	
Address			City	
State	ZIP	Home Phone		
Cel Phone	Carrier (AT&T, T-Mobile, etc.)	Send Text Msg (Y/N)		
Work Phone				
Pick up (Write YES or NO)		Call in Emergency ? (Write YES or NO)		

2

Last Name		First Name		Initial Middle
Relationship (To Child)	Drivers License		Email	
Address			City	
State	ZIP	Home Phone		
Cel Phone	Carrier (AT&T, T-Mobile, etc.)	Send Text Msg (Y/N)		
Work Phone				
Pick up (Write YES or NO)		Call in Emergency ? (Write YES or NO)		

3

Last Name		First Name		Initial Middle
Relationship (To Child)	Drivers License		Email	
Address			City	
State	ZIP	Home Phone		
Cel Phone	Carrier (AT&T, T-Mobile, etc.)	Send Text Msg (Y/N)		
Work Phone				
Pick up (Write YES or NO)		Call in Emergency ? (Write YES or NO)		

IV. Allergies

Does your child suffer from:

Allergie	Severity	Treatment

On severity write: Mild, Moderate or Severe

My child has an EpiPen?	Y	N	EpiPen Rx Number:
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V, Release for Medical Service

In the event my child requires emergency medical service

Contact me at the following telephone number: _____

Doctor's Name	Phone
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Obtain emergency treatment at the following hospital:

Insurance Carrier: _____ Policy number: _____ Group number: _____

If we are unable to contact the above doctor, do we have your permission to transport your child to another medical facility? YES _____ NO _____ Top Spot Academy Staff will call 911 in an emergency situation

Health Information

Complete health records on Florida Form 680 (blue immunization record) with a valid expiration date must be as part of the application. Florida Form 3040 (yellow physical form) is also required for all new students. All p are good for 2 years from the date of the exam. All records must be on the original yellow and blue forms. Fo information, you can contact the Florida Department of Health. A copy of the child's Birth Certificate must als submitted with the application.

Father's Signature _____	Date _____	Mother's Signature _____	Date _____
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