



Little Hedgepeth Academy

Rozzelles Ferry Campus

3215 Rozzelles Ferry Road
Charlotte, NC 28216
(704) 399-3909

"We care when you can't be there."

Application Date: _____

Enrollment Date: _____

APPLICATION FOR ADMISSION

To Be Completed and Placed on File Prior to Enrollment

Name of Child: _____ Date of Birth: _____

Last First Middle Nickname

Address: _____

Street City State Zip Code

INFORMATION ABOUT THE FAMILY

Mother's/Guardian's Name: _____ Home Phone #: _____

Address: _____

Street City State Zip Code

Where Employed: _____ Business Phone #: _____

Social Security #: _____

Father's Name: _____ Home Phone #: _____

Address: _____

Street City State Zip Code

Where Employed: _____ Business Phone #: _____

Social Security #: _____ Insurance Carrier: _____ Policy #: _____

INFORMATION ABOUT YOUR CHILD

Does your child have any known allergies: Yes _____ No _____ If yes, please explain _____

Please give any information concerning your child that will be helpful in his/her experience in group settings (such as play, eating, sleeping habits, special fears, likes and/or dislikes, etc.): _____

EMERGENCY CARE INFORMATION

Name of Child's Doctor: _____ Office Phone #: _____

Address: _____

Street City State Zip Code

Name of Child's Dentist: _____ Office Phone #: _____

Address: _____

Street City State Zip Code

Hospital Preference: _____ Phone #: _____

If neither mother nor father (or guardian) can be contacted, call (please indicate relationship):

Name/Relationship: _____ Home Phone #: _____ Office Phone #: _____

Name/Relationship: _____ Home Phone #: _____ Office Phone #: _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

Signature of Parent or Guardian: _____ Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency.

In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or any medication without specific instructions from the physician of the child's parent, guardian or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator: _____ Date: _____