

  
**TRILINGUAL ACADEMY**  
**CHILDREN'S ENROLLMENT FORM**

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_

---

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Employer's Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

---

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Employer's Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

---

Child's Living Arrangements: (check one)

- Both Parents
- Mother
- Father
- Other

Child's Legal Guardian(s): (check one)

- Both Parents
- Mother
- Father
- Other

**BUILDING BRIGHT MINDS FOR OUR FUTURE**

Early Childcare 2590 Atlanta Rd. Smyrna, GA 30080  
Preschool & Elementary 2435 Dixie Ave. Smyrna, GA 30080

770.954.5771 | iamtrilingual.com



The child may be released to the person(s) signing this agreement or to the following:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information:

\_\_\_\_\_  
\_\_\_\_\_

---

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information:

\_\_\_\_\_  
\_\_\_\_\_

---

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information:

\_\_\_\_\_  
\_\_\_\_\_

**BUILDING BRIGHT MINDS FOR OUR FUTURE**

Early Childcare 2590 Atlanta Rd. Smyrna, GA 30080  
Preschool & Elementary 2435 Dixie Ave. Smyrna, GA 30080

770.954.5771 | iamtrilingual.com



Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

---

Name of Public or Private School child attends, if any \_\_\_\_\_

Child's Doctor or 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:

\_\_\_\_\_  
\_\_\_\_\_

**BUILDING BRIGHT MINDS FOR OUR FUTURE**

Early Childcare 2590 Atlanta Rd. Smyrna, GA 30080  
Preschool & Elementary 2435 Dixie Ave. Smyrna, GA 30080

770.954.5771 | iamtrilingual.com



**EMERGENCY MEDICAL AUTHORIZATION**

Should (Child's Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

suffer an injury or illness while in the care of (Facility name) \_\_\_\_\_

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: \_\_\_\_\_

Facility Administrator/Person-In-Charge (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

---

**PARENTAL AGREEMENTS WITH CHILD CARE FACILITY**

The (Name of Facility) \_\_\_\_\_ agrees to provide child care for

(Name of Child) \_\_\_\_\_ ON (Days of Week) \_\_\_\_\_

\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. from (Month) \_\_\_\_\_ to (Month) \_\_\_\_\_

My child will participate in the following meal plan (check all the meals and snacks that apply):

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Evening Snack
- Dinner
- Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

**BUILDING BRIGHT MINDS FOR OUR FUTURE**

Early Childcare 2590 Atlanta Rd. Smyrna, GA 30080  
Preschool & Elementary 2435 Dixie Ave. Smyrna, GA 30080

770.954.5771 | iamtrilingual.com



My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The \_\_\_\_\_ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

(Name of Facility) \_\_\_\_\_.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Parent/Guardian (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Facility Administrator/Person-In-Charge (Signature) \_\_\_\_\_ Date \_\_\_\_\_

**BUILDING BRIGHT MINDS FOR OUR FUTURE**

Early Childcare 2590 Atlanta Rd. Smyrna, GA 30080  
Preschool & Elementary 2435 Dixie Ave. Smyrna, GA 30080

770.954.5771 | iamtrilingual.com