

Phyl's Academy Preschool, Inc.
CCAMPIS APPLICATION FOR ADMISSION
Please select desired location

<input type="checkbox"/> Phyl's Academy Preschool 4052 SW 69th Ave. Miramar, Fl. 33023	<input type="checkbox"/> Phyl's Academy Preschool 7205 Royal Palm Blvd. Margate, Fl. 33063
<input type="checkbox"/> Pathways Academy of Pembroke Pines 8914 Taft St. Pembroke Pines, Fl. 33024	<input type="checkbox"/> Pathways Academy of Learning 4381 N St. Rd. 7 Lauderdale Lakes FL. 33319

Student's Name: _____ Sex: Male () Female ()
(Last) (First)

Date of Birth: ____/____/____ Age: ____ Years ____ Months
(MM) (DD) (YYYY)

SS# _____ - _____ - _____

Address: _____ Apt #: _____
(Street)

City: _____ State: ____ Zip Code: _____ Home Phone: _____

Mother's Information Name: _____
_____ Cell Phone _____

Address (if different from student)

Street: _____ Apt #: _____ City _____ State ____ Zip _____

Email Address: _____

Employer: _____ Work Phone: _____ Ext: _____

Father's Information
Name: _____ Cell Phone _____

Address (if different from student)

Street: _____ Apt #: _____ City _____ State ____ Zip _____

Email Address: _____

Employer: _____ Work Phone: _____ Ext: _____

EMERGENCY CONTACTS / ALTERNATE PICK-UP PERSONS
(Two people *other than* parents)

1. Name: _____ 2. Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Please fill in the Name and Address of the school your child is currently attending:

Name of School: _____

Address: _____ City _____ State _____ Zip _____

To the best of my knowledge the information is correct and complete. In the event of a change of address of, phone number, name, etc., I will notify the school immediately.

Mother's Signature: _____ Father's Signature: _____

Health/ Allergy Information

Does your child have any health/physical/emotional/learning problems for which he/she has been diagnosed and/or is being treated for, and of which the school should be aware? YES () NO ()

If yes, please specify _____

Is your child allergic to any foods/juices? YES () NO ()

If yes, please specify: _____

Non- Discriminatory Policy

I understand that Phyl's Academy does not deny admission based on race, color, creed, religion, sex or any other legally protected status.

Hold Harmless

I agree that I will not hold the school or its Faculty or any other staff member responsible in case of any accidental injuries that might occur in any play and/or any school related activities in which the child might be engaged.

I HAVE READ THE ABOVE AND AGREE TO ABIDE BY THESE REGULATIONS.

Parent Signature: _____ Administration Signature _____