

**RED APPLE SCHOOL – ENROLLMENT FORM**  
**(2021 – 2022)**

CHILD'S NAME: \_\_\_\_\_ SEX: \_\_\_ F \_\_\_ M  
Last First Middle

NAME CHILD GOES BY: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_  
Street City Zip

**E-MAIL ADDRESSES:** MOM: \_\_\_\_\_  
(Both are needed)

DAD: \_\_\_\_\_

FATHER: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

FATHER'S ADDRESS (if different from child's): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

MOTHER: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

MOTHER'S ADDRESS (if different from child's): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

PARENT'S MARITAL STATUS: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single parent \_\_\_ Widowed

**If divorced, please give name and address of non-custodial parent:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**State whether this person has permission to claim child at school: Yes \_\_\_\_\_ No \_\_\_\_\_**  
**(If you checked "No", court documents will need to be on file stating such)**

RELIGIOUS PREFERENCE: \_\_\_\_\_ Membership: \_\_\_\_\_ N/A \_\_\_\_\_

NAMES AND AGES OF BROTHERS AND SISTERS: \_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU LEARN ABOUT RED APPLE? \_\_\_\_\_ Red Apple Website \_\_\_\_\_ Facebook

\_\_\_\_\_ Friend \_\_\_\_\_ Signage \_\_\_\_\_ Other (Please state source)

**PLEASE TURN OVER AND COMPLETE OTHER SIDE**

# RED APPLE SCHOOL – ENROLLMENT FORM

**(2021 – 2022)**

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
Last First Middle

<b>CLASS DESIRED:</b>	
<b>2's</b> ___ T/Th    ___ T/W/Th    ___ M-F 4-Day Option (check days): ___ M ___ T ___ W ___ Th ___ F	<b>Trans Kindergarten</b> ___ M/T/W/Th <b>Trans Kindergarten</b> ___ M/T/W/Th/F
<b>3's</b> ___ T/Th    ___ T/W/Th    ___ M-F 4-Day Option (check days): ___ M ___ T ___ W ___ Th ___ F	<b>Kindergarten</b> ___ M/T/W/Th/F
<b>4's</b> ___ T/W/Th    ___ M/T/W/Th    ___ M-F	
<b>EXTENDED DAY</b>	
___ M ___ T ___ W ___ Th ___ F	___ M ___ T ___ W ___ Th ___ F

## BILLING INFORMATION

Payment forms accepted are cash, check and credit card. You may set up automatic electronic payments through Brightwheel once your account has been invoiced. Preferred method of payment is electronic ACH due to merchant fees being applied, however credit cards are accepted.

Tuition is due the 1<sup>st</sup> of each month and late after the 10<sup>th</sup>. Should you require a later due date, please contact the office. There is a **\$15.00 late payment fee for payments received after the 10<sup>th</sup> of each month**, if you have not contacted the office to make alternate payment arrangements.

The Registration Fee is due at the time of registration. September tuition is due at the time of registration as well. You may defer the September tuition payment to June 1<sup>st</sup> with a post-dated check or through Brightwheel.

Please indicate below how you wish to make payment for the Registration Fee and the September tuition payment:

Registration Fee:    \_\_\_ Pay by Cash/Check now    \_\_\_ Brightwheel Billing (Due within 5 days of receipt to hold place)

September Tuition:    \_\_\_ Pay by Cash/Check now    \_\_\_ Brightwheel Bill now    \_\_\_ Bill me 6/1/21 on Brightwheel

Due to the fact that the Registration Fee and September tuition are paid at the time of registration, September billing will **only include** Supply/Activity Fees and Extended Day charges.

October 2021 through May 2022 will be charges for class tuition as well as extended day charges where applicable.

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**CHILD'S NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_  
Last First Middle

I hereby declare that the above information is correct and complete. I also agree to abide by the rules, policies, standards and procedures of Red Apple School including payment of all tuition and fees as owed.

**GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **DL#:** \_\_\_\_\_

**ALLERGY/MEDICAL INFORMATION**

My child has special needs, challenges that may restrict activities/physical limitations or disabilities:

**(circle one) YES NO**

If yes, list all special needs, physical limitations or disabilities:

\_\_\_\_\_

Any known allergies (other than seasonal):

\_\_\_\_\_

**If any known allergies are listed, there must be an emergency protocol form filled out by the child's physician accompanying this form.**

Any routine medications:

\_\_\_\_\_

Any restrictions of normal physical activities:

\_\_\_\_\_

**WATER ACTIVITY CONSENT**

I hereby give consent for my child to participate in water activities such as a water table. \_\_\_\_\_ YES \_\_\_\_\_ NO

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE FORM**

Sign only **ONE** of the following:

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give permission for photos of my child to be used in media publications such as Facebook and advertising about Red Apple School.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, **DO NOT** wish to have photos of my child to be used in media publications such as Facebook and advertising about Red Apple School.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE OTHER SIDE**

**RED APPLE SCHOOL**  
Phone: 817-284-7833 Fax: 817-284-3950

**APPROVED PICK-UP CONSENT**  
**and**  
**EMERGENCY MEDICAL INFORMATION**

**CHILD'S NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

Parents can be reached at these phone numbers while child is in school:

**Father's Phone:** \_\_\_\_\_ **Mother's Phone:** \_\_\_\_\_

In addition to parents, the following are approved for pick-up and may also be called in an emergency:

Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In the event that the child named above required medical care and parents cannot be reached, I hereby authorize RED APPLE SCHOOL to secure such emergency care as may be required:

**Name of Hospital:** \_\_\_\_\_

Child's Physician's Name: Dr. \_\_\_\_\_  
FIRST NAME LAST NAME

Address: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**THE HIGHLIGHTED SECTION ABOVE MUST BE COMPLETELY FILLED OUT IN ACCORDANCE WITH STATE LICENSING REGULATIONS.**

**PARENT SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_