

Long Shoals Wesleyan Academy

3032 Wesleyan Church Road

Lincolnton, NC 28092

Enrollment Forms

Name of Child _____ DOB _____
(Last) (First) (MI)

Address _____ SS# _____

Father's Name _____ Phone# _____

Address _____
(Street) (City) (State) (Zip)

Where employed _____ Phone# _____

Mother's Name _____ Phone# _____

Address _____
(Street) (City) (State) (Zip)

Where employed _____ Phone# _____

If child is not living in home of parents, name of responsible adult _____

Relationship to child? _____ Where employed _____

Home Phone# _____ Business Phone# _____ Emergency# _____

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

_____ Phone# _____

_____ Phone# _____

_____ Phone# _____

Information About Your Child:

List ant known Allergies (Be specific) _____

Behavior Concerns (play, eating, fears, likes, and dislikes) _____

Emergency Care Information:

Physician _____ Phone# _____

Office Address _____

Dentist _____ Phone# _____

Office Address _____ Phone# _____

Hospital Preference _____ Phone# _____

If neither father, mother nor guardian can be reached can be contacted, call:

Name: _____ Relationship _____ Phone# _____

Name: _____ Relationship _____ Phone# _____

Name: _____ Relationship _____ Phone# _____

I agree that the administrator may authorize the physician of choice to provide emergency care in the event that neither I nor the physician listed above can be contacted immediately.

(Date) (Parent Signature)

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

(Date) (Administrator Signature)