



## Enrollment Form

2021-2022

9348 Olive Blvd, 63132  
(314) 733-9770

### Child Information:

➤ Child's Name: \_\_\_\_\_

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

City/State/Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

### Responsible Party Information:

➤ Primary Name: \_\_\_\_\_

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

City/State/Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

➤ Secondary Name: \_\_\_\_\_

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

City/State/Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

- ***Please attach the most recent Individualized Education Plan (IEP), Service Plan (SP), 503 Plan, educational evaluations, or any other information that would benefit programming for your child.***

*Coeur Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*



**Medical Information:**

- Please list allergies and attach any medical information:

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- Please specify any dietary restrictions or needs:

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- Please list any medications taken by your child (please complete Medication Administration Form if medicine is to be administered to your child during the day):

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**Additional Information:**

- Please include any additional information you would like us to know about your child:

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### Transportation Authorization:

- I give permission for my child, \_\_\_\_\_, to be transported by a staff member or volunteer of Coeur Academy in his/her personal vehicle when participating in community outings.

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date

### Emergency Authorization:

In the event of a medical emergency, we are required to have written authorization from a child's legal guardian to seek medical help. Signing the statement below will provide us with that authorization.

In the event of a medical emergency, the legal guardian will be contacted first. If we cannot contact the legal guardian, we will try to contact others you designate. In the event that we are unable to contact the legal guardian or the designated representative(s), or if the medical emergency warrants immediate response, we will act on your behalf and in the best interest of the child.

Preferred hospital: \_\_\_\_\_

I have read and, by my signature below, confirm my understanding and acceptance of this authorization:

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date

### Authorized Contacts:

Your child will be released only to custodial parent or legal guardian and the persons listed below. If for some reason the custodial parent or legal guardian cannot be reached, the following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency.

- Contact #1 Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Contact #2 Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Contact #3 Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Photo/Video Release:**

\_\_\_\_\_ I, hereby, grant *Coeur Academy* permission to use my child's photos, audio recordings, and videos made at *Coeur Academy* events for the purpose of yearbook, classroom activities, publicity, promotional materials, and website content.

\_\_\_\_\_ I, hereby, grant *Coeur Academy* permission to use my child's name in association with photo or other media outlet.

\_\_\_\_\_ I do not authorize *Coeur Academy* permission to use my child's name, photos, audio recordings, and videos made at *Coeur Academy* events for the purpose of publicity, promotional materials, and website content.

Child's Name: \_\_\_\_\_

\_\_\_\_\_ Responsible Party's Signature

\_\_\_\_\_ Date

Comments: \_\_\_\_\_

\_\_\_\_\_

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