



Enrollment Form

2024-2025

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: _____

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, sex (including pregnancy, sexual orientation, or gender identity), national and ethnic origin in administration of its educational policies, admissions policies.



Person Financially Responsible:

Name: _____

Phone number: _____

Email Address: _____

Signature: _____ Date: _____

- *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.*

Medical Information:

- Please list allergies and attach any medical information:

- Please specify any dietary restrictions or needs:

- 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):

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.

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➤ Contact #1 Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

➤ Contact #2 Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

➤ Contact #3 Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

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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