



45 Route 206 Hammonton, NJ 08037
609-481-2312
Dynamiclearningac@gmail.com

School Directory: Would you like your family to be included in our school directory? Yes No

Parent/Guardian Information

Registration Date: _____

Parent Name: _____

Date of Birth: _____

Address: _____

Home Phone #: _____

Cell Phone#: _____

Email Address: _____

Employer: _____

Work #: _____

Employer Address: _____

Custodial Parent ()

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Parent /Guardian 2 Information

Parent Name: _____

Date of Birth: _____

Address: _____

Home Phone #: _____

Cell Phone#: _____

Email Address: _____

Employer: _____

Work #: _____

Employer Address: _____

Custodial Parent ()

Relationship to Child: Mother Father Grandparent Foster Parent Other

Is there is other information you would like us to know? _____

Child Information 1

Name: _____ Date of Birth: _____

Nickname/preferred name: _____

Address: _____

Gender: () Female () Male Child's SS#: _____

List any existing medical conditions, medication and/or special attention your child may require?

Photographs: DLA may occasionally want to use photographs taken of students on the school website or in school advertisements. DLA will only use the child's first name and age if anything at all is attached to a particular image. May we photograph your child for promotional purposes such as print advertisement, school website, newspaper articles, or newsletters? [] Yes [] No Initials _____

Child Information 2

Name: _____ Date of Birth: _____

Nickname/preferred name: _____

Address: _____

Gender: () Female () Male Child's SS#: _____

List any existing medical conditions, medication and/or special attention your child may require?

Photographs: DLA may occasionally want to use photographs taken of students on the school website or in school advertisements. DLA will only use the child's first name and age if anything at all is attached to a particular image. May we photograph your child for promotional purposes such as print advertisement, school website, newspaper articles, or newsletters? [] Yes [] No Initials _____

Emergency Contacts & Authorized Pickup Persons:

Name: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Cell Phone#: _____

Employer: _____ Work #: _____

Email: _____

Relationship to Child: _____

Emergency Contact (Authorized to pick up the following children: _____

Emergency Contacts & Authorized Pickup Persons:

Name: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Cell Phone#: _____

Employer: _____ Work #: _____

Email: _____

Relationship to Child: _____

Emergency Contact (Authorized to pick up the following children: _____

Emergency Contacts & Authorized Pickup Persons:

Name: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Cell Phone#: _____

Employer: _____ Work #: _____

Email: _____

Relationship to Child: _____

Emergency Contact (Authorized to pick up the following children: _____

Tuition / Payment Information:

Please note: All tuition payments and/or co-pays are prepaid on Friday for the upcoming week. If tuition/copays are not received by Monday morning, there will be a \$25 late fee. Tuition and late fees must be received by Wednesday morning or we will not be able to provide child care services until you are paid in full.

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other

Wellness Policy

Dynamic Learning Academy operates a "WELL CHILD" facility. DO NOT bring your child to school when he/she is ill or you are suspect they are becoming ill. Staff will not admit children who are ill and possibly contagious. Admission is at the discretion of DLA, not the parents.

If your child is sent home due to illness or possibly contagious symptoms, they will not be allowed to return the following day. If they have a fever, they are not to return for 24 hours after their fever has subsided. If a child is ill, they will be cared for in an isolated room away from the rest of the group to minimize the chances of spreading illness. A parent will be notified of their child's illness and will be required to make arrangements for the child to be picked up within an hour of notification by an authorized person.

State law prohibits the Child Care Provider from giving a medication without the approval of the child's doctor. (See Manual for additional information regarding Medication policy & Sick policy)

I/We agree to respect and will abide by DLA's Wellness Policy. _____ Initial

I/we have received and reviewed enrollment manual. _____ Initial

Additional Comments & Information:

Is there is any other information that would be helpful to our management and teaching staff?

Signature of Parent/Guardian: _____

Date: _____

Thank You!

Child Information 3

Name: _____ Date of Birth: _____

Nickname/preferred name: _____

Address: _____

Gender: () Female () Male Child's SS#: _____

List any existing medical conditions, medication and/or special attention your child may require?

Photographs: DLA may occasionally want to use photographs taken of students on the school website or in school advertisements. DLA will only use the child's first name and age if anything at all is attached to a particular image. May we photograph your child for promotional purposes such as print advertisement, school website, newspaper articles, or newsletters? [] Yes [] No Initials _____

Child Information 4

Name: _____ Date of Birth: _____

Nickname/preferred name: _____

Address: _____

Gender: () Female () Male Child's SS#: _____

List any existing medical conditions, medication and/or special attention your child may require?

Photographs: DLA may occasionally want to use photographs taken of students on the school website or in school advertisements. DLA will only use the child's first name and age if anything at all is attached to a particular image. May we photograph your child for promotional purposes such as print advertisement, school website, newspaper articles, or newsletters? [] Yes [] No Initials _____