



**Enrollment Form**  
**Kiddie Magic Learning Academy, LLC**  
 500 N. 20th St  
 Monroe, LA 71201  
 (318) 498-2156

2:18 PM

1/6/2018

**Family Information**

Last Name			First Name			MI			Last Name			First Name			MI		
Relationship to Child			Social Security Number						Relationship to Child			Social Security Number					
Street Address									Street Address								
Apartment/Unit									Apartment/Unit								
City			State			ZIP Code			City			State			ZIP Code		
Home Phone			Work Phone			Ext			Home Phone			Work Phone			Ext		
Cell Phone			Email Address						Cell Phone			Email Address					

**Child Information**

Last Name			First Name			MI			Last Name			First Name			MI								
Sex	Social Security Number			Date of Birth			Sex	Social Security Number			Date of Birth												
Emergency Contact						Emergency Phone						Emergency Contact						Emergency Phone					
Dentist						Dentist Phone						Dentist						Dentist Phone					
Doctor						Doctor Phone						Doctor						Doctor Phone					
Insurance Provider						Policy Number						Insurance Provider						Policy Number					
Blood Type						Last Physical Date						Blood Type						Last Physical Date					
Known Allergies									Known Allergies														

**Emergency Care Authorization**

I certify that I am a parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent / Legal Guardian's Signature

Date

**OFFICE USE ONLY**

Tuition: \$ _____			Classroom: _____			Enrolled: _____		
Billing cycle: _____			Program: _____					

**Enrolled by:**