



2025-2026

Allergies: _____

ENROLLMENT INFORMATION

Child's Name: _____ **Nickname:** _____

Gender Female Male **Birth Date** _____ **Contact Phone** _____

Primary Address _____ **City** _____ **Zip** _____

Parent/Guardian #1 _____ Relationship to child _____

Primary Address is same as Child's Primary Address

Primary Address _____ **City** _____ **Zip** _____

Primary Phone (Contact First) _____ **Mobile Phone** _____

Employer Name _____ **Work Phone** _____

Email Address _____

Publish First Parent's Information in Directory Email Phone Address

Parent/Guardian #2 _____ Relationship to child _____

Primary Address is same as Child's Address

Primary Address _____ **City** _____ **Zip** _____

Primary Phone (Contact First) _____ **Mobile Phone** _____

Employer Name _____ **Work Phone** _____

Email Address _____

Publish Second Parent's Information in Directory Email Phone Address

Is there any custody arrangement/parenting agreement regarding this child? No Yes **If yes, please provide the office with a copy of the parenting/custody agreement**

Are there any special circumstances ACDS needs to be aware of? _____

For Office Use Only:

Deposit Received: _____ **Date:** _____ **Payment Type:** _____

Class Attending: _____ **Registration Fee:** Check _____ Procure _____

Admission Date: _____ **Discharge Date:** _____

Parent Responsible for Payment: _____

This parent will receive all invoice and tax information by email/mail/Procure App.

Health Insurance _____ Phone _____

Insurance Group ID _____ Insurance Group Number _____

Allergies: _____ **Reaction/Symptoms:** _____

Forms submitted _____ Meds at school _____

Medicine(s) PRESCRIBED FOR LONG TERM _____

Health Medical/Special Needs: _____

Emotional/Behavioral Concerns: _____

Physician _____

Address _____ Phone _____

Emergency Contact Information:

If the parents or guardians cannot be contacted in case of an emergency, please list at least two individuals who should be contacted, within the immediate Chicagoland area. Please, include **names, complete addresses (City and Zip), and telephone numbers.**

I/We authorize the following individuals to pick-up my child.

1. _____

Name _____ **Relationship to Child** _____

Address/City/State/Zip _____ **Phone** _____

2. _____

Name _____ **Relationship to Child** _____

Address/City/State/Zip _____ **Phone** _____

I/We authorize the following individuals to pick-up my child:

Names, Complete Addresses, and telephone numbers, other than those not already listed as Emergency Contact, who may pick-up child.

1. _____

Name _____ **Relationship to Child** _____

Address/City/State/Zip _____ **Phone** _____

2. _____

Name _____ **Relationship to Child** _____

Address/City/State/Zip _____ **Phone** _____

Signature of BOTH parents/guardian are required. If one parent/guardian is unavailable for signature, please include that name on the authorization above.

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____