



# Beacon Hill After School

7600 N. Davie Road Extension • Hollywood, Florida 33024  
(954) 963-2600 • www.beaconhillschool.com

## ENROLLMENT APPLICATION

Child #1 Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Birthdate: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Child #2 Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Birthdate: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Pick Up Location: \_\_\_\_\_

If you have any additional children, please list them on the back of this application.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Person(s) permitted to remove child: \_\_\_\_\_

If parents are divorced, who has legal custody? (Please provide legal documentation.)  Mother  Father

Emergency Contact People (other than Parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Child #1 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child #2 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child #1 Allergies/Medical Conditions: \_\_\_\_\_

Child #2 Allergies/Medical Conditions: \_\_\_\_\_

If you have any additional children, please list their physicians and allergies/medical conditions on the back of this application.

**A late charge of 18% or \$25.00 minimum will be applied to any unpaid balance after 28 days. Person responsible for fees will pay any and all collection and/or attorney fees for any unpaid balance.**

**Registration Fee (non-refundable) must accompany this form.**

**Beacon Hill School has my permission to take my child on all field trips.**

I agree to the above terms and fees: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Starting Date: \_\_\_\_\_ Program: \_\_\_\_\_ Group: \_\_\_\_\_  Lunch  T/AM  3:15  4:45

Customer #: \_\_\_\_\_