

Enrollment Form  
Keestone Academy  
630 Kindra Drive  
Henderson, TN 38340  
731-435-6599

## KEESTONE ACADEMY STUDENT INFORMATION

### GENERAL INFORMATION

How did you hear about us?

\_\_\_ friends \_\_\_ relative \_\_\_ internet \_\_\_ other \_\_\_

E-mail address \_\_\_\_\_

### PARENT INFORMATION

Name(s) \_\_\_\_\_  
(Father's) Last First (Mother's) Last First

Address \_\_\_\_\_  
Street Town Zip

Father's Employer \_\_\_\_\_ Work ( ) Cell ( )

Mother's Employer \_\_\_\_\_ Work ( ) Cell ( )

### STUDENT INFORMATION

(1) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Any special medication, allergies or physical impairment (list below):

### EMERGENCY INFORMATION

Phone number ( ) \_\_\_\_\_ Person to ask for \_\_\_\_\_ Relationship \_\_\_\_\_  
(other than parent—a local person to care for child if we are unable to reach a parent or guardian)

( ) \_\_\_\_\_ Person to ask for \_\_\_\_\_ Relationship \_\_\_\_\_

( ) \_\_\_\_\_ Person to ask for \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

CONTINUED ON BACK



### MEDICAL RELEASE INFORMATION

Family or Child's Physician \_\_\_\_\_ Office ( ) \_\_\_\_\_  
If I am unavailable, I hereby give permission for emergency care and treatment which could include hospitalization, anesthesia and surgery for my child if deemed necessary.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

### FINANCIAL INFORMATION

I understand that weekly or monthly payments are expected in a timely manner (weekly – on Monday's and monthly – by the first Wednesday of every month). If my account becomes past due, I understand that my child's spot at Keestone Academy may be terminated.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

### PEOPLE ALLOWED FOR PICK UP

The following individuals are **allowed** to pick up my child from Keestone Academy:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### DISMISSAL NOTICE

I understand that Keestone Academy reserves the right to dismiss my child if deemed necessary.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

### CHILD PHOTO/VIDEO PERMISSION

I agree to allow Keestone Academy the use of my child's \_\_\_\_\_ picture (likeness) and/or name on social media post, Hi Mama app, website, school displays, or any such public media post or promotions.

Parent's Signature \_\_\_\_\_

I do not wish for my child \_\_\_\_\_ to have their picture used.

