



Kindergarten Enrollment Application 2022-2023

Student and Parent Information

2530 West La Palma Ave.
Anaheim, Ca 92801

Student's Full Name: _____

Date of Birth: ____/____/____ Age:_____ Gender: _____

Father/Guardian's Name: _____

Mother/Guardian's Name: _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Father's Cell: _____ Mother's Cell: _____

Father's email: _____ Mother's email: _____

Father's Employer: _____ Mother's Employer: _____

Title: _____ Title: _____

Business Address: _____ Business Address: _____

City: _____ State _____ Zip: _____ City: _____ State _____ Zip: _____

Work Phone: _____ Work Phone: _____

List siblings attending Eagles' Nest or Acaciawood School:

Name: _____ Room/Location: _____

Name: _____ Room/Location: _____

Home Language Survey

- 1. Which language did your son/daughter learn when he/she first began to talk?
2. What language does your son/daughter most frequently use at home?
3. What language do you use most frequently to speak to your son/daughter?
4. Name the language most often spoken by the adults at home.

Medical and Emergency Information

Insurance Carrier: _____

Group #/I.D. #: _____

Physician: _____

Hospital: _____

Address: _____

Address: _____

Are all immunizations up to date: _____

Please attach a copy of your child's proof of immunization to this application.

Medical Conditions/Allergies: _____

Additional Information: _____

If we are unable to reach you, we **MUST have 2 LOCAL** contact persons who you authorize to pick your child up from school if your child is ill or needs medical attention.

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Natural Disaster Contact

This person below should be contacted in the event of a major crisis or natural disaster. This person should live outside of our immediate area and can be contacted to assume responsibility for your child when parents cannot be reached.

Name: _____

Relationship: _____

Address, City, State: _____

Home Phone: _____

Cell Phone: _____

WAIVER & LIABILITY RELEASE
Eagles' Nest

Name of Child(ren): _____

Site: Eagles' Nest, Acaciawood School and the Church in Anaheim Age(s): _____

For the Parent/Guardian:

I, the undersigned parent/guardian understand that accidents can occur during my child's participation in the Eagles' Nest educational programs and after-school care. Nevertheless, **I, ON BEHALF OF THE ABOVE-MENTIONED CHILD (hereafter "Child") AND FOR MYSELF, HEREBY ASSUME THESE RISKS OF PARTICIPATING IN THIS PROGRAM.**

In return for allowing Child to participate I, on behalf of Child and for myself, hereby waive, release, and discharge for myself, my family members, heirs, administrators and assigns any and all rights and claims which may accrue to Child or myself as a result of his/her participation in this program except for instances of gross negligence or willful misconduct. This release is expressly intended to discharge in advance the Eagles' Nest, Acaciawood School, the Church in Anaheim, and any teachers, employees, parents, agents, students, contractors, and volunteers from and against any and all liability arising out of or connected in any way with Child's participation in this program. **THIS RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARRISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES, AGENTS, AND VOLUNTEERS.** This Waiver and Liability Release shall apply to Child and myself, as well as any of our heirs, executors, or administrators. By my signature below, I hereby certify that I am the parent or legal guardian of Child and that I am acting in that capacity. Further I acknowledge that I have read this document and understand its contents.

Authorization for Emergency Medical Services

I hereby authorize Eagles' Nest to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical or surgical care if I am not immediately available. It is understood that a conscientious effort will be made to notify me, or the persons designated, before such action will be taken.

Signature of Parent/Guardian

Print Name

Date

Home Phone

Work Phone

E-mail

Registration, Book Fee, and Tuition Information

Monthly Tuition: \$450 (Aug-May)

Book Fee: \$120

Non- Refundable Registration Fee: \$100

The non-refundable registration fee and book fee (\$220 total) are due at the time of enrollment (no later than May 1).

Please make out your checks to: **Felix Fong**

The monthly tuition fee (non-refundable) ***is due on the 1st of each month*** (Aug-May). If the 1st falls on a weekend, then tuition will be due the Monday immediately following. ***Accounts that are 5-days past due will receive a \$25.00 late fee.***

If needed, reduced tuition may be available in exchange for weekly parent service hours.