

Acorn Academy of DFW Admission FormReturn completed form to:
Acorn Academy of DFW
info@acornacademydfw.com**Child**

Full Name (First, Middle, Last, Suffix)	Nickname		
Birthdate	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address			
City	State	Zip	

Parent/Guardian

Name (First, MI, Last, Suffix)	Work Phone		
Home Address (can write SAME if same as child)	Cell Phone		
City	State	Zip	Authorized to Pick up Child <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Employment	Drivers License #/ State		

Parent/Guardian

Name (First, MI, Last, Suffix)	Work Phone		
Home Address (can write SAME if same as child)	Cell Phone		
City	State	Zip	Authorized to Pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Employment	Drivers License #/State		

Emergency Contact (Friend or relative who should be contacted when parent/guardian cannot be reached)

Name (First, MI, Last, Suffix)	Work Phone	Cell Phone
Home Address	City	State Zip
Place of Employment	Drivers License #/State	Authorized to Pick up Child <input type="checkbox"/> Yes <input type="checkbox"/> No

Authorized Pickup (persons other than a parent to whom the child may be released) Anyone picking up your child will be required To provide photo ID before your child will be released. AA will not release to anyone not authorized in writing or to anyone that cannot provide a photo ID

Name	Drivers License#/State	Relationship	Phone
Name	Drivers License#/State	Relationship	Phone
Name	Drivers Licenses#/State	Relationship	Phone
Name	Drivers License#/State	Relationship	Phone

Office Use Only All Form Fields Complete on Page one of Admission Form

Administrator Review/Signature _____

