



DREAM@ Little Scholars Academy of Sherwood 2022 SUMMER ENROLLMENT APPLICATION

Phone:
501-835-5802

CHILD INFORMATION

Child Name:

Date of birth:

Race:

Male

Female

Phone:

Current address:

City:

State:

ZIP Code:

Current School:

Current Grade:

Special Needs: Yes No

Is your child currently taking any medication? Yes No Name of Medication?

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

Address:

City:

State:

ZIP Code:

Email:

Phone:

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Relationship to Child:

Phone:

Physician Name:

Phone:

Preferred Hospital:

Allergies:

PICK-UP AUTHORIZATION

Name

Phone

CONSENT TO EMERGENCY FIRST AID & TRANSPORTATION

In the event of an emergency, I hereby give permission for my child to be given emergency treatment by a staff member at LSAS. I also give permission for my child to be transported by ambulance to an emergency center for treatment, and agree to hold LSAS and its employees harmless.

Parent Signature:

Date:

CONSENT TO MEDICAL TREATMENT

In the event that I cannot be contacted immediately, medical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold LSAS and its employees harmless.

Parent Signature:

Date:

MEDIA RELEASE

With my signature below, I give permission for LSAS and DREAM to photograph my child for the purpose program advertisement for the LSAS and DREAM website and program bulletins recruitment, newsletters and media that promote student and program success. Yes No

Parent / Guardian Signature of Agreement

With my signature below, I agree that the information provided on this application is true and correct. I further agree that if information provided is found to be false, LSAS reserves the right to terminate service immediately.

Parent Signature:

Date:

*****ALL PAGES of this application MUST be complete prior to approval.
All registration fees MUST be paid prior to the first day of enrollment. *****