APPLICATION FOR ADMISSION

TODDLER LEARNING CENTER
at the Armenian Sisters Academy

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ARMENIAN SISTERS ACADEMY

440 Upper Gulph Road, Radnor PA 19087 • 610-687-4100
Fax 610-687-2430 • www.asaphila.org

APPLICANT INFORMATION							
Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City		State		ZIP			
Township		School District					
Date of Birth		Place of Birth		Baptism (church)			
Siblings- Names & Ages							

FAMILY INFORMATION			
MOTHER			
Address		Cell Phone	
Email		Home Phone	
Occupation		Place of Employment	
Address		Work Phone	
Religion		Nationality	
FATHER			
Address		Cell Phone	
Email		Home Phone	
Occupation		Place of Employment	
Address:		Work Phone	
Religion		Nationality	

EMERGENCY CONTACT			
Name		Relation ship to	
Home Phone		Cell Phone	
Name		Relation ship to	
Home Phone		Cell Phone	

PHOTO CONSENT			
I hereby give my consent for my child's photograph to be used in local newspapers, on the Armenian Sisters Academy website and on social media for the purposes of public relations. At no point will a child's name be used.			
Parent/ Guardian Signature		Date	

AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf. A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

Name		Home Phone	
Address		Cell Phone	
Name		Home Phone	
Address		Cell Phone	
Name		Home Phone	
Address		Cell Phone	

MEDICAL INFORMATION

A copy of the child's immunizations along with Child health report (55 PA CODE) signed by Physician must be submitted.

Child's Physician/ Practice		Office Phone	
Address		City, State, Zip	
Health Insurance Provider		Health Insurance Policy #	
Child's Personal ID #		Allergies (if any)	
Medical Problems			

Additional Information: Please indicate likes/dislikes, potty training, special interests, etc.

EMERGENCY CONSENT

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below in order for the appropriate action to be taken on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ TO RECIEVE FIRST-AID BY A MEMBER OF THE ASA STAFF IF DEEMED NECESSARY.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO THE CLOSEST HOSPITAL (BRYN MAWR HOSPITAL) or_____ BY THE STAFF OF MY CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/ Guardian Signature		Date	
Parent/ Guardian Signature		Date	

THIS APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE REGISTRATION FEE OF $100.

APPLICATION AND FEE CAN BE MAILED TO THE ABOVE ADDRESS TO THE ATTENTION OF THE DIRECTOR OF ADMISSIONS.