

Application Date _____
Date of Enrollment _____

CYBER ED LEARNING CENTERS APPLICATION

350 E. New York Ave
Southern Pines, NC 28387

1135 Seven Lakes Drive N
West End, NC 27376

645 S. Page Street
Southern Pines, NC 28387

Name of Child _____ **Birth date** _____
(Last) (First) (MI) (Nickname)
Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardians Name _____ Home Phone _____
Address _____ Zip Code _____
Where Employed _____ Business Phone _____
Email Address: _____

Mother/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____
Where Employed _____ Business Phone _____
Email Address: _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No _____ Yes _____

Explain: _____
Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____
Address _____
Name of child's dentist _____ Office Phone _____
Address _____
Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):
Name _____ Home Phone _____ Office Phone _____
Name _____ Home Phone _____ Office Phone _____

If you can not come for your child, please give the names of persons to whom the child can be released:

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent)

(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. I agree to comply with all applicable state and federal laws and regulations concerning the transportation of passengers. I may transport the children for any of the following reasons: field trips, emergencies or at my discretion. All children will be restrained by seat belts or child restraint devices. Cyber Ed has my permission to transport my child in accordance with the above policy.

(Signature)

(Date)