



Beacon Hill After School

7600 N. Davie Road Extension • Hollywood, Florida 33024
(954) 963-2600 • www.beaconhillschool.com

ENROLLMENT APPLICATION

Child #1 Name: First _____ Middle _____ Last _____ Birthdate: _____

Preferred Name: _____ Sex: _____ Grade: _____ S.S. #: _____

Child #2 Name: First _____ Middle _____ Last _____ Birthdate: _____

Preferred Name: _____ Sex: _____ Grade: _____ S.S. #: _____

Pick Up Location: _____

If you have any additional children, please list them on the back of this application.

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Mother's Name: _____ Occupation: _____ S.S. #: _____

Place of Business: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Driver's License #: _____

Home Address (if different from above): _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Father's Name: _____ Occupation: _____ S.S. #: _____

Place of Business: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Driver's License #: _____

Home Address (if different from above): _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Guardian's Name: _____ Occupation: _____ S.S. #: _____

Place of Business: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Driver's License #: _____

Home Address (if different from above): _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Person(s) permitted to remove child: _____

If parents are divorced, who has legal custody? (Please provide legal documentation.) Mother Father

Emergency Contact People (other than Parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Child #1 Physician: _____ Phone: _____

Child #2 Physician: _____ Phone: _____

Child #1 Allergies/Medical Conditions: _____

Child #2 Allergies/Medical Conditions: _____

If you have any additional children, please list their physicians and allergies/medical conditions on the back of this application.

A late charge of 18% or \$25.00 minimum will be applied to any unpaid balance after 28 days. Person responsible for fees will pay any and all collection and/or attorney fees for any unpaid balance.

Beacon Hill School has my permission to take my child on all field trips.

I have read the Parent/Student Handbook online at www.beaconhillschool.com

Registration Fee (non-refundable) must accompany this form.

I agree to the above terms and fees: _____ Date: _____

OFFICE USE ONLY

Starting Date: _____ Program: _____ Group: _____ Lunch T/AM 3:15 4:45

Customer #: _____