



BUILDING A BRIGHTER FUTURE

2107 Fox Creek Rd. * Bloomington, IL * 61701

ENROLLMENT APPLICATION

Were you referred to Alphabet Soup Academy? Yes No

If yes, who referred you?

Child's Name: _____

(Last) (First) (Middle)

Child's Address: _____

City: State: Zip: Phone: _____

Date of Birth: Gender: M F Child's Social Security #: _____

Circle days to attend: AM Mon Tues Wed Thurs Fri Arrival Time: Departure Time:

PM Mon Tues Wed Thurs Fri Arrival Time: Departure Time:

Meals to Attend: Breakfast AM Snack Lunch PM Snack

School-Age out of Session Days To Attend: Mon Tues Wed Thurs Fri Arrival Time:

School-Age out of session meals to attend: Breakfast AM Snack Lunch PM Snack Departure Time:

Enrolling Parent/Guardian Name: _____
(Last Name) (First Name) (Initial)

Relationship to Child: Drivers License #: _____

Address: City/State/Zip: _____

E-mail Address: Home Phone #: Cell Phone #: _____

Employer: Work Phone #: Extension #: _____

Address: City/State/Zip: Work Hours: _____



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Parent/Guardian Name: _____ (Last Name) (First Name) (Initial)

Relationship to Child: _____ Drivers License #: _____

Address: _____ City/State/Zip: _____

E-mail Address: _____ Home Phone #: _____ Cell Phone #: _____

Employer: _____ Work Phone #: _____ Extension #: _____

Address: _____ City/State/Zip: _____ Work Hours: _____

Parents Marital Status: _____ Married _____ Divorced _____ Single _____

Primary Residence: _____ Both _____ Mother _____ Father _____ Guardian _____

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? _____ Yes _____ No _____

Alphabet Soup Academy must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

The child will be released only to the people on this application and the following persons:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Enrolling Parent/Guardian Signature _____ Date: _____

Child's Physician: _____

Any allergies or special needs: _____

Hospital preference: _____

Emergency contact other than parents: _____

ALPHABET SOUP ACADEMY, INC.

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Name: _____ Address: _____ Phone: _____

Is your child potty trained? _____ Yes _____ No _____

What does your child say when he/she wishes to use the toilet? _____

Does your child need help Dressing Eating Washing Hands _____

Does your child have any special fear or problems? _____

Has your child been cared for by anyone other than the parents? _____ Yes _____ No _____

If Yes, whom? _____

Favorite Book : _____ Favorite Toy/Game: _____

The Academy will be open from _____ AM to _____ PM for children ages _____ to _____.

- I agree that I am enrolling for _____ days per week at a cost of _____.
- I agree to pay a registration fee at the time of enrollment to be renewed each August/September. This enrollment fee is not refundable.
- I agree to pay in advance each week's tuition.
- I am aware that I will be charged a fee for payments received after Monday.
- I am aware that I will be charged a fee for late pick-ups.
- Up to two additional electronic collection attempts and, if needed, by paper draft thereafter will be made to collect on returned checks. The maximum fee allowed by state law will be charged for all collection attempts.
- I have received my Parent Handbook, containing additional policies and procedures.
- This institution is an equal opportunity provider.

TeleCheck Electronic Check Conversion Customer Notification

By submitting your check for payment, you are authorizing the payee, or its agent, upon receipt of your check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to your account, in accordance with the same terms and conditions as your check. In the event that your check is returned for non-payment, TeleCheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all collection attempts. The parent/guardian is responsible for the principal amount plus all collection fees.

Parent/Guardian (Payee) Initial _____

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PREFERRED EMPLOYER PLAN: If the enrolling parent is employed by Alphabet Soup Academy they will be using The Preferred Employer Plan, please fill out the following information:

Employee Name (must be enrolling parent): _____

Employee Signature: _____ Date: _____

How did you hear about us?