



Hampton Academy (Pre k - K)
11 Bradley Street,
Palmdale, Nassau
HamptonAcademyNassau@gmail.com
www.NewHamptonAcademy.com

STUDENT INFORMATION SHEET

| | | |
|-------------------------|----------------|---------------|
| Name: | | Student ID: |
| Date of birth: | Sex: | Today's Date: |
| Current Street address: | | |
| P.O.Box | City: | Island |
| Phone: | Email address: | |

GUARDIAN'S CONTACT

| | |
|--|------------------------------|
| Mother's Name: | Father's Name: |
| Occupation: | Occupation: |
| Phone: | Phone: |
| Email: | Email: |
| Marital Status of Parents: If No: Who does child reside with? | Language Spoken in the home? |

ABOUT YOUR CHILD

General Health Condition?
Was your child ever evaluated? No YES Please attach report(s)
Allergies? No YES Specify:
Does your child take naps? No Yes Time of Day?
Methods of home discipline?
Who disciplines?
Is your child potty trained? Yes No

PERSONS AUTHORIZED FOR PICK UP

The following people may pick up my child:

| Name | Relationship | Telephone |
|------|--------------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |

EMERGENCY CONTACTS

The following people may be called for emergencies or illnesses:

| Name | Relationship | Number |
|------|--------------|--------|
|------|--------------|--------|

| | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| | | |

EMERGENCY AGREEMENT

It is the policy of Hampton Academy to contact the parents of a child regarding medical treatment when their child is seriously injured or becomes seriously ill and requires immediate attention by a physician. If we are unable to contact either parent or the emergency contacts provided by you, the following information is necessary:

Child's Physician:

Address:

Phone:

OTHER INFORMATION

How did you hear about Hampton Academy?

What do you expect your child to achieve by attending Hampton Academy?

What recreational activities would you like to have your child participate in?

FINANCIAL AGREEMENT

Tuition is billed by the year. You can opt to make payments: Yearly, by the term or monthly. This will be outlined on your financial agreement form.

We are aware that there are no refunds or credits for temporary absences due to personal vacations, school vacations, illness, suspension, dismissal and withdrawal. I realize that I am financially responsible for my child's fees.

I _____ authorize the Hampton Academy to provide educational services for applicant. I will be responsible for (full or partial) fees.

My workplace will also be responsible for partial fees. PARENT

Employed PARENT NAME: _____

COMPANY: _____ Responsible For _____ %

Signature of applicant:

Date:

Registration Fee:

Tuition Rate:

Materials Fee:

Tech Fee

Enrolled by: