

HEAVEN SENT



ACADEMY

717.651.5820

201 North Progress Avenue
Harrisburg, PA 17109

REGISTRATION FORM

Please download and fill out the following form to be considered for admittance to Heaven Sent Academy. Submit back to us via heavensentacademy.com or email to mjonesheavensent@aol.com.

Child's Full Name

Male

Female

Age

Date of Birth

Street Address

City

State

Zip

Mother's Name

Date of Birth

Cell Phone

Home Phone

Employer Name

Work Phone

Street Address

City

State

Zip

Occupation & Position

Employment Days & Hours

Social Security

Father's Name

Date of Birth

Cell Phone

Home Phone

Employer Name

Work Phone

Street Address

City

State

Zip

Occupation & Position

Employment Days & Hours

Social Security

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Religious Affiliation of Child and Parents _____

Church Attended _____

Physician's Name, Address and Phone _____

Has your child had any recent illnesses or ever been hospitalized? If so, for what? _____

Does your child have any medical conditions? _____

List child's special skills/talents. _____

Is your child currently on medication? If so, please indicate _____

Name of Hospital Preferred _____

In the event that the parent, emergency contact or physician can not be reached, may we use our doctor? _____

Previous Schools or Day Cares Attended _____

How/Who referred you to Heaven Sent Learning Center? _____

Insurance Carrier/Subscriber Number _____

Other people in household/relationship to child _____

Program: Toddler Preschool AM PM Summer School Age

Type: Full time Part time Hourly Drop In

Days: Monday Tuesday Wednesday Thursday Friday

Hours: _____ **Total Hours:** _____

Date of Admission _____

Date of Withdrawal _____

Reason Code _____