

YOUNG LEADERS ACADEMY

3809 BARDSTOWN RD, LOUISVILLE KY 40218

(502) 632-1070 (502) 319-0335

Louisvilleyoungleaders@gmail.com

APPLICATION FOR NEW ADMISSION/RE-ENROLLMENT

Only completed applications will be accepted. Submission of an application does not guarantee admission.

| | | |
|--|--------------------------|-----------------------------|
| Enrollment Status: | | Date of Application: |
| <input checked="" type="checkbox"/> Re-Enrolling Student <input checked="" type="checkbox"/> New Student | | |
| Student's Name: | | Date of Birth: |
| Last Middle First | | |
| Social Security #: | Sex(Male/Female): | Age: |
| Place of Birth (City and State OR City and Country if outside US): | | Home Phone: |
| Home/Mailing Address: | | |
| Street City State Zip | | |
| Race/Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander | | |
| Father's Name: | Cell Phone: | Email Address: |
| First Last | | |
| Address (if different than above): | | |
| Street City State Zip | | |
| Employer's Name and Address: | | Occupation: |
| Mother's Name: | Cell Phone: | Email Address: |
| First Last | | |
| Address (if different than above): | | |
| Street City State Zip | | |
| Employer's Name and Address: | | Occupation: |
| Days and Times of Attendance: Please Indicate Arrival and Pickup Time for Each Day of the Week Monday Tuesday Wednesday Thursday Friday | | |
| Name of Previous Childcare Center Attended (if any): | | Dates Attended: |
| Center Address: | | |
| Street City State Zip | | |
| Phone Number: | Fax Number: | Last Day Attended: |

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| | |
|---|--|
| First Emergency Contact Person (other than parents): Name: | Relationship to Student: Phone Number: |
| Address: | |
| Second Emergency Contact Person (other than parents): Name: | Relationship to Student: Phone Number: |
| Address: | |
| Persons Authorized to Pick Up Student (i.e. Carpool): Name | Relationship to Student: Phone Number: |
| Address: | |
| Persons Authorized to Pick Up Student (i.e. Carpool): Name | Relationship to Student: Phone Number: |
| Address: | |
| Student's Primary Doctor: | Phone Number: |
| Preferred Hospital In Case of Emergency: Address: Phone Number: | |
| 1. Has the student ever had psychological testing or been screened for academic difficulties or learning disabilities? YES ___ NO ___ If yes, please explain: | |
| 2. Any health concerns (allergies, asthma, diabetes, etc.)? YES ___ NO ___ If yes, please explain: | |
| AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID (Please initial by each line) | |

_____ I hereby authorize the staff representing Young Leaders Academy LLC to give consent for any necessary emergency medical and First Aid care for my child _____, while he/she is in care of Young Leaders Academy LLC. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian.)

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGEMENT OF ACCURACY AND PERMISSION (Please initial by each line)

_____ I hereby attest all information in this application to be true and up to date. I understand that if this information is found to be inaccurate, my child's place in Young Leaders Academy LLC may be forfeited.

_____ I give permission for Young Leaders Academy LLC to take pictures of my child (___ YES ___ NO) and to use those pictures as publicity and marketing for the school (___ YES ___ NO). I understand that my child's name may or may not be used with the pictures.

_____ I give Young Leaders Academy LLC permission to take my child on walking fieldtrips and outings around the daycare property and vicinity. (A separate permission slip will be given out for each field trip involving travel to off premises sites.) (___ YES ___ NO)

Parent/Guardian Signature _____ Date _____

☒ Date Application Received: _____

☒ Date Application Fee Paid: _____

☒ Enrollment Date: _____

☒ Withdrawal Date: _____

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DOCUMENTS PRESENTED

☒ **Kentucky** Immunization Certificate

☒ Social Resume

☒ Birth Certificate

☒ Social Security Card

☒ Health Record Form

☒ Parent's Driver's License

☒ Official Doctor's Note for Known Allergies

☒ CACFP Food Program Form

☒ Handbook Agreement Page

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

2. (2) fax: (202) 690-7442; or

3. (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider