



Enrollment Application

Child's Name:
Enrollment

Leo Yiming Deng

Date of Birth:

07/23/2018

Boy ☒ Girl
(Circle)

Date of

05/10/2022

Child's Address, City, State and Zip Code

1388 Hathaway Rising, Rochester Hills, MI, 48306

Parent or Guardian Information

Parent or Guardian
Phone

Maopeng Deng

Cell Phone

248-229-9624

Other Parent or Guardian

Qing Zhu

Cell

586-206-7119

Address (If different)

City, State and Zip Code

Address (If different)

City, State and Zip Code

Employer

Valeo North America

Work Phone

248-229-9624

Employer

None

Work Phone

None

Email Address

dongmaopeng@gmail.com

Email Address

zhuqinghelen@gmail.com

Emergency Contact and Authorization to Pick Up (Other than

Parent)

I authorize Premier Academy to contact in the event of an emergency and release my child to the following person(s):

Primary Emergency Contact

Liguang Cai

Relationship

friend

Secondary Emergency Contact

Mam Zhang

Relationship

friend

Cell Phone Number

334-524-6206

Alt. Number

Cell Phone Number

334-497-4856

Alt. Number

Address, City, State and Zip Code

Address, City, State and Zip Code

28407 Hanover Drive, Novi, MI, 48377

Alternate Authorized Pick-Ups (Other than Parent and

Emergency Contacts)

I authorize Premier Academy to release my child to the following person(s):

Name

Liguang Cai

Relationship

Friend

Relationship

friend

Name

Mam Zhang

Cell Phone Number

334-524-6206

Alt. Number

Cell Phone Number

334-497-4856

Alt. Number

Address, City, State and Zip Code

28407 Hanover Drive,

Address, City, State and Zip Code

Novi, MI, 48377

Attendance

My child will attend Premier Academy () School Day (up to 6 hours) (X) Extended Day (over 6 hours)

My child will attend the following days: (X) Monday (X) Tuesday (X) Wednesday (X) Thursday (X) Friday

Arrival Time 8:30 Departure Time 17:00 Start Date 06/13/2022

Medical Information

Mali & Mali Pediatrics

Name of Child's Physician or Health Clinic

Number

44344 Dequindre Rd #510
Sterling Heights, MI, 48314

Address

5863236300

Phone

Hospital Preferred for Emergency Treatment (optional)

Allergies/Special Needs and Special Instructions (Please indicate "none" if none exist)

None

Medications Taken Regularly

In the event of an emergency, I authorize Premier Academy to secure emergency medical and/or emergency surgical treatment for the above-named minor child while in care.

Parent or Legal Guardian Signature

Margaret Deng

Ding Zhu

Date

05/10/2022

Additional Authorization

Authorization for Transportation: I hereby (X) give () do not give consent for my child to be transported and supervised by Premier Academy's staff on field trips and/or to and from school.

Authorization for Water Activities: I hereby (X) give () do not give consent for my child to participate in the following water activities: (X) sprinklers (X) splashing/wading pools (X) swimming pools (X) water table play

Authorization for Internet/Social Media and Photo Usage:

(X) Limited usage: I agree to my child's image used within the Premier Academy setting only (not in the larger community)

() Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used without further notifying me. I do understand that the child's last name will NOT be used in conjunction with any video or digital images.

Required Documents

*I understand the following documents must be presented at the time my child is admitted to the child-care center:

☐ A signed and complete enrollment application for each child enrolling.

- ☐ A copy of your child's most current immunizations or appropriate waiver completed by your local health department.
- ☐ A health appraisal/physical form.

School Age Children

My school age child attends school at:

Name of School and Address
Number

School Phone

My child's health appraisal and immunization records, or appropriate waiver are on file and current at the above-named school.
I acknowledge that my child is in good health and assume responsibility for my child's state of health while at the center. _____

(Please initial)

Handbook and Account Agreement

I understand that Tuition Express will be used to auto draft my child's tuition on the 1st of each month. I have current account information on file, and understand it is my responsibility to notify the school of any changes to these accounts. I understand my contractual obligation for all tuition costs in connection with my child's enrollment.

I have received a copy of Premier Academy's Parent Handbook and agree to abide by the policies and procedures within.

Parent or Legal Guardian's Signature

Mengjiao Ding Zhu

Date

05/10/2022