



2017 - 2018 Application for Admission

Indelible Impressions Learning Center

4245 Cascade Road, SW

Atlanta, Georgia 30331

Phone: 404-505-7754

Fax: 404-564-8509

www.indelibleimpressionslearningcenter.com

Please attach a current photograph of the student here!

STUDENT INFORMATION

Student's Full Name _____
last first middle

Name Preferred _____ Male Female

Age _____ Date of Birth _____ Current Class _____ Class Applying For _____

Child's doctor _____ Doctor's phone number _____

Known allergies _____

Please list any prescription medications, learning disabilities, dietary restrictions, or other areas of concern:

How did you find out about the program and/or who recommended that you attend?

Name of Church presently attending/Denomination _____

Pastor's Name _____

Is the student currently involved in church youth activities? _____

If yes, please name the activities. _____

My child will attend on: (circle all that apply) **Monday Tuesday Wednesday Thursday Friday**

From _____ a.m. to _____ p.m. (Center hours 6:30 a.m. to 6:00 p.m.)

My child will participate in the following meal plan (circle applicable meals and snack):

Breakfast (in before 8:45 a.m.) Lunch Afternoon Snack



FAMILY INFORMATION

Student residing with (check all that applies): Guardian Mother Father
 Stepmother Stepfather

Check if applicable: Parents Divorced Parents Separated Mother remarried
 Mother Deceased Father Deceased Father remarried

Father/Guardian # 1		Mother/Guardian # 2	
Name		Name	
Home Address		Home Address	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Employer		Employer	
Work Address		Work Address	
Work Phone		Work Phone	
High School Attended		High School Attended	
College/Universities Attended		College/Universities Attended	
Degree(s)		Degree(s)	
Email Address		Email Address	

Siblings

Name	Age	Current School	Applying to IILC
			YES NO
			YES NO
			YES NO
			YES NO



Emergency Contacts/Alternate Pick-up Persons

*Addresses are required per GA code 591-1-1-.08 (list at least 2 people other than parents/guardians)

First and last name	Address	Phone number (cell/work)	Relationship

Authorization to Dispense External Preparations

I, _____, give permission to Indelible Impressions Learning Center to apply on or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- Baby wipes
- Band-aids
- Neosporin, triple antibiotic, or similar first aid ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-prescription ointment (such as A & D, Destin, Vaseline)
- Other (please specify) _____

Parent/Guardian Signature _____ Date _____

Notice of Nondiscriminatory Admission Policy

Indelible Impressions Learning Center admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to all students at the school.

To the best of our knowledge the information in this application is accurate. We understand that misrepresentation might invalidate the application process or be the grounds of dismissal after enrollment.

Parent/Guardian Signature _____ Date _____



Indelible Impressions Learning Center Vehicle & Emergency Medical Authorization

(*this form will be used in the event of a medical emergency on site and on field trips)

Child's Name: _____

Child's Birth Date: _____ Child's Age: _____

Allergies (including medication): _____

Special Medical Needs and/or Conditions: _____

Name of Physician: _____

Physician's Phone # _____

Current Medications: _____

Father's/Guardian's Name: _____ Cellular/Work Phone: _____

Mother's/Guardian's Name: _____ Cellular/Work Phone: _____

Alternate Emergency Contact Person: _____ Cellular/Work Phone: _____

Name of Insurance: _____

Insurance Group Number: _____ Member ID Number: _____

Indelible Impressions Learning Center medical procedure is:

1. If necessary, call 911
2. Call parent
3. Contact emergency contact
4. Contact child's physician
5. Have emergency medical team transport child to nearest hospital

All children will be transported to:

WellStar Atlanta Medical Center South located at 1170 Cleveland Ave., Atlanta, GA 30344.

I hereby authorize Indelible Impressions Learning Center staff to take whatever emergency medical measures are deemed necessary for my child. I understand that this authorization includes calling the physician named, implementing his/her instructions, calling the paramedics and having my child transported to the nearest hospital without consulting me in the event that I cannot be reached or there is not time to reach me.

Parent/Guardian Signature _____ Date _____