

## Enrollment Information Form

Your Child's Full Name \_\_\_\_\_ Sex  M  F  
 Name Child is Called \_\_\_\_\_ Birth Date \_\_\_\_\_

Race  White, Non-Hispanic  Black, Non-Hispanic  Hispanic  
 Asian/Pacific Islander  American Indian  Multiracial

Physical Address \_\_\_\_\_ Home Ph. \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_  
 \_\_\_\_\_

|                              |
|------------------------------|
| Mother's Name _____          |
| Address (if different) _____ |
| Home Phone _____             |
| Employer _____               |
| Occupation _____             |
| Work Phone _____             |
| Cell Phone _____             |
| Cell Phone Provider _____    |
| Email address _____          |

|                              |
|------------------------------|
| Father's Name _____          |
| Address (if different) _____ |
| Home Phone _____             |
| Employer _____               |
| Occupation _____             |
| Work Phone _____             |
| Cell Phone _____             |
| Cell Phone Provider _____    |
| Email address _____          |

Emergency Contacts if parent can't be reached:

Name \_\_\_\_\_  
 Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_

Persons Approved to Pick Up Your Child (other than parents) \_\_\_\_\_

Child's Physician and phone number \_\_\_\_\_

Does your child have any allergies or physical/social limitations that we should be aware of? \_\_\_\_\_

List brothers and sisters of your child, if any, and their ages \_\_\_\_\_

Are there others living in the home?  Yes  No

Are there pets? What kind and name?  Yes  No \_\_\_\_\_

Does the family belong to a church?  Yes  No If yes, where? \_\_\_\_\_

Has the child attended preschool?  Yes  No If yes, where? \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Class in which you are registering your child:

**3 Year-Olds**     3-day     5-day

Age of child as of September 1st of this year (Child must be 2,3,4, or 5 by September 1st of this year) \_\_\_\_\_

Date received \_\_\_\_\_ Check #/Cash \_\_\_\_\_ Amt \$ \_\_\_\_\_ Confirmation Date \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Copy of Birth Certificate          | <input type="checkbox"/> Photo Release          |
| <input type="checkbox"/> Copy of Authorization for EMT      | <input type="checkbox"/> \$100 Registration Fee |
| <input type="checkbox"/> Copy of Blue & Yellow Health Forms | <input type="checkbox"/> \$150 Supply Fee       |

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child, \_\_\_\_\_ should become ill or injured at New Hope Early Learning, I understand that the facility will: (1) Contact me immediately and (2) contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_

Medical Alert Information (i.e. allergies, medical and/or handicapping conditions):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Physician \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
Address of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDIA RELEASE**

I, the undersigned, do hereby grant permission to New Hope Early Learning to use the image of my child. Such use includes the display, distribution, publication, transmission, or otherwise use of photography, images, and/or video take of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the New Hope website.

**Deny** permission to use my child's image at all. Please be advised that some photos and videos are taken as part of craft projects.

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_\_

**VERIFICATION OF PARENT'S RECEIVING REQUIRED DOCUMENTS**

- \_\_\_\_\_ KNOW YOUR CHILD'S DAY CARE CENTER
- \_\_\_\_\_ BEHAVIORAL GUIDELINES AND DISCIPLINARY PRACTICES
- \_\_\_\_\_ INFLUENZA VIRUS, THE FLU, A GUIDE TO PARENTS
- \_\_\_\_\_ ALTERNATE NUTRITION AGREEMENT

I agree to provide \_\_\_\_\_ with a morning snack to meet my child's nutritional and dietary needs.