2018-2019 Hope Rising Preschool Registration & Emergency Contact Form

Circle Age **as of September 1, 2018**: 2 3 4 5
Circle Days Attending: M/W/F M/W T/TH M-F AM Extended Care: yes/no

Child's Name: _____
(first) (middle) (last)
Birth Date: _____/_____/_____ Gender: M F
Street Address: _____ City: _____ Zip: _____

Mother's Name: _____ DL#: _____ State: _____
Street Address: _____ City: _____ Zip: _____
Cell #:_____ Work #:_____ **email**:_____

Father's Name: _____ DL#: _____ State: _____
Street Address: _____ City: _____ Zip: _____
Cell #:_____ Work #:_____ **email**:_____

Parents' Marital Status: Married Separated Divorced Widowed Single
If separated, who has custody of the child? Mother Father
May Hope Rising release your child to the non-custodial parent? Yes No
Legal Guardianship: In the event one parent is sole legal guardian of a child, we must have a copy or legal document evidencing this authority.

Siblings Also Attending Hope Rising 2018-2019:_____

Emergency Contact Person(s) & Person(s) to Whom Your Child May Be Released:
1. Name:_____ Phone #:_____
Address: _____
2. Name:_____ Phone #:_____
Address: _____
3. Name:_____ Phone #:_____
Address: _____

Name of Child's Physician:_____ Phone #:_____

Has child ever had problems with **hearing**? Yes No **Vision**? Yes No
If yes, please describe: _____
Has child been hospitalized in the past 12 months? Yes No
If yes, reason for admission: _____
Has child been diagnosed as having special needs? Yes No Diagnosis: _____
Does child routinely take medication? Yes No Name of medication: _____
Is child in any therapy programs? Yes No Type: _____
Allergies: _____

May Hope Rising obtain emergency medical care for your child? Yes No
May Hope Rising administer minor first aid to your child? Yes No

_____ _____
Parent Signature Date

This form is due upon time of enrollment along with the financial agreement and deposit to secure your child's place at HR.

Date received_____ check number_____ Paid amount_____ Start Date:_____ Notes:_____