

Child's full name \_\_\_\_\_ Nickname \_\_\_\_\_  
Age on Sept 1st \_\_\_\_\_ Birth date \_\_\_\_\_ Gender Male  Female   
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Days attending MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY   
AM Extended care (8-9AM)  AM/PM Extended care (8-9AM + 2-4:45PM)   
Siblings attending \_\_\_\_\_

Mother's full name \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Email \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Father's full name \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Email \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parents' marital status Married  Separated  Divorced  Widowed  Single   
If separated, who has custody of the child? Mother  Father   
Can 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 legal document evidencing this authority.

Emergency contacts & persons to whom your child may be released, excluding parents

Contact's full name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact's full name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has the child ever had problems with **hearing**? Yes  No  **Vision?** Yes  No

If yes, please describe \_\_\_\_\_

Does the child have special needs? Yes  No  Diagnosis \_\_\_\_\_

Are they in any therapy programs? Yes  No  Type \_\_\_\_\_

Dietary restrictions or food allergy? Yes  No  What \_\_\_\_\_

Allergy severity Mild  Moderate  Severe  Details \_\_\_\_\_

List any other medical conditions, such as illness, previous serious illness, injuries or hospitalizations during the previous 12 months, or any other info caregivers should be aware of: \_\_\_\_\_

***The Food Allergy Plan is required by physician if EPI Pen or medicine is to be administered by staff members.***

Do you authorize Hope Rising to obtain emergency medical care for your child? Yes  No

Do you authorize Hope Rising to administer minor first aid to your child? Yes  No

\_\_\_\_\_ [initials] I have read, understand, and agree to comply with Hope Rising Preschool's operations policies.

I authorize my child to participate in bounce house Yes  No  and water play Yes  No

*In the event that my child is accidentally injured while participating, I hereby release and hold Hope Rising and its representatives harmless to the maximum extent allowed by the law for any injury to, from, or by participating in this event.*

I authorize my child's pictures to be used:

in HR year end slideshow Yes  No  on the Hope Rising website Yes  No

on the HR Facebook page Yes  No  on a HR class Facebook page Yes  No

Include our contact info in the school directory Yes  No  Referred by \_\_\_\_\_

Parent's name \_\_\_\_\_ Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

This form, Financial Agreement, Doctor's Statement, and fees are due upon registration to secure your child's enrollment at Hope Rising.

**Enrollment fees are non-refundable.**