

Child's full name _____ Nickname _____

Age on Sept 1st _____ Birth date _____ Gender Male Female

Address _____ City _____ State _____ Zip _____

Days attending M/T/W/TH/F M/T/W/TH T/W/TH M/W T/TH

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.