



## *Application for Admission*

(Please print or type)

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

Program:  Full Day  Half Day Days to Attend:  Mon  Tues  Wed  Thurs  Fri

Anticipated date of entrance: \_\_\_\_\_ Previous school attended: \_\_\_\_\_

Dietary restrictions:  None  Vegetarian  Other \_\_\_\_\_

Does your child nap?  Yes  No Does your child use the toilet?  Yes  No

### Identifying Information:

Married  Single  Separated  Divorced  Widow(er)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer (or school attending) \_\_\_\_\_ Employer (or school attending) \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Work/School Hours \_\_\_\_\_ Work/School Hours \_\_\_\_\_

### Emergency Contacts: other than parent or doctor that may act as agent of parent (must have two):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Home Business

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Home Business

Address \_\_\_\_\_

Persons authorized to take child from the facility (no other person will be authorized):

Name \_\_\_\_\_ Name \_\_\_\_\_

*If you want to arrange for another person to pick up your child, please notify the office.*

## Authorization for Emergency Medical Care:

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Hope Academy to contact:

Pediatrician \_\_\_\_\_ Group/Office \_\_\_\_\_ Phone \_\_\_\_\_

For emergency treatment of my child, my preferred hospital is:

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

Has your child been stung by a bee or wasp?  Yes  No If so, please describe the reaction: \_\_\_\_\_

## Comments on Child's Development: (note allergies, habits, special language, etc.)

Names and ages of brothers and sisters: \_\_\_\_\_

## Trip Permission:

I do  do not give permission to the staff of Hope Academy to transport my child to and from events off campus throughout the school year. I hereby release, waive, and relinquish any and all claims, demands, suits, actions, damages, costs, expenses, or other liabilities, of every kind, which the Releasing Parties may have or claim to have against the Academy and Hope, their officers, directors, employees, agents, and all persons affiliated in any way with them (collectively, "Released Parties") as a result of any negligence or fault or alleged negligence or fault of any operator or any vehicle on which the child (student) is a passenger. I understand I am releasing the Released Parties from any claims resulting from the future negligence or fault of any of them.

## Model Release:

I do  do not give consent for photographs of my child to be used in the Hope Academy web site and/or in print advertising for the school.

## Agreements:

- (A) When my child is ill, it is understood and agreed that he/she may not be accepted into care.
- (B) I have read and accept this facility's policies pertaining to admission, care and discharge of children.
- (C) I have been informed and received a copy of the Sleep Safe Policy when enrolling children under one year of age, and that a copy of licensing rules for child day care centers in Missouri is available in the office for review.
- (D) I have been notified that I may request notice of whether there are any children enrolled who have an immunization exemption on file.
- (E) A non-refundable enrollment fee is enclosed. I have been informed that a one-month written withdrawal notice is required.
- (F) I accept full responsibility for my child's tuition.
- (G) I have read and accept Hope Academy's policies pertaining to payment of tuition.
- (H) I grant permission for my school age child to leave this facility to attend \_\_\_\_\_ Elementary School. (if applicable)
- (I) I will keep Hope Academy updated on any address, phone or work number changes.
- (J) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.

Date: \_\_\_\_\_ Parent or legal guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent or legal guardian signature: \_\_\_\_\_