



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: _____

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