



# New Hope Christian School (NHCS)

## Admission Information Form

General Information		
Director:	Marsha Silva	Child's Date of Birth: _____ Date of Admission: _____
Child's Full Name	Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Address with Zipcode:	Custody Documents on file: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Name of Parent/Guardian completing Form: (P1)	Name of other Parent/Guardian: (P2)	
P1 Address:	P2 Address:	
P1 Cell Phone:	P2 Cell Phone:	
P1 Employer:	P2 Employer:	
P1 Work Phone:	P2 work Phone:	
P1 Email:	P2 Email:	
<b>Emergency Contact:</b> Please provide the Name, Address, Zip Code, and Phone Number of the responsible individual to call <b>in case of emergency</b> if Parents/Guardians cannot be reached. This person will be authorized to pick up your child from school:		
Contact Name: (First & Last)	Contact Cell Phone:	
Contact Address:	Relationship to child:	
I authorize NHCS to <b>release</b> my child to leave the school <b>ONLY</b> with the following persons, <u>as well as the above listed persons</u> . Please list name, phone number, and relationship to child for each person. Children will only be released to a Parent/Guardian or person designated on this list after Verification of ID		
Name	Phone:	Relationship to child:
Name	Phone:	Relationship to child:
Name	Phone:	Relationship to child:
Days and Times in Care:		
Requested Schedule: (Select Days) _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday		
Preschool Only:	<b>OR</b> Full Time / Extended Care Approximate Times: Drop Off _____:_____ Pick Up: _____:_____	



**School Age Children ONLY:**

My Child attends this school: \_\_\_\_\_ School Phone: \_\_\_\_\_

My child has permission to: (check all that apply)  
 walk to or from School or Home  
 Ride a Bus  
 Be released to the care of their sibling under 18 years of age

Authorized Pick up & Drop Off locations other than the child's Adress

Child's required immunization, vision and hearing screening, and TB screening are current and on file at their school.

**Consent Information:**

Circle/Select YES or NO:

Transportation – I give consent for my child to be transported and supervised by the school's employees:  
For Emergency Care                      For Field Trips                      To and From Home                      To and From School  
YES    NO                                      YES    NO                                      YES    NO                                      YES    NO

2. Field Trips – I give consent for my child to participate on field trips. (Field trips are for ages 4 years and older)  
YES    NO    Comments: \_\_\_\_\_

3. Water Activities – I give consent for my child to participate in the following water activities:  
Water Table Play                      Sprinkler Play                      Splashing / Wading Pools                      Aquatic Playgrounds  
YES    NO                                      YES    NO                                      YES    NO                                      YES    NO

**Receipt of Written Operational Policies, including "A Parent's Guide to Day Care"**

Child Care Facilities must provide parents/guardians with a copy of their Operational Policies and "A Parent's Guide to Day Care" and review the contents with them. Failure to provide parents with "A Parent's Guide to Day Care" and review it's contents, and obtain a signed receipt, is a violation of standard 2300 A Day Care Minimum Standards Guidelines.

I acknowledge receipt of Written Operational Policies (Parent Handbook) which includes "A Parent's Guide to Day Care" (blue book) and the contents have been discussed with me.

I further attest that the information provided in this Admission Information Form is true and accurate, to the best of my ability, at the date of completion.

\_\_\_\_\_  
Signature – Parent / Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature – NHCS Administrative Personnel

\_\_\_\_\_  
Date Signed