

New Hope Christian School (NHCS) Admission Information Form



General Information:		
Director: <p style="text-align: center; margin: 0;">Diana Perez</p>	Admission Date:	Child's Date of Birth:
Child's Full Name:	Child lives with: __Both Parents __Mom __Dad __Guardian -	
Child's Home Address w/ zip:	Custody Documents on file: ____Yes ____ No ____ n/a	
Name of Parent/Guardian – Primary Contact (P1):	Name of Parent/Guardian – Secondary Contact (P2):	
Address P1, if different:	Address P2, if different:	
Cell Phone P1:	Cell Phone P2:	
P1 Employer:	P2 Employer:	
Work Phone P1:	Work Phone P2:	
Email P1:	Email P2:	
Emergency: Name, address, and phone number of responsible individual to call in case of emergency if parents/guardian cannot be reached. This person is automatically authorized to pick up your child from school: Name: _____ Address w/ Zip: _____		Relationship to child: _____ Phone: _____
I authorize NHCS to release my child to leave the school ONLY with the following persons, <u>as well as the above listed emergency contact</u> . Please list name and phone number for each. Children will only be released to a parent/guardian or to a person designated by the parent/guardian after verification of ID.		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Authorization for Emergency Medical Attention:		
In the event I cannot be reached to make arrangements for emergency care, I authorize the person in charge to take my child to:		
Name of Physician:	Address w/ zip:	Phone:
Name of Emergency Care Facility:	Address w/ zip:	Phone:
I give consent for the emergency facility to secure any and all necessary emergency medical care for my child.		
X _____ Signature – Parent/Legal Guardian		_____ Date Signed

Days and Times in Care:
Preschool only ____ Mon ____ Tue ____ Wed ____ Thu ____ Fri (circle days)
Extended care approximate times drop off __:____ pick up __:____

School Age Children:	
My child attends the following school:	School Phone:
<p>My child has permission to (check all that apply):</p> <p><input type="checkbox"/> walk to or from school or home <input type="checkbox"/> ride a bus <input type="checkbox"/> be released to the care of his/her sibling under 18 years of age</p> <p>Authorized pick up/drop off locations other than the child's address:</p> <p><input type="checkbox"/> My Child's required immunization and vision and hearing screening are current and on file at his/her school.</p>	

Consent Information:
<p>Circle Yes or No:</p> <p>1. Transportation - I give consent for my child to be transported and supervised by the school's employees:</p> <p>Yes No for emergency care Yes No field trips Yes No to and from home Yes No to and from school</p>
<p>2. Field Trips - I give consent for my child to go on field trips. (Field trips are for four years old and older)</p> <p>Yes No Please note: Even with permission given here, parents will always be notified of field trip plans, dates, destination, etc.</p>
<p>3. Water Activities - I give consent for my child to participate in water activities:</p> <p>Yes No water table play Yes No sprinkler play Yes No splashing/wading pools Yes No aquatic playgrounds</p>

Receipt of Written Operational Policies, including "A Parent's Guide to Day Care."	
<p>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," review its contents, and obtain a signed receipt, is a violation of standard 2300.A, Day Care Minimum Standards and Guidelines.</p> <p>I acknowledge receipt of Written Operational Policies (Parent Handbook) which includes "A Parent's Guide to Day Care" and that the contents have been discussed with me.</p> <p>I further attest that the information provided in this Admission Information registration form is true and accurate, to the best of my ability, as of the date of completion.</p>	
<p>X _____</p> <p>Signature – Parent/Legal Guardian</p>	<p>_____</p> <p>Date Signed</p>
<p>X _____</p> <p>Signature – NHCS Administrative Personnel</p>	<p>_____</p> <p>Date Signed</p>