

Allergies: _____

HOPEWELL PRESCHOOL MINISTRY

Enrollment Form

Hopewell Mennonite Church
805 N Main Street
P.O. Box 316
Kouts, IN 46347
Phone: (219) 766-0565

OFFICE USE ONLY

Rec'd _____

Paid _____

Cash/
Check # _____

Start Date: ____/____/____

Class: Beginners ____ Pre-K ____

Child's Name: _____ Date of Birth: ____/____/____

Address: _____ City _____

Zip _____

Nick Name: _____ Sex _____

Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____

Home Phone: _____

Company Name: _____

Cell Phone: _____ Text: Yes ___ No ___ (texting will be used for notices)

Business Phone: _____

Email: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____

Home Phone: _____

Company Name: _____

Cell Phone: _____

Business Phone: _____

Email: _____

Parents/Guardian: Married ____ Divorced ____ Separated ____ Single ____

Child Release & Emergency Consent Information

I understand that every effort will be made to contact me in the event of an emergency requiring medical care for my child. If I cannot be reached, I understand the individuals below will be called. I hereby authorize Hopewell Preschool Ministry to call an ambulance or provide appropriate faculty transportation to a hospital or medical facility to secure the necessary medical treatment. I understand Hopewell Preschool Ministry is trained in the basics of first aid/CPR. I hereby authorize them to give my child first aid/CPR.

To ensure your child's safety, Hopewell Preschool Ministry will release your child only to the parent(s), legal guardian(s) and those individual listed below. I understand that Hopewell Preschool Ministry will **not** release my child to any other individual unless I notify Hopewell Preschool Ministry in advance. If the person picking up my child is not listed on this form, I must notify them in writing. Photo identification will be required of any person picking up my child.

One contact must be someone other than a household member

Child's Name: _____ **Date of Birth:** _____ / _____ / _____

Name: _____ Relationship: _____

Address: _____

City/Town & Zip: _____

Daytime Phone#: _____

Evening Phone#: _____

Name: _____ Relationship: _____

Address: _____

City/Town & Zip: _____

Daytime Phone#: _____

Evening Phone#: _____

Name: _____ Relationship: _____

Address: _____

City/Town & Zip: _____

Daytime Phone#: _____

Evening Phone#: _____

Child's Medical Report

1. Is child allergic to anything? No _____ Yes _____ If yes, what?

2. Is child currently under a doctor's care? No _____ Yes _____ If yes, for what reason

3. Is the child on any continuous medication? No _____ Yes _____ If yes, what?

4. Does the child have any physical disabilities: No _____ Yes _____ If yes, please describe _____

5. Does your child have any speech disabilities: No _____ Yes _____ If yes, please describe _____

HISTORY OF IMMUNIZATIONS

Hepatitis B*	_____	_____	_____	_____	
	1	2	3	catch-up	
Hepatitis A	_____	_____			
	1	2			
DTaP/Td*	_____	_____	_____	_____	_____
	1	2	3	4	5
Hib*	_____	_____	_____	_____	
	1	2	3	4	
IPV/TOPV*	_____	_____	_____	_____	
	1	2	3	4	
PCV	_____	_____	_____	_____	
	1	2	3	4	
MMR*	_____	_____	_____		
	1	2	catch-up		
Varicella	_____	_____			
	1	catch-up			
Intradermal TB Skin Test	Date: _____	Result in mm: _____			

*** Denotes those required by State.**

Family Physician Name _____ Phone Number _____

Primary Insurance Co. _____ Group/Policy # _____

Does policy cover sport related accidents ____ Yes ____ No ____

_____ has my permission to participate in all activities sponsored by Hopewell Preschool Ministry. I approve of the staff who will be in charge of this program. I recognize that the staff is serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in activities.

Signature

Relationship to child

Date

TO THE PRESCHOOL STAFF

If, during the course of my daughter's/son's activities, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Signature of Parent/Guardian

Date

I do not authorize emergency medical/dental care for my daughter/son.

Signature of Parent/Guardian

Date

PHOTOGRAPHIC RELEASE

Hopewell Preschool Ministry occasionally takes photographs of children. Please check if you, DO _____ DO NOT _____ authorize the use and reproduction of any photographs of your child for Hopewell Preschool Ministry use. These photos maybe used within the ministry, on the website, or for other business purposes.

Child's Name: _____ Date: ____/____/____

Parent/Guardian's Signature: _____ Date: ____/____/____

HANDBOOK AGREEMENT

I have received and read the Parent Handbook. I agree to follow the rules, regulations and procedures of the Preschool.

Signature of parent/guardian

Date

PARENT'S NOTICE

I understand that this preschool ministry is not licensed under the laws of Indiana. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the preschool ministry.

Signature of Parent/Guardian

This notice does not absolve the preschool care ministry from liability for injury to a child while the child is at the preschool ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the preschool ministry or an employee of the preschool ministry.