



Student Enrollment Application

Child's Information	
Full Name:	Desired Start Date:
Home Address:	
City/ State:	Zipcode:
Birthdate:	Age: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____ <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Child's Legal Guardian(s): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other If Other, name of individual(s):	
Child's Living Arrangement: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other If Other, where:	
Name of School Child Attends:	
Child's Physician:	MD's Number:
My child has the following special needs:	
The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:	
My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:	

Mother's Information	
Name:	Social Security #:
Email Address:	
Residence: <input type="checkbox"/> same as child's home address	
Home Address:	
City/ State:	Zipcode:
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cellphone <input type="checkbox"/> Work
Alternative Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cellphone <input type="checkbox"/> Work
Employer Name:	
Employer Address:	
Occupation:	Work Number:
Father's Information	
Name:	Social Security #:
Email Address:	
Residence: <input type="checkbox"/> same as child's home address	
Home Address:	
City/ State:	Zipcode:
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cellphone <input type="checkbox"/> Work
Alternative Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cellphone <input type="checkbox"/> Work
Employer Name:	
Employer Address:	
Occupation:	Work Number:
This child may be released to the person(s) signing this agreement or to the following:	
Contact #1	Contact #2
Name:	Name:
Phone Number:	Phone Number:
Full Address:	Full Address:
Relationship to Child:	Relationship to Child:
Relationship to Guardian:	Relationship to Guardian:
Other identifying information (if any)	Other identifying information (if any)
Persons to contact in the case of emergency when parent/guardian cannot be reached:	
Name & Phone Number:	
Name & Phone Number:	
Name & Phone Number:	
OFFICE USE ONLY:	
Entrance Date:	HCCA Admin/Director Initial & Date:
Withdrawal Date:	HCCA Admin/Director Initial & Date:

PARENTAL AGREEMENT WITH HIGHER CALLING CHRISTIAN ACADEMY

Higher Calling Christian Academy agrees to provide childcare for _____ (Name of Child) on the following days of the week (please check all days that apply) from _____ (Month) to _____ (Month)

Day of week (✓)	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Drop-Off (AM)	AM:	AM:	AM:	AM:	AM:
Pick-up (PM) (HH:MM)	PM:	PM:	PM:	PM:	PM:

My child will participate in the following meal plan (check applicable meals and snacks):

Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>
Morning Snack <input type="checkbox"/>	Afternoon Snack <input type="checkbox"/>	Evening Snack <input type="checkbox"/>

Please review and initial the following declarations:

INITIAL	DECLARATION
	I understand that HCCA staff will not dispense medicine unless mandated by a medical physician via written documentation
	I acknowledge that my child will not be allowed to enter or leave the facility without being escorted by parent(s), person authorized by parents(s), or facility personnel.
	I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contact, child's physician, child's health status, infant feeding plans etc.
	I acknowledge that written authorization must be obtained before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
	I have reviewed the Parent Handbook for Higher Calling Christian Academy and agree to abide by the policies and procedures enclosed
	I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encourages in center activities.

Parent/Guardian Signature: _____

Date: _____

HCCA Administrator Signature: _____

Date: _____

EMERGENCY MEDICAL AUTHORIZATION

I, _____, hereby give permission that my child may be given emergency treatment by a staff member at Higher Calling Christian Academy. _____ (Initial)

I give permission for my child to be transported by a car, ambulance, or aid car to an emergency center for treatment. I agree to hold Higher Calling Christian Academy and its employees harmless. I agree to assume financial responsibility for service rendered _____ (Initial)

In the event that I cannot be contact immediately, medical or surgical treatment can be administrated to my child in the case of an emergency, as prescribed by a treating physical. I agree to hold Higher Calling Christian Academy and its employees harmless. I agree to assume financial responsibility for service rendered. _____ (Initial)

Medical Information

Child's Physician: _____ Phone #: _____
Preferred Hospital: _____ Phone #: _____
Insurance Company: _____ Policy#: _____
Regular Medications: _____
Blood Type: _____
Medication Allergies : _____
Food Allergies: _____
Any other allergies : _____
Any special health conditions: _____

Child's Name & Date of Birth (dd/mm/yyyy): _____

Parent/Guardian Signature: _____ Date: _____

HCCA Administrator Signature: _____ Date: _____

**Authorization to Dispense External Preparation
590-1-1.20(1)**

Parental Authorization

Except for first aid, personnel shall not dispense prescription or non-prescription medication to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I, _____, give Higher Calling Christian Academy permission to apply one or more of the following topical ointment/preparations to my child in accordance with the direction on the label of the container. Please check all that apply.

Baby Wipes

Band-aids

Neosporin or similar ointment

Bactine or similar first aid spray

Sunscreen

Insect Repellent

Non-Prescription ointment (such as A&D, Destin, Vaseline)

Baby Power

Other

If other, please specify:

Parent/Guardian Signature: _____ Date: _____

ALLERGY AND FOOD PREFERENCE INFORMATION

Substances	Child's Information					(Check if allergic)	
	MAY be exposed to	MAY NOT be exposed to	IS allergic	IS NOT allergic	Not Sure	Parent(s)	Other Family Member
Foods:							
Peanuts							
Other nuts/seeds							
Citrus fruits							
Other fruits							
Cow's milk							
Yogurt							
Other Dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg yolks							
Egg whites							
Soy foods							
Fish							
Shell Fish							
Environmental:							
Dust							
Mold spores							
Cats							
Dogs							
Other animals							
Pollen							
Bee stings							
Medical:							
Penicillin							
Latex							
Other (please list):							

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO PHOTOGRAPH

I, _____, give Higher Calling Christian Academy permission to photograph my child for the following purposes:

Type of Use:	Grant Permission	Decline Permission
Still Photographs:		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website*		
Use in promotional materials		
Videos:		
Give video to current parents		
Display video to facility website		
Use in promotional materials		
Other (please list)		

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on promotional material

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeit of retainer or both.

Child's Name & Date of Birth (dd/mm/yyyy): _____

Parent/Guardian Signature: _____ Date: _____

HCCA Administrator Signature: _____ Date: _____

CULTURE INFORMATION FORM

Child's Name: _____

Sex: _____ Age: _____ DOB: _____

Tell us about your family

Father/Mother/Guardian Country of Birth: _____

Father/Mother/Guardian Birth State: _____

What language(s) does the family speak: _____

Define the family's ethnic/racial identity: (check all that apply)

- American Indian/Alaska Native
- Asian
- Black/African American
- White
- Native Hawaiian/Pacific Islander
- Hispanic/Latino
- Not Hispanic/Latino
- Other _____

Tell us about your family structure:

Family Cultural Foods:

We would like to learn about incorporate some of your culture at school so your child can feel at home. Tell us some key interesting facts about:

Father/Mother/Guardian:

Clothing/Dress:

List some of your family customs and/or traditions:

Tell us about your beliefs & religion:

