



For Office Use
HF ID Number:

2019–2020 Early Childhood Enrollment Form

Student(s) Information

Family Last Name			
Home Address		Mailing Address	
City, State ZIP		City, State ZIP	
Phone Number			

Student Information

	Student 1	Student 2	Student 3	Student 4
First Name				
Middle Name				
Last Name				
Date of Birth				
2018-2019 Pre School Site				
2018–2019 Grade				
Gender				
Religion	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
Parish				
Last Child Care/School				
Child has Allergies *	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child has had a Lead Test	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child has visited a Dentist in the last year	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Field Trips: My child has permission to participate in out-of-center travel in a car, van, or public transportation or on walks to nearby destinations. This also includes if your child walks or rides to and from a nearby school.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
I give authorization for my child to be photographed for use by the center or to be used in newspapers or other media.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Baptism Date				
Baptism Parish–City				
Hispanic	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ethnic Origin (Choose one or more)	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> American Indian\Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pac Islander	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> American Indian\Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pac Islander	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> American Indian\Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pac Islander	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> American Indian\Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pac Islander

* If yes to allergies please complete the medical condition form

- Yes, I currently have other children in the HFCS system.
 No, I currently do not have other children in the HFCS system.
 I previously had children in the HFCS system.

Other Siblings not listed above:

Name	Age

Parent Marital Status

The marital status of the student's parents is: Married Single Divorced Separated
 If parents are separated or divorced, who has primary care of the child? Mother Father
 If parents are separated or divorced, custodial arrangement is: Sole

CONTINUE ON THE OTHER SIDE

Family Name: _____

Parent/Guardian Information

	Contact 1 (where student resides)	Contact 2
Relationship		
First Name		
Last Name		
Street Address		
City, State ZIP		
Phone Number		
Cell Phone Number		
Occupation		
Employer		
Employer Address		
Work Phone Number		
Email Address		
Student Lives With? (Yes or No)		
Receive extra mailings? (Yes or No)		

EMERGENCY MEDICAL CONSENT

In the event that any child may require emergency medical care while I am unable to be reached, I hereby give my consent to the personnel of Holy Family Early Childhood to secure such care. I give my consent for MEDICAL/DENTAL and/or SURGICAL TREATMENT to the following:

	Hospital	Medical Doctor	Dentist
Name			
Street address			
City, State Zip			
Phone Number			

I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. COMMENT: Every effort will be made to notify parents/guardians immediately in case of emergency.

Health Ins. Co. _____ Policy # _____
 Parent Signature _____ Date _____

Emergency Contact Information (If Contact 1 or 2 cannot be reached)

	Emergency Contact 1	Emergency Contact 2
Contact Name		
Relationship		
Home Street Address		
City, State Zip		
Home Phone Number		
Cell Phone Number		
Employer		
Work Phone Number		
Permission to Pick up	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Pick Up Permission (I hereby give permission for my child to leave the center with the following person named below. It is the responsibility of the parent to notify the center of any changes)

Name	Address (Street, city, state & zip)	Phone	Relationship to Child

Name of persons who may **NOT** pick up the child _____

If there is a separation or divorce custody problem of which we should be aware, please explain. **Documentation required**

I am aware that I must read, understood and abide by the policies of **Holy Family Early Childhood** as explained in the Parent Handbook. I am aware of added charges and transportation and/or other services that may be provided that are not part of Holy Family Early Childhood regular program, and I will be responsible for all bills incurred on behalf of my child. Handbook available online at www.holyfamilydbq.org or in hard copy upon request.

Signature (mother): _____ Date _____
 Signature (father): _____ Date _____