

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 # _____

Account Number

_____-_____-____-

Class: Beginners _____ Pre-K _____

Allergies: Y N

(If "Y" be sure to list on Page 2)

Please PRINT all information clearly

Child's Name: _____

Date of Birth: ____/____/____
(A Copy of Birth Certificate Required)

Nick Name: (if any) _____ Gender: (circle one) Male Female

Child is living with: Mother Father Both Other: _____

Parent/Guardian Information #1

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Primary Phone: (____) ____-____ Check here if Primary Phone and Cell Phone are the same

Cell Phone: (____) ____-____ Text: Yes___ No___ (texting will only be used for notices)

Company Name, if employed: _____

Work Phone, if applicable: (____) ____-____

Email: _____

Parent/Guardian Information #2

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Primary Phone: (____) ____-____ Check here if Primary Phone and Cell Phone are the same

Cell Phone: (____) ____-____ Text: Yes___ No___ (texting will only be used for notices)

Company Name, if employed: _____

Work Phone, if applicable: (____) ____-____

Email: _____

Parents/Guardians: 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 individual(s) below will be called. I hereby authorize the Hopewell Preschool Ministry staff 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 staff 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/or those individual(s) listed below. I understand that Hopewell Preschool Ministry will ***not*** release my child to any other individual(s) 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? (**N** **Y**) If yes, what?

2. Is child currently under a doctor's care? (**N** **Y**) If yes, for what reason?

3. Is the child on any continuous medication? (**N** **Y**) If yes, what?

4. Does the child have any physical disabilities: (**N** **Y**) If yes, please describe.

5. Does your child have any speech disabilities: (**N** **Y**) If yes, please describe.

History of Immunizations

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD

Physician's Name _____ Phone # (____) ____-____

Insurance Co. _____ Group/Policy # _____

Does policy cover sport-related accidents? Yes ____ No ____

PARTICIPATION IN ACTIVITIES

_____ has my permission to participate in all activities sponsored by Hopewell Preschool Ministry. 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 child's activities, (s)he should become ill or sustain an injury:

I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for any bills incurred.

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 may be used within the ministry, on the website, or for other business purposes.

Child's Name: _____

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

HANDBOOK AGREEMENT

I agree to follow the rules, regulations and procedures of the Hopewell Preschool Ministry as outlined in the Parent Handbook.

(The complete Handbook is available online at www.hopewellmc.org/preschool.html)

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 facility.

Signature of parent/guardian

Date

This notice does not absolve the preschool 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.



SUBMISSION CHECKLIST

Thank you for choosing to enroll your child in the Hopewell Preschool Ministry program. To be complete your enrollment form must include all of the following:

All 4 pages of this application form, filled out completely

A copy of your child's legal birth certificate

A copy of your child's immunization record

A *non-refundable* \$50.00 enrollment fee (cash, check, or money order)

**Additional information for Hopewell Preschool Ministry is available at
www.hopewellmc.org/preschool.html**

