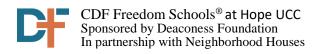






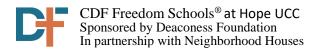
STUDENT INFORMA	TION										
School Currently Attending				School Year:	(	Grade Level :	Admission Da	ate: Discharg	e Date:		
Child's Name: (First, MI, La	ast)			Birth Date:	(	Gender:		Special Nee	ds:		
	,					☐Male ☐	Female	□Yes	□No		
C4						Other					
Street Address: Cit						State: Zip:					
Race/Ethnicity: (Check all that ap	pply)					Comments on C	Child's Developn	nent:			
Black/African American White/Caucasian				Hispanic or Latino							
Asian American Indian/Alaska Native				Native Hawaiian/Pacific							
Other:											
Insurance Status:		Medical Issues:				d health status:					
☐Employer Insurance	Medicare	□Allergies	□Нуро	eractivity		My child is in go		quirements.			
Healthcare Exchange	☐Medicaid	□Epilepsy	Atte	ntion Deficit		_	_				
☐Private Insurance	Uninsured	□Diabetes	☐ Eyeg	glasses/Contacts	1	arent signature					
		□Asthma	□Hear	ring Aid	Г	☐ My child is able	to participate in	group care but has			
		☐Other:					hild is able to participate in group care but has cal requirements as listed.				
					D	terent signeture:					
					Р	Parent signature:					
Before admission additional information or accommodations may be requested for children with disabilities and/or special needs who require additional adult support. Once the information is received our team will review to determine if the program can accommodate the needs of the child. Allow a week after											
documents are submitted for		tount will review to det	critiate ty	ine program can c	ecconii.	mount me needs o	j inc chia. 11110	w a week after			
<b>AUTHORIZATION F</b>	OR EMERGE	NCY CARE									
In the event of an emergency and I cannot be reached, I,											
In the event of an emergency Houses permission to arrang	y and I cannot c re transportation	to the nearest hospit	tal. Neig	hborhood House	s has 1	, (Parent permission to aut	horize routine	tests and treatme	ent		
deemed necessary by the em	nergency care pl	nysician for		(C	hild's	Name).					
		(F	Parent/gu	ıardian signature	)						
DI 11 11 11 1				-		l 7	N N7 1				
Physician or clinic name:						P	Phone Number:				
Preferred hospital:						Phone number:					
EMERGENCY CONT	ACTS / DES	IGNATED ESCO	RTS -	(Persons authori:	zed to	take your child fro	om the program	n other than			
Parent/Guardian) (Escorts s				nake emergency	decisi	ons regarding you	ur child in case	of an emergency	<i>(</i> )		
Contact Name:				Ho	me Ph	ione:	E-Mail Address	S:			
Relationship to Student:				Alt	Phone	e:	Authorized to P	Pick-Up Student:			
							□Yes	□ N	10		
Street Address:			City:				State:	Zip:			
bu cet riddress.			City.				Suici	2лр.			
Contact Name:				Ho	me Ph	one.	E-Mail Address	z•			
Contact Panic.				110	1110 1 11	one.	L-Man Address	,			
Relationship to Student:				Alt	Alt Phone: Authorized to Pick-Up Stud			Pick-Up Student:			
							□Yes		10		
Street Address:			City:				State:	Zip:			
<u></u>											







PARENT/GUARDIAN Parent/Guardian's Name: (First									
rarent/Guardian 8 Name: (Firs	st, MI, Last)								
Street Address:		City:				State:	Zip:		
Street Address.		City.				State.	Zip.		
Email Address:		Home Phone:		Cell Phone:		V	Work Phone	Δ•	
Eman Address.		Home Fhone.		Cen i none.			VOI K I HOH	E.	
Employment Status:	Military/Veteran Stat	us: Education Lev	val.		l Inc	rmonas Stat	<b>t</b> na.		
Full Time Employed	Yes, Active Military		n High School	h School 2 Year		Insurance Status:  □ Employer Insurance □ Medicare □			
Part Time Employed	_ ,	□High Sch	-	☐ 4 Year		theare Exch	☐ Medicaid ☐		
□Not Employed or	☐Yes, Reserve Military	☐Trade/Te		☐ Post		te Insurance	Uninsured		
Student	☐Yes, Prior Service		<del>_</del>		Piiva	ite ilisurance	Uninsured		
Full Time Student	□No, None	Some College							
Name of Employer or School:	: Work/School	Address:	City:	State:	Zip:	Work/Sc	hool Sched	ule:	
PARENT/GUARDIAN	INFORMATION								
Parent/Guardian's Name: (Firs									
Street Address:	City:				State:	Zip:			
Email Address:		Home Phone:		Cell Phone:		V	Work Phone	e:	
Employment Status: Military/Veteran Stat		us: Education Lev	Insurance Status:						
Full Time Employed	Yes, Active Military		n High School	2 Year		nployer Inst		Medicare	
☐Part Time Employed	Yes, Reserve Military		-	☐ 4 Year	Healt	thcare Exch	ange [	☐ Medicaid ☐	
□Not Employed or Student	Yes, Prior Service	Trade/Tech School		☐ Post	Priva	Private Insurance Uninsure		Uninsured	
Full Time Student	□No, None	Some College							
Part Time Student			, nege						
Name of Employer or School:	: Work/School	Address:	City:	State:	Zip:	Work/Sc	hool Sched	ule:	
HOUSEHOLD INFORI	MATION								
Total Household Income:	Living Arrange	ements:	Assistance P	Programs/Source	es of Incor	ne:			
□ \$0 to \$9,999				☐ Child Support			TANF		
□ \$10,000 to \$14,999 □ Mother only		☐ Foo		Stamps			Unemplo	yment	
☐ \$15,000 to \$19,999 ☐ Father Only		,	☐ Medio	☐ Medicaid					
\$20,000 to \$29,999		ents SSI V		Veterans Compensation					
□ \$30,000 to \$49,000 □ One grandpare		Псс		SDI Daycare Voucher					
□ \$50,000 to \$99,000 □ Only Guardian		Other:							
☐ \$100,000 or Greater	Other:	•							
Total Household Size:	Total in House	hold Under 18:							







AGREEMENTS	D 4/G 1 1 1 1 1 1
	Parent/Guardian Initials
I understand that upon acceptance, I will receive a copy of this facility's policies pertaining to the admission, care and discharge of children.	
I understand that upon acceptance, a copy of the Licensing Rules for Group Child Care Homes and Centers is available at the facility for review and will be discussed at orientation.	
I understand that upon acceptance, the provider and I will develop and agree upon a plan for continuing communication regarding my child's development, behavior and individual needs.	
I understand that my child may not be accepted for care; and that I will be contacted and must come to pick up my child from the program should he/she become ill while in care.	
I understand that before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	
I understand that falsifying or omission of information on this enrollment form may be cause for dismissal from the program.	
I understand the financial policies and that failure to abide by these policies could result in removal from the program.	
I agree to the release of information between the school and Neighborhood Houses as needed in regards to my child's school work and behavior as needed.	
Unless otherwise specified in writing, I give consent to the staff and/or agents of Neighborhood Houses to interview/photograph/videotape my child. I understand that the interview and photograph/video information may be used in local and national publications, websites, social media and advertisements.	
I ☐ do give permission for field trips/excursions. I understand I will be notified in advance when they are planned.	
I ☐ do <b>not</b> give permission for field trips/excursions. I understand I will be notified in advance when they are planned.	
I ☐ do give permission for the facility to transport my child.	
I ☐ do <b>not</b> give permission for the facility to transport my child.	
I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	
Parent/Guardian Signature	Date:

