

STUDENT INFORMATION				
School Currently Attending:	School Year:	Grade Level :	Admission Date:	Discharge Date:
Child's Name: (First, MI, Last)	Birth Date:	Gender:		Special Needs:
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	City:	State:	Zip:	
Race/Ethnicity: (Check all that apply)			Comments on Child's Development:	
<input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific <input type="checkbox"/> Other:				
Insurance Status:	Medical Issues:	Child health status:		
<input type="checkbox"/> Employer Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Healthcare Exchange <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Uninsured	<input type="checkbox"/> Allergies <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Epilepsy <input type="checkbox"/> Attention Deficit <input type="checkbox"/> Diabetes <input type="checkbox"/> Eyeglasses/Contacts <input type="checkbox"/> Asthma <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Other:	<input type="checkbox"/> My child is in good health, is able to participate in group care, and has no special health or medical requirements. Parent signature: _____		
		<input type="checkbox"/> My child is able to participate in group care but has special medical requirements as listed. Parent signature: _____		
<i>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 confirmation</i>				
AUTHORIZATION FOR EMERGENCY CARE				
In the event of an emergency and I cannot be reached, I, _____, (Parent's Name) hereby grant Neighborhood Houses permission to arrange transportation to the nearest hospital. Neighborhood Houses has permission to authorize routine tests and treatment deemed necessary by the emergency care physician for _____ (Child's Name). <p style="text-align: center;">_____ (Parent/guardian signature)</p>				
Physician or clinic name:			Phone Number:	
Preferred hospital:			Phone number:	
EMERGENCY CONTACTS / DESIGNATED ESCORTS - (Persons authorized to take your child from the program other than Parent/Guardian) (Escorts should be reliable and able to pick up and/or make emergency decisions regarding your child in case of an emergency)				
Contact Name:	Home Phone:	E-Mail Address:		
Relationship to Student:	Alt Phone:	Authorized to Pick-Up Student:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address:	City:	State:	Zip:	
Contact Name:	Home Phone:	E-Mail Address:		
Relationship to Student:	Alt Phone:	Authorized to Pick-Up Student:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address:	City:	State:	Zip:	

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: (First, MI, Last)					
Street Address:		City:		State:	Zip:
Email Address:		Home Phone:		Cell Phone:	
Employment Status:		Military/Veteran Status:		Education Level:	
<input type="checkbox"/> Full Time Employed <input type="checkbox"/> Part Time Employed <input type="checkbox"/> Not Employed or Student <input type="checkbox"/> Full Time Student		<input type="checkbox"/> Yes, Active Military <input type="checkbox"/> Yes, Reserve Military <input type="checkbox"/> Yes, Prior Service <input type="checkbox"/> No, None		<input type="checkbox"/> Less Than High School <input type="checkbox"/> 2 Year <input type="checkbox"/> High School/GED <input type="checkbox"/> 4 Year <input type="checkbox"/> Trade/Tech School <input type="checkbox"/> Post <input type="checkbox"/> Some College	
Insurance Status:					
<input type="checkbox"/> Employer Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Healthcare Exchange <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Uninsured					
Name of Employer or School:		Work/School Address:		City:	State:
				Zip:	Work/School Schedule:

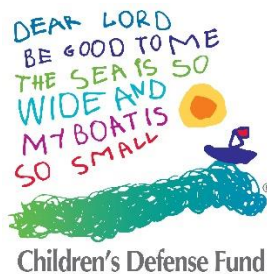
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Parent/Guardian's Name: (First, MI, Last)					
Street Address:		City:		State:	Zip:
Email Address:		Home Phone:		Cell Phone:	
Employment Status:		Military/Veteran Status:		Education Level:	
<input type="checkbox"/> Full Time Employed <input type="checkbox"/> Part Time Employed <input type="checkbox"/> Not Employed or Student <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student		<input type="checkbox"/> Yes, Active Military <input type="checkbox"/> Yes, Reserve Military <input type="checkbox"/> Yes, Prior Service <input type="checkbox"/> No, None		<input type="checkbox"/> Less Than High School <input type="checkbox"/> 2 Year <input type="checkbox"/> High School/GED <input type="checkbox"/> 4 Year <input type="checkbox"/> Trade/Tech School <input type="checkbox"/> Post <input type="checkbox"/> Some College	
Insurance Status:					
<input type="checkbox"/> Employer Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Healthcare Exchange <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Uninsured					
Name of Employer or School:		Work/School Address:		City:	State:
				Zip:	Work/School Schedule:

HOUSEHOLD INFORMATION

Total Household Income:		Living Arrangements:		Assistance Programs/Sources of Income:	
<input type="checkbox"/> \$0 to \$9,999 <input type="checkbox"/> \$10,000 to \$14,999 <input type="checkbox"/> \$15,000 to \$19,999 <input type="checkbox"/> \$20,000 to \$29,999 <input type="checkbox"/> \$30,000 to \$49,000 <input type="checkbox"/> \$50,000 to \$99,000 <input type="checkbox"/> \$100,000 or Greater		<input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father Only <input type="checkbox"/> Both Grandparents <input type="checkbox"/> One grandparent <input type="checkbox"/> Only Guardian <input type="checkbox"/> Other:		<input type="checkbox"/> Child Support <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> Unemployment <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI Veterans Compensation <input type="checkbox"/> SSDI Daycare Voucher <input type="checkbox"/> Other:	
Total Household Size:		Total in Household Under 18:			

AGREEMENTS	
	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 <input type="checkbox"/> do give permission for field trips/excursions. I understand I will be notified in advance when they are planned. I <input type="checkbox"/> do not give permission for field trips/excursions. I understand I will be notified in advance when they are planned.	
I <input type="checkbox"/> do give permission for the facility to transport my child. I <input type="checkbox"/> do not 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:



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