

ENROLLMENT ALL GRADES

CHILD INFORMATION

Child's Full Name _____ Nickname _____
Birthdate ____/____/____ (mm/dd/yyyy) Current Age _____ Male _____ Female _____
Address _____ City _____ Zip Code _____

PRESCHOOL ONLY:

FIRST NAME YOU WOULD LIKE YOUR CHILD TO LEARN/RECOGNIZE/WRITE _____
(i.e., if your child's name is Elizabeth, do you want her to learn "Elizabeth" or "Liz"?)

Is your child FULLY potty trained?
(see handbook for explanation)

Does your child wear underwear daily?

Does your child drink from a regular cup?

Does your child feed themselves?

Is your child a picky eater?

Does your child nap?

How long? _____

How does your child deal with separation from parents/loved ones? _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Cell Phone _____
Address _____ City _____ Zip Code _____
(if different from the child's)
Email Address _____ Church you attend or N/A _____
Employer _____ Work Number _____
Father's Name _____ Cell Phone _____
Address _____ City _____ Zip Code _____
(if different from the child's)
Email Address _____ Church you attend or N/A _____

Employer _____ Work Number _____

Which parent/guardian should we contact first with sickness: _____
Is there a custody agreement or court action involving the child? Y N
(If yes, please submit a copy of custody papers with this form)

EMERGENCY CONTACT/AUTHORIZED TO REMOVE CHILD FROM FACILITY (OTHER THAN PARENT)

If your child needs to be picked up by someone other than those listed below, please contact the school before 1 PM.
Your primary contact MUST have a full address.

PRIMARY CONTACT (OTHER THAN PARENTS)

Name _____ Relationship _____
Address _____ City _____ Zip Code _____
Cell Phone _____ Work Number _____

APPROVED TO PICK-UP CHILD (OTHER THAN PARENTS AND PRIMARY CONTACT)

Name _____ Relationship _____
Cell Phone _____ Other Phone _____
Name _____ Relationship _____
Cell Phone _____ Other Phone _____
Name _____ Relationship _____
Cell Phone _____ Other Phone _____

INDIVIDUALS WHO ARE NOT APPROVED TO PICK UP CHILD

Name _____ Relationship _____
Cell Phone _____ Other Phone _____

Name _____ Relationship _____
 Cell Phone _____ Other Phone _____
 Name _____ Relationship _____
 Cell Phone _____ Other Phone _____

HEALTH INFORMATION

Please Check All That Apply

_____ My child has no known health concerns.

_____ Has your child ever been diagnosed with a learning disability, developmental delay, or behavioral concern? If yes, please explain:

_____ Does your child have an IEP? If yes, please explain:

_____ Does your child take any medication daily? If yes, please explain:

Does your child have a history of the following:

Vision Problems	Y / N	Hearing Impairments	Y / N
Asthma	Y / N	Speech Problems	Y / N
Ear Infections	Y / N	Dental Issues	Y / N
Diabetes	Y / N	Heart Problems	Y / N

Any additional information that Troy Holiness needs to know about your child?

Has your child been screened by Parents As Teachers in your school district? Y / N

If yes, were any concerns brought to your attention? _____

Does your child receive special services (speech, behavior modification)? Y / N

AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR CHILD

I understand that I will be notified at once in case of an emergency (accident or injury) with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Troy Holiness School to contact the following and agree to pay for the services rendered by the hospital and physician:

Doctor/Clinic: _____ Phone _____

Preferred Hospital: _____ Phone _____

Dentist: _____ Phone _____

Signature of Legal Guardian (Dad) _____ Signature of Legal Guardian (Mom) _____

AUTHORIZATION FOR NON-PRESCRIPTION MEDICATIONS

Authorization form for the administration of non-prescription medications, including but not limited to sunscreen, insect repellent, Tylenol, and antibacterial cream.

The Authorization Form must be completed for each non-prescription medication.

I authorize Troy Holiness staff to administer the following non-prescription medications for my child, as described below. I understand that these products will only be applied according to the product's label. Any deviations from the label will require a physician's written authorization.

This authorization is valid for one year. Upon expiration, place in the child's file.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CHILD _____ AGE _____ WEIGHT _____

Non-Prescription Medication	PARENT/ GUARDIAN INITIAL
Tylenol	
Antibacterial Ointment	
Hydrocortisone	
Allergy Medication	
Insect Repellent (Parent must provide)	
Sunscreen (Parent must provide)	

Other:

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PERMISSIONS

Photos/Video

I permit Troy Holiness School to use photographs for any legal use, including but not limited to publicity, copyright purposes, illustration, advertising, and web content. (This includes video) I understand that no royalty fee or other compensation will become payable to me or Troy Holiness School for such use. ____ Yes ____ No

Field Trips

I permit field trips/excursions. I understand I will be notified in advance when they are planned. ____ YES ____ NO

AGREEMENTS

1. I am aware that I need to provide an immunization record or immunization exemption form.
2. When my child is ill, I understand and agree that he/she will not be able to attend until fever-free for 24 hours.
3. I understand my child MUST be toilet-trained.
4. I have read all the policies for Troy Holiness School, and I agree to abide by them.
5. I understand that I must pay the monthly tuition even if my child has absences during the month.
6. I understand no refunds will be given except in special circumstances.
7. I understand that the teaching in my child's class will reflect the teaching of the Bible.
8. I will immediately notify the school if my child is diagnosed with any childhood disease or contagious illness.

Signature of Legal Guardian (Dad)

Date

Signature of Legal Guardian (Mom)

Date