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|--|-----------------------|---|--------------------------------------|
| CHILD INFORMATION | | Enrollment Date: | |
| Child's Name: | | Gender: | Date of Birth: |
| Ethnicity: ___ Non-Hispanic ___ Hispanic Race: ___ White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___ Pacific Islander | | | |
| Child's Name: | | Gender: | Date of Birth: |
| Ethnicity: ___ Non-Hispanic ___ Hispanic Race: ___ White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___ Pacific Islander | | | |
| Child's Name: | | Gender: | Date of Birth: |
| Ethnicity: ___ Non-Hispanic ___ Hispanic Race: ___ White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___ Pacific Islander | | | |
| Child's Home Address: | | | |
| Typical Days & Hours of Attendance: | | | |
| Language(s) Spoken in the Home: | | | |
| School Child will attend other than Neighborhood House (if any) | | | |
| PARENT / GUARDIAN INFORMATION | | U.S./Naturalized Citizen Yes No | Authorized to Pick Up Yes No |
| Name: | | Home Phone: | |
| Relationship to Child: | | Cell Phone: | |
| Address: | | | |
| Employer: | | Work Phone: | |
| Email address: | | Would you like to receive notifications through: Email Text message | |
| PARENT / GUARDIAN INFORMATION | | U.S./Naturalized Citizen Yes No | Authorized to Pick Up Yes No |
| Name: | | Home Phone: | |
| Relationship to Child: | | Cell Phone: | |
| Address: | | | |
| Employer: | | Work Phone: | |
| Email address: | | Would you like to receive notifications through: Email Text message | |
| EMERGENCY CONTACTS & PERSONS AUTHORIZED TO PICK UP CHILD (other than Parent/Guardian) | | | |
| Name: | Relationship to Child | Cell Phone: | Work Phone: |
| Name: | Relationship to Child | Cell Phone: | Work Phone: |
| Name: | Relationship to Child | Cell Phone: | Work Phone: |
| OUT OF STATE CONTACT FOR EMERGENCIES | | | |
| Name: | Relationship to Child | Phone: | |

| HOUSEHOLD / FINANCIAL INFORMATION | | |
|---|-----------------------|-----------------------|
| Parent / Guardian Responsible for Payment to Neighborhood House | Social Security # | |
| Marital Status: Married Single | | |
| Please list all sources of Gross Monthly Income for the Household: (income before taxes and deductions) | | |
| Earned Income from employment for Head of Household | | \$ _____ |
| Earned Income from employment for all other household members | | \$ _____ |
| Monthly Income from child support or alimony | | \$ _____ |
| All other Income (social security, rehab, DFS, retirement, pensions, etc) | | \$ _____ |
| TOTAL MONTHLY INCOME: | | \$ _____ |
| *YOU WILL BE REQUIRED TO SUBMIT PROOF OF ALL INCOME* (Please provide your most recent tax return statement for income verification. If this is unavailable, please speak with administration for possible alternative options. Provide statement for all other sources of income.) | | |
| Do you qualify for childcare assistance, such as through DWS, NACCRRRA, or your employer? Yes No | | |
| Are you receiving any of the following state assistance: Food stamps Housing Medical Financial | | |
| For statistical purposes, please circle one of the following regarding your housing: Rent Own Temporary | | |
| Total Number of Household Members | Total Children | Total Adults |
| Please list other dependents living in the home who will NOT be entering Neighborhood House | | |
| Name | Date of Birth | Relationship to Child |
| | | |
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| Have you ever had children attend Neighborhood House in the past? | | |
| If yes, name of child | Year(s) of Attendance | |
| Do you have an outstanding balance owed to Neighborhood House? Yes No Unsure | | |

This form will need to be reviewed with updated information provided annually.

Parent/Guardian Signature _____ Date _____

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|--|---|
| Child Health & Nutrition Information (Please complete one for each child) | |
| Child's Name: | Date of Birth: |
| Does your child have any known allergies or sensitivities to food, medications, or other? Yes No If yes, please explain: | |
| Does your child have any special dietary needs that are based on cultural, religious, ethical, medical needs, or personal preference? | |
| Has your child been diagnosed with any of the following: Please check any that apply <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures/Epilepsy <input type="checkbox"/> Heart Problems <input type="checkbox"/> Hearing Impairment/Chronic Earaches/Tubes <input type="checkbox"/> Visual Impairments/Glasses <input type="checkbox"/> Developmental Delays <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Behavioral or Emotional Problems <input type="checkbox"/> Other | Do you have any concerns about your child: Please check any that apply <ul style="list-style-type: none"> <input type="checkbox"/> Speech and Language <input type="checkbox"/> Emotional or Behavioral <input type="checkbox"/> Ability to Learn <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Eating Difficulties <input type="checkbox"/> Other: Please explain |
| List any additional health information, special instructions, or requested accommodations we should be aware of: | |
| Does your child take any medications regularly? Does this medication need to be administered during hours your child will be in our care? | |
| Is your child completely toilet trained? | |
| Is your child currently receiving any special education services, early intervention or on an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)? If yes, where? | |
| Child's primary doctor or health clinic: Phone Number: _____ Date of last physical: _____ Preferred Hospital or Emergency Care location: _____ | |
| Child's dentist or dental clinic: Phone Number: _____ Date of last visit: _____ | |
| Medical/Dental Insurance Provider <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Private with whom? Medical Insurance ID# _____ Dental Health ID# _____ | |

Please provide copies of medical instructions from your doctor for any special dietary or medical accommodations.

Parent/Guardian Signature _____ Date _____

Please review this form annually and note any changes, then sign below

Parent/Guardian Signature _____ Date _____

| Consent Form | | |
|--|-----|----|
| Child Name: _____ | | |
| I authorize Neighborhood House staff to administer First Aid/CPR to my child as needed and to obtain and provide emergency medical care and transportation should it become necessary. I understand that I or my insurance, if applicable, will be billed for such emergency medical treatment. | Yes | No |
| I give permission for Neighborhood House staff to administer medication to my child. I understand I need to complete a medication release form for all medications. | Yes | No |
| I give permission for Neighborhood House staff to assist as needed in applying lotions, sunscreen, insect repellent, diaper cream, lip balm, toothpaste, or other preventatives. | Yes | No |
| I give permission for my child to be transported by Neighborhood House. | Yes | No |
| I give permission for my child's photos/video to be used for publicity purposes. | Yes | No |
| I understand that Neighborhood House may utilize the assistance of consultants, evaluators, and/or early childhood experts to observe in our classrooms and help to support better classroom practices and development of children. I also understand that Neighborhood House serves as a learning site for college students entering the field of early childhood education and that college students may be observing or assisting in the classroom. I give permission for my child to be present during these observations and for the observer to discuss their observations with Neighborhood House staff. | Yes | No |
| I understand Neighborhood House staff will conduct regular developmental and learning assessments regarding my child to help guide classroom curriculum and teaching strategies. | Yes | No |
| I give permission for Neighborhood House to discuss information regarding my child and share my child's educational records as needed with the following school _____, and/or with the following relevant provider, agency, counseling service, or other service of my choice: | Yes | No |
| I have read and understand the Neighborhood House Parent Handbook | Yes | No |

I have answered the questions on this application truthfully. I understand that it is my responsibility to notify the administrator or administrative assistant of Neighborhood House of any updates in the information I have provided on this application.

Parent/Guardian Signature _____

Date _____