



Physical: 2949 N. 204st St., Suite 102, Elkhorn, NE 68022

Mailing: P.O. Box 516, Elkhorn, NE 68022

Phone: 402-614-5400 Fax: 402-614-5466

### Student Enrollment Form

Child's Name \_\_\_\_\_  
(Last, first, Middle)

Child's Birthday \_\_\_\_\_  
(Month/day/year)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please list any allergies and/or special needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MOTHER (or guardian)** \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Wk. hrs. \_\_\_\_\_

**FATHER (or guardian)** \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Wk. hrs. \_\_\_\_\_

Person(s) to whom the child may be released to by *The Hearth Academy Preschool* staff: (If no one, please write "none")

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Person(s) who will take responsibility for your child in case of an emergency when the parent (guardian) cannot be reached: (one name must be given)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**\_\_\_\_\_ Picture Release:**

(Initial)

I give my consent for The Hearth Academy Preschool staff to photograph my child's image/photograph or work for the use of The Hearth Academy Preschool and staff.

**\_\_\_\_\_ Medical Competency Statement:**

(Initial)

I, \_\_\_\_\_ have determined The Hearth Academy Preschool Staff competent to  
(Parent/Guardian Printed Name)

give or apply medication to my child.

**\_\_\_\_\_ Consent to Contact Physician in Emergency:**

(Initial)

In the event I cannot be reached to make arrangements, I hereby give my consent to The Hearth Academy Preschool

Staff to contact: Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
(Physician's Name)

And if necessary, take my child to the following doctor(s), clinics, or hospital: \_\_\_\_\_.

**I hereby agree to the above initialed permissions and/or authorizations for my child:**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**Brothers/Sisters:**

\_\_\_\_\_  
(Name) (Age)

\_\_\_\_\_  
(Name) (Age)

\_\_\_\_\_  
(Name) (Age)

\_\_\_\_\_  
(Name) (Age)

Has your child attended preschool previously? \_\_\_\_\_ If so, where? \_\_\_\_\_