

2026-2027 Child Care Application for Enrollment / HBPC Preschool

STUDENT INFORMATION: Date of Birth _____ Sex: M F First Day of school _____
Full Name: _____ Nickname: _____
Child's Physical Address: _____

Hours of Care: _____
Days of the week MWF T/TH M-F

FAMILY INFORMATION: Child lives with: _____ Custody: Both _____ Mother _____ Father _____
Mother's Name: _____ **Father's Name:** _____
Address: _____ Address: _____
Phone: Cell _____ Home _____ Phone: Cell _____ Home _____
Employer: _____ Employer: _____
Occupation: _____ Occupation: _____
Work Address: _____ Work Address: _____
Work phone: _____ Work phone: _____

MEDICAL INFORMATION: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.
Doctor: _____ Address: _____ Phone: _____
Dentist: _____ Address: _____ Phone: _____
Hospital Preference: _____
Please list allergies, special medical or dietary needs, or other areas of concern: _____

My child has a completed Emergency Care plan from the office: yes _____ no _____

EMERGENCY CONTACTS: Child will be released only to the custodial parent or legal guardian and the persons listed below.
The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian can not be reached.

Name _____	Relation _____	Address _____	Phone _____
Name _____	Relation _____	Address _____	Phone _____
Name _____	Relation _____	Address _____	Phone _____
Name _____	Relation _____	Address _____	Phone _____

*I understand that HBPC Preschool requires me to have a current physical examination (form 3040) and immunization record (form 680 or 681) by the first day of school. Sections 7.1 and 7.2 of the Child Care Facility Handbook

*I give permission for HBPC Preschool to take and maintain photos of my child for security purposes, social media and crafts. I am aware that the school address is located on the Facebook page and geo location may be turned on.

*I give consent for my child to walk the property, go to the Sanctuary for Chapel and participate in activities outside the classroom.

*I give consent for HBPC Staff to take necessary steps on my child for medical care in the event of an emergency.

* Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure "Know Your Child Care Facility" CF/PI 175-24

* Section 2.8 of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility. Handbooks are available online and in hardcopy.

*Food and drink shall be brought by the parent. Participation in classroom tastings will require parent signature.

I am legally authorized to enroll this child at HBPC Preschool. I understand the enrollment fee is **NON TRANSFERABLE AND NON REFUNDABLE.**

My signature below indicates I have received the above information and this enrollment form is complete and accurate.

I hereby grant permission for the staff of this facility to have access to my child's records. I understand that I must keep this information current. I understand that children are enrolled in the class for his/her age on Sept. 1st.

Parent Name: _____ (please print)

Parent Signature: _____ Date _____

Helpful Information about my child: _____ Church affiliation _____

Siblings names and birthdates(including the year):

Primary Contact email address: _____ (please print clearly)

Office: Enrollment fee billed _____ Online payment _____