



2019-2020 Enrollment Humpty Dumpty Preschool

Tues/Thurs
Mon - Fri
Mon/Wed/Fri
M T W TH F

Child's Full Name						
Address		City	State	Zip	Birthdate	Gender
Please list any Allergies, special medical conditions , or fears your child has. Please include any other concerns or information you would like the teachers to know.			Special medications and/or restrictions:			
<p>Because parent helpers vary from day to day, if your child has a medical condition or food allergy, Humpty requires the person bringing your child to Humpty to discuss with, each school day, the parent helpers and the teacher about the day's snacks, beverages, or if applicable - cooking/food activities. It is the parent's responsibility to daily make the parent helpers and teacher aware of their child's food allergies and/or medical condition. No medication may be administered by the teacher or by the parent helpers.</p>						

Mother's Name		Email Address		Home Phone	
Address		City	State	Zip	Cell Phone
Social Security Number	Employer			Hours of Employment	
Address		City	State	Zip	Work Phone

Father's Name		Email Address		Home Phone	
Address		City	State	Zip	Cell Phone
Social Security Number	Employer			Hours of Employment	
Address		City	State	Zip	Work Phone

Emergency Contacts (Other Than Parents or Doctor) ALL INFO REQUIRED			
Contact 1		Phone 1	Phone 2
Address			
Contact 2		Phone 1	Phone 2
Address			

Person(s) Authorized to Take Child From Humpty Dumpty (Other Than Parents)			
Name	Name	Name	
Name	Name	Name	
Field Trip and Transportation			
<input type="checkbox"/> I DO NOT	<input type="checkbox"/> I DO	Give consent for my child to take part in field trips or excursions with Humpty Dumpty under proper supervision in private transportation. Therefore, Humpty Dumpty does not assume responsibility for damages and/or injuries during field trip transportation. Drivers of private vehicles assume responsibilities of accidents and/or injuries that may occur during field trip transportation. It is my understanding that I will be notified when such trips are planned.	
Vehicle Information			
All parents could possibly be field trip drivers over the course of the school year. PLEASE ATTACH A COPY OF YOUR AUTO INSURANCE CARD(S)			
Year	Make	Model	Number of seats available for use by the children.
Year	Make	Model	Number of seats available for use by the children.
Agreements			
A. When my child is ill, I understand and agree that my child may not be accepted for care.			
B. I do have current auto insurance and will maintain it throughout the time my child is enrolled at Humpty.			
C. My child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children at Humpty Dumpty.			
Signature		Date	
Authorization for Emergency Medical Care			
I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows.			
Doctor/Clinic Name		Phone	
Preferred Hospital Name		Phone	
Insurance Company		24 Hour Phone Number	
Insurance Policy Number		Card Expiration Date	
In case of injury in my absence, I the parent or guardian of the above named child hereby consent to any and all medical and surgical treatments and procedures, including, anesthetics, which may be deemed necessary by the above named physician or by the professional staff of Boone Hospital, Regional Hospital			
, or the University of Missouri-Columbia Hospital. Please sign in the presence of a Notary Public (many banks provide this service free to their customers)			
PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR CHILD'S HEALTH INSURANCE CARD			
Signature in the presence of Notary Public		Date	
Notary Public's Signature		Date	
Notary Seal		My Commission Expires	
<i>Humpty Dumpty Christian Co-op Preschool admits students of any race, color, and national or ethnic origin.</i>			
For office use only			
Admit Date	Discharge Date	Enrollment Fee Paid? No / Yes # _____	Date paid _____ Check