



2021-2022 Enrollment

Humpty Dumpty Preschool

Tues/Thurs
 Mon - Fri
 Mon/Wed/Fri
 M T W T H 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 <small>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.</small>		

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.
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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

Individuals that will be serving as a Parent Volunteer in the classroom
Parent Volunteer #1
Parent Volunteer #1

Notorization	
<p>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</p> <p>, 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)</p> <p>PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR CHILD'S HEALTH INSURANCE CARD</p>	
Signature in the presence of Notary Public	Date
Notary Public's Signature	Date
Notary Seal	My Commission Expires

Humpty Dumpty Christian Co-op Preschool admits students of any race, color, and national or ethnic origin.

For office use only					
Admit Date			Discharge Date		
Class Enrolled In:	M-F	4 Day	MWF	T/TH	1 Day
Parent Help Option: Buyout Parent Help Expanded Parent Help					
Enrollment Fee Paid? Yes / No		Date Paid _____		Cash	Check #