

Please print in blue or black ink.



# Holy Ground Baptist Pre-School Enrollment Application



Child's Name \_\_\_\_\_  
Last First Middle Called By

Address \_\_\_\_\_  
Street or P.O. Box City State Zip

Home Phone \_\_\_\_\_ Sex: Male Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Age \_\_\_\_\_ Days Per Week : 5 days \_\_\_\_ -1/2 day \_\_\_\_ all day \_\_\_\_ School Year: \_\_\_\_\_

<b>Father's Name</b>	<b>Mother's Name</b>
<b>Employer</b>	<b>Employer</b>
<b>Work Phone</b> <b>Cell</b> <b>Pager</b>	<b>Work Phone</b> <b>Cell</b> <b>Pager</b>
<b>Work Address</b>	<b>Work Address</b>
<b>Marital Status</b> (circle one)  Married Widowed Separated Divorced* Single	<b>Marital Status</b> (circle one)  Married Widowed Separated Divorced* Single

\*If parents are separated or divorced, with whom does the student live? \_\_\_\_\_

- **School office must have copy of custody agreement for student's file.**
- **We will release students to both parents unless we have signed court documents stating otherwise.**

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Do you give permission for the school nurse to give your child <b>Tylenol</b> , only when necessary? Yes No Please circle one.
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Child's Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physical Problems/ Special Needs, if any \_\_\_\_\_

Does your child have any **allergies**? (ex. Food, Medicine, Insects) \_\_\_\_\_ If Yes, please list \_\_\_\_\_

Are there any foods your child cannot eat? \_\_\_\_\_

Is there any other information that you feel we should know, in order to meet the needs of your child more effectively? \_\_\_\_\_

**Office Use Only:** Date received \_\_\_\_\_ Registration & GACS Fee \_\_\_\_\_ 1st Mo Tuition \_\_\_\_\_

Parental Agreement \_\_\_\_\_ Emergency Medical Auth. \_\_\_\_\_ Copy of Birth Certificate \_\_\_\_\_ Immunization Form 3231 \_\_\_\_\_  
Social Security Card \_\_\_\_\_

## STATEMENT OF COOPERATION

- In making application for my child it is my desire to have him/her complete this school year. It is also my understanding that the policy of the school is to make no refunds on registration fees or the initial July tuition payment.
- I understand that it is my responsibility to notify the school office of any significant changes to enrollment information concerning phone numbers, work locations, emergency contacts, family physicians, etc. as soon as possible.
- I also understand that information pertaining to my child is considered confidential and may not be released by HGBA without first obtaining written permission signed by parents, other than those allowed by law or in an emergency situation involving my child.

### Names of persons authorized to pickup child: (other than father and mother)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(BOTH PARENTS SHOULD SIGN)