

# Happy ♥ Hearts

## Enrollment Application

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

### Primary Caregiver #1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

Employer/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Contact Method: Email: \_\_\_\_\_ Call Cell: \_\_\_\_\_ Text Cell: \_\_\_\_\_ Call Work: \_\_\_\_\_

### Primary Caregiver #2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

Employer/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Contact Method: Email: \_\_\_\_\_ Call Cell: \_\_\_\_\_ Text Cell: \_\_\_\_\_ Call Work: \_\_\_\_\_

### Insurance Information:

Child's Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

About My Child:

Siblings/Age: \_\_\_\_\_

Pets: \_\_\_\_\_

My child enjoys: \_\_\_\_\_

My child does not enjoy: \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Does your child speak any other languages? \_\_\_\_\_

Special Concerns:

Does your child have any special needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any medical concerns? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

if yes, please explain: \_\_\_\_\_

Are there any custody concerns for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\*A court order will be required for all court ordered custody concerns granting visitations, custody, and/or restricting and/or allowing access to a child.

Does your child have any special dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Any additional concerns you may have regarding your child:

\_\_\_\_\_  
\_\_\_\_\_

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What would you like for your child to gain from his/her preschool experience?

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Any additional information that would help us to make your child's preschool experience exceptional (ex: fears, previous experiences, special home situations, etc....)?

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Permissions:

I give Happy Hearts Preschool staff permission to apply sunscreen to my child before outdoor play. I understand I am required to supply a bottle of spray sunscreen if I do not wish to use sunscreen provided by Happy Hearts. Happy Hearts uses NO-AD spray sunscreen.

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Signature Date

I give Happy Hearts Preschool permission to photograph, audio or video tape my child. I also authorize the video taping of my child as a part of a routine security procedure including the cameras located at Bethel Church.

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Signature Date

In the event of a medical emergency, Happy Hearts staff will immediately attempt to contact one or both caregivers. If caregivers cannot be reached, I understand that staff will attempt to contact the persons on the emergency contact list. If neither the caregivers nor the persons on the emergency list can be reached, Happy Hearts Preschool is authorized to obtain emergency medical evaluation and/or treatment for my child.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note, sign and date any objections to medical treatments below:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

I have met with Happy Hearts Staff and discussed their statement of purpose including their policies on behavior management, reporting child abuse and/or neglect, health and medication, confidentiality and disclosure, discharge policies and grievance procedures. I have received a copy of the parent handbook. I am aware of my right to grieve without retaliation against my child or myself. I have been informed of my right to make a complaint to the state related to Happy Hearts Preschool compliance with the provisions of the WV Code 4902B-1 ET.SEQ and the requirements of the Child Care Center Licensing Regulations.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to give Happy Hearts Preschool a written two weeks notice prior to withdrawing my child from the center or pay an additional two week fee.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for my phone number (Yes \_\_\_ No \_\_\_) and/or email address (Yes \_\_\_ No \_\_\_) to be given to other parents as well as parents who may be interested in enrolling.

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Signature

Date

I understand that Happy Hearts offers each family a vacation discount of 50% off 1 week's tuition (5 consecutive days) within a year of enrollment with 2 weeks written notice of the vacation.

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Signature

Date

FOR STAFF USE:

Tour Date:		Discharge Date:	
Enrollment Date:		Wait List:	
Application Fee Paid:		Amount Paid:	
Initial Tuition Paid:		Amount Paid:	
Discount:		Discount Amount:	