



# Highland Day School Enrollment Form

For Office Use Only	
Date Entering	Age Group
Date Visited	Fees Paid

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Nickname \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Days (circle): Monday / Tuesday / Wednesday / Thursday / Friday      Hours (circle): 9:00am-2:00pm / 8:00am-5:00pm

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Employer: \_\_\_\_\_ Office Address \_\_\_\_\_ Hours \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Employer: \_\_\_\_\_ Office Address \_\_\_\_\_ Hours \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Highland Church Member? Yes No If not, where? \_\_\_\_\_

To insure your child's safety, please list other persons to whom your child may be released / persons authorized to act for parent in the event parents cannot be reached:

Name / Relation \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name / Relation \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name / Relation \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Other children in the family:  
\_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Physician's Address \_\_\_\_\_  
Any allergies? \_\_\_\_\_ List food allergies \_\_\_\_\_  
List other allergies \_\_\_\_\_ Symptoms \_\_\_\_\_

In the event of an emergency, I grant permission for the HDS Program Director or person in charge to secure medical attention for my child. I have also received a copy of the Department of Education's Summary of Certification Requirements & HDS Parent Handbook online.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Has your child ever attended a school/child care facility? Yes No  
If so, where? \_\_\_\_\_

Helpful Information:  
Is your child accustomed to taking a nap? \_\_\_\_\_ For how long? \_\_\_\_\_  
Is your child toilet trained? \_\_\_\_\_ Any particular fears? \_\_\_\_\_  
Please provide any other information which you feel may be helpful: