

Hope Haven School

Enrollment Form- Updated 5-9-13

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____

Parent/Guardian Name _____ Cell phone _____

Home Address _____ Home Phone _____

Employer name & address _____ Work Phone _____

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program.

Cell 1 2 3 Home 1 2 3 Work 1 2 3

Parent/Guardian Name _____ Cell phone _____

Home Address _____ Home Phone _____

Employer name & address _____ Work Phone _____

Please circle which phone number should be used 1st, 2nd, and 3rd to reach you while your child is in the program.

Cell 1 2 3 Home 1 2 3 Work 1 2 3

Please list at least two people to be contacted in the event of an emergency **if the parent cannot be contacted:**

Name	Address	Relationship	Home Phone	Cell Phone	Work Phone

List of Person(s) to whom this child can be released: (Please Print)

Hope Haven School

Medical Information

Chronic Physical Problems:
History of Hospitalization:
Diseases This Child Has Had:
Allergies and Treatment:
Medications, Food Supplements, Modified Diet or Fluoride Supplements:

IMPORTANT: Attach a copy of your child's immunization records, Social Security Card, Birth Certificate, Medicaid/ Insurance Provider