



High Hopes Preschool Enrollment Form

600 W New Hope Drive, Cedar Park TX 78613
(512) 260-5922

School Year: 2023-2024

Date of Admission:	_____
Check #:	_____
Amt Pd:	_____
Class/Days:	_____
Date/Init:	_____

For Office Use Only

Child's Information

Last Name	First Name	DOB & Age as of 9/1/2023	Gender	Resides With
Parent/Guardian Email Address(es)		Hours/Days enrolled: 9am-2pm/ _____	How did you hear about us?	

Parent/Guardian Information

Last Name	First Name	Cell Phone	Work Phone
Home Address		City & Zip Code	Relationship to Child
Last Name	First Name	Cell Phone	Work Phone
Home Address		City & Zip Code	Relationship to Child

Non-Guardian Local Emergency Contact Information

Last Name	First Name	Relationship to Child	Phone Number
Home Address			City & Zip Code
*I am opting NOT to designate a separate emergency contact for my child. I understand that if parents/guardians listed above are not reachable, the preschool will need to call CPS in the event of an emergency.			
Parent/Guardian Signature _____			

Non-Guardian Persons Authorized to Pick Up

First & Last Name/Phone Number	First & Last Name/Phone Number
First & Last Name/Phone Number	First & Last Name/Phone Number

Medical Information

Child's Allergies or Medical Conditions – MUST PROVIDE A DOCTOR'S NOTE FOR ALL LISTED		
Physician's Name	Address (Include City & Zip Code)	Phone Number
Preferred Emergency Care Facility	Address (Include City & Zip Code)	Phone Number

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to the above medical facilities. I give consent for said facility to secure any and all necessary emergency medical care for the child listed on this form.

Parent/Guardian Signature _____

Date _____



Admission Requirements

The following items MUST be submitted and completed PRIOR to your child attending preschool. Please initial on each line, stating that you agree and understand your child will not be able to start school at High Hopes until these items have been received. **Please read and initial each section below. Sign only where applicable.**

Vaccination/Immunization Record – up to date according to Texas state standards for Licensed Child Care facilities.

****My signature below confirms that I am excluding my child from the immunization requirements for reasons of conscience, including, but not limited to, a religious belief. I understand that I must provide an official notarized affidavit form developed and issued by the Department of State Health Services before my child can attend preschool. I understand this affidavit is only valid for 2 years.****

Parent/Guardian Signature

Statement of Health – a signed and dated copy of a Health Care Professional's statement medically clearing your child for participation in preschool or daycare. This form must be renewed annually.

****My signature below confirms that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization to which I adhere or am a member of. I understand that I must provide a signed and dated affidavit stating this before my child can attend preschool.****

Parent/Guardian Signature

***Please review and initial the following items, or mark them as N/A if they are not applicable to your child.**

(If allergies are listed in the corresponding field on the previous page) **A FARE (Food Allergy Research & Education) Food Allergy & Anaphylaxis Emergency Care Plan** or equivalent, signed by a Health Care Professional, outlining the procedures for intervention in the case of exposure to the allergen(s). This form must be renewed annually.

****I understand that I am responsible for providing the medications required for intervention listed on the FARE, or equivalent, form to be stored at school prior to my child attending or provided daily.****

Parent/Guardian Signature

(If medical conditions are listed in the corresponding field on the previous page) **A signed and dated Treatment Plan** from a Health Care Professional outlining your child's medical condition and how to treat it (if necessary) while at preschool. If your child has Asthma, please provide an Asthma Action Plan. These forms must be renewed annually.

****I understand that I am responsible for providing the medications required for intervention listed on the medical condition/Asthma Action Plan form to be stored at school or brought daily.****

Parent/Guardian Signature

Four Year Olds & Older ONLY: A copy of a completed (pass/fail/attempted) **Vision & Hearing Screening** record.

Disclosures

By signing below, I hereby agree to relieve High Hopes Preschool, its officers, and its directors of any liability for injury or accident occurring on school premises. I also verify that all of the information included on this form is complete and correct.

Parent/Guardian Signature _____

Date _____