



Hephzibah Children's Association

APPLICATION FOR ENROLLMENT

PROGRAM APPLIED FOR:

Date of Application _____

Summer _____

Kindergarten _____

After-School _____

(Please Print)

Child's Name: _____ Sex: _____

Child's Address: _____ Child's Phone Number: _____

Date of Birth: _____ School Attending: _____ Grade: _____

Child lives with: Both parents _____ Mother _____ Father _____ Other _____

Parent's Name : _____ Parent's Name: _____

Address: _____ Address: _____

City: _____ City: _____

Home Phone: _____ Home Phone: _____

Marital Status: _____ Custody: _____

Other Members of Household:

<u>Name</u>	<u>Relationship</u>	<u>School/Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons Authorized to pick up child (Other than parents) :

Name: _____

Name: _____

Address: _____

Address: _____

(H) _____ (W) _____

(H) _____ (W) _____

Relationship to child: _____

Relationship to child: _____

Persons not authorized to pick up child, if any:

Child's Doctor: _____

Address: _____ Telephone: _____

Hospital Preference: Oak Park _____ West Suburban _____

In case of an emergency, name and address of relative or friend to be contacted if parents cannot be reached:

Name: _____ Name: _____

Address: _____ Address: _____

(H) _____ (W) _____ (H) _____ (W) _____

Relationship to child: _____ Relationship to child: _____

Please note any special conditions related to the child's physical or emotional development (allergies, medications, etc.) :

Previous day care experience (where and when) : _____

Please give us any other information that may be helpful for us in working with your child:

Employment Information

Parent's Name: _____

Parent's Place of Employment: _____

Address: _____ (W) _____ (Cell) _____

Position or Occupation: _____ Hours of employment: _____ to _____

Parent's Name: _____

Parent's Place of Employment: _____

Address: _____ (W) _____ (Cell) _____

Position or Occupation: _____ Hours of employment: _____ to _____

Parent's Training

Name of School or College Attending: _____

Address: _____

Telephone: _____ Hours attending: _____ Days attending: _____

Amount of Gross Income/Per Month

Mother's monthly income: \$ _____

Father's monthly income: \$ _____

Second job: \$ _____

Second job: \$ _____

Child Support: \$ _____

S.S.I.: \$ _____

TANF: \$ _____

Gross Annual Income: \$ _____

Verification Documents Submitted

Income Tax Returns (only accepted if you are self-employed) _____

Check stub/s _____ Letter from Employer (if you have recently started a new job) _____

Letter and Schedule from School _____ Other _____

Please state any unusual expenses or financial problems:

All information stated above is correct.

Date: _____ Signed: _____

Office Use Only

Child's Enrollment Date: _____

Schedule of days & hours of care: _____

Child's Discharge Date: _____

PARENT'S AGREEMENT

I understand that in order for my child to be enrolled at Hephzibah Children's Association, I agree to the following agency policies:

That the Association shall not be liable in case of sickness or injury while my child is in attendance of an Association activity;

That the agency staff may secure needed emergency medical care in case of an emergency when I cannot be reached;

That my child may be transported by the Association and go on field trips taken by the program under proper supervision without prior notice;

That photographs may be taken and used for publicity purposes;

That the Association may exchange information regarding my child with those professional agencies or people concerned with my child's education and health. I fully understand that this may entail social, medical, educational, or psychological information.

That I will provide proof of a physical examination and immunization record required for agency records;

That I will call Hephzibah when my child is to be absent. I realize that this is for my child's protection and the Association cannot be held responsible for any child who is not at the pick-up point or does not arrive at the day care site after-school;

That I will pick up my child by 6:00 P.M. and I will pay the late fee of \$1.00 per minute after 6:00 P.M.

Date

Parent's Signature

PLEASE RETURN TO:
Hephzibah Children's Association
1144 Lake Street, 5th Floor, Oak Park, IL 60301
(708) 649-7140 Fax (708) 649-7194

**** Only return enrollment form; no fees are needed at this time***