

Horizons K-8 School Kindergarten Enrichment Registration 2019-2020

Date of Enrollment: _____

Student Last Name First Name M.I. Sex _____

Student's Primary Home Address: Street/City/State/Zip Code
(use additional space for two households)

Mother's Home Number Cell Work

Father's Home Number Cell Work

Student Lives With:

Mother only Both Parents Father & Stepmother
Father only Mother & Stepfather Joint Custody

Birthdate: Mo/Da/Yr Birthplace: City/ State

Has student attended preschool? Yes No Headstart? Yes No Name of Preschool _____

Has student been in a special program or in special education at his/her previous school?
Yes No If yes, what program? _____

Father's Name Home Address City/State/Zip

Email Address Employer Name

Employer address

Mother's Name Home Address City/State/Zip

Email Address Employer Name

Employer address

Written authorization for all field trips is required and will be sent to parents as individual documents as field trips occur.

Does your child have any physical restrictions or limitations we should know about? Any dietary restrictions? Specify:

Medical & Emergency Contact Information

Emergency contact names should be someone to whom we may release your child in the event of an accident or a sudden illness, and neither parent can be reached.

1) _____
Contact Name Address

Home phone Work phone Cell

2) _____
Contact name Address

Home phone Work phone Cell

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address _____

Hospital Choice: _____ Phone: _____

Address: _____

Insurance Company: _____ Policy/Group Number: _____

Are there any health related reasons why your child cannot participate in program activities? Please specify:

Does the student take any medications on a regular (seasonal) basis:

Medication When Taken

If your child needs to take medicine while at school, a special form must be filled out and signed by a parent/guardian and the child's doctor. This form may be picked up in the Horizons Office.

I/We hereby give permission to the staff of Horizons Kindergarten Enrichment program to call on my/our child's behalf for any doctor or emergency medical services. I/We give permission for the doctor, hospital, or medical services to provide emergency medical or surgical care for my/our child. It is understood that Horizons staff will make a conscientious effort to communicate with any parents, guardians and emergency contacts listed on the registration document before any action will be taken, time allowing. If Horizons staff is unable to reach any of the contacts listed, treatment will not be delayed. I/we will accept the possibility and expense of emergency transportation, medical or surgical treatment.

Parent Signature Date