

Physical: 2949 N. 204st St., Suite 102, Elkhorn, NE 68022 Mailing: P.O. Box 516, Elkhorn, NE 68022 Phone: 402-614-5400 Fax: 402-614-5466

Student Enrollment Form

Child's Name		Child's Birthday	
(Last, first, Middle)		(Month/day/year)	
Home Address	City	Zip	
	eds:		
MOTHER (or guardian)	E	-mail	
Home Address	City	Zip	
Home Phone	Cell Phone		
Company Name	Work Phone	Wk. hrs	
FATHER (or guardian)	E	-mail	
Home Address	City	Zip	
Home Phone	Cell Phone		
Company Name	Work Phone	Wk. hrs	
Person(s) to whom the child may be relea	sed to by <i>The Hearth Academy Preschool</i> st	aff: (If no one, please write "none")	
Name	Relationship	Phone	
Name	Relationship	Phone	
Person(s) who will take responsibility for version reached: (one name must be given)	your child in case of an emergency when the	e parent (guardian) cannot be	
,	Relationship	Phone	
Name	Relationship	Phone	

Picture Release:					
give my consent for <u>I</u> se of The Hearth Aca			<i>staff</i> to photograph my child'	s image/photograph o	or work for the
Medical Compet	ency Statem	ont·			
::: I\	-				
(Parent/Guardian P	rinted Name)	nave	e determined <u>The Hearth Aca</u>	aemy Preschool Sta <u>jj</u>	competent to
ive or apply medicati	on to my chil	d.			
Consent to Conta	ıct Physician	in Emergency:			
	e reached to	make arrangemei	nts, I hereby give my consent	to <u>The Hearth Acader</u>	my Preschool
taff to contact: Doctor		Pł	Phone		
		(Physician's Name)			
			or(s), clinics, or hospital:		
	Signature of Parent/0	Suardian)		(Date)	_
(Signature of Farenty dual daily)			(Sate)		
rothers/Sisters:					
	Name)	(Age)	(Name)	(Age)	
(N>		(Name)	(Age)	
	Name)	(Age)	, ,	(1,180)	
	name)	(Age)	` '	(180)	