



Embracing and Guiding One Child at a Time”

**HIS LOVING HANDS CHRISTIAN ACADEMY ENROLLMENT APPLICATION**

**STUDENT INFORMATION:** Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

Full Name: \_\_\_\_\_

Childs Physical Address: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

**Family Information:** Child Lives With: \_\_\_\_\_

Mothers Name \_\_\_\_\_ Fathers Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Please list allergies, special medical or dietary needs, or other areas of concern:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

**Contacts**

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Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility. In case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_