

Enrollment Date _____

Withdrawal Date _____



**NEHEMIAH CENTER OF NAVASOTA (HIS KIDS)
PROGRAM ENROLLMENT INFORMATION**

I. GENERAL INFORMATION

Child's Last Name _____ First Name _____

School Name _____ Current Grade _____

Birthdate: _____ Age _____

Parent/Guardian's Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email address: _____

The Nehemiah Center will only release children to their parents and to persons who are authorized by the parents. I hereby authorize the Nehemiah Center of Navasota to release my child to the following persons:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Please list any special problems that your child may have such as allergies, existing illness, and previous illness/injuries during the past 12 months, any medication prescribed for long-term continuous use and any other information that we should be aware of: _____

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II. Emergency Contact & Authorization for Emergency Medical Attention:

In case of an emergency, please contact:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

In the event that I cannot be reached for emergency medical attention, I authorize the Nehemiah Center of Navasota staff to take my child to:

Dr. _____ Address: _____

Phone: _____

Hospital: _____

I hereby give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

Parent Signature

Date

III. Transportation and Miscellaneous Activities

I hereby give my consent for my child to be transported on field trips by the Nehemiah Center of Navasota.

YES

NO

I hereby give my consent for my child to participate in water activities such as splashing pools, wading pools and swimming pools.

YES

NO

My child's immunization record is on file at _____ School and all immunizations and tuberculosis test results are current. YES _____ NO _____

Parent Signature

Date