

The Link @ HAE
ENROLLMENT PACKET

Today's Date	Date of Enrollment	Date of Withdrawal	Date of Birth	Sex: M or F
Child's Last Name	Child's First Name	Middle Initial	Name Child Prefers	
Home Address		City	State	Zip Code
Parent / Guardian Primary	Parent/Guardian Email	Cell	Work	Home
Address (if different from above)		City	State	Zip Code
Employer Name and Address				
Parent / Guardian Secondary	Parent/Guardian Email	Cell	Work	Home
Address (if different from above)		City	State	Zip Code
Employer Name and Address				
Parent or Guardian Other	Parent/Guardian Email	Cell	Work	Home
Address (if different from above)		City	State	Zip Code
Employer Name and Address				
Person(s) or Agency Having Legal Custody of Child				
If Agency, Name of Contact, Address & Phone Number				

Enrollment Type: (Circle One)	Full Time (AM & PM)	AM Only	PM Only	Hourly
Current Grade	Do you want your child to do homework at The Link? Y or N	Specify Maximum Length of Time to be Spent on HW		
Child's Like(s)		Favorite Snack(s)		
Child's Dislike(s)		Favority Activity		
Anything You Would Like The Link@HAE Staff to Know About Your Child				

EMERGENCY CONTACTS

Name	Relationship to Child	Cell	Work	Home
Address		City	State	Zip Code
Name	Relationship to Child	Cell	Work	Home
Address		City	State	Zip Code
Name	Relationship to Child	Cell	Work	Home
Address		City	State	Zip Code

PICK-UP POLICY

The following information will allow The Link @ HAE to release your child to these individuals only. If someone not listed is to pick up your child, YOU MUST SEND A NOTE OR PHONE The Link Director with a name and description of the person. We will ask for proper identification before we release your child. The following people may pick up my child(ren). Please notify these people that you have put them on the application.

Authorized Persons to Pick-Up Your Child(ren)
(If same as Emergency Contacts write "see above")

Name	Relationship to Child	Cell	Work	Home
Address		City	State	
Name	Relationship to Child	Cell	Work	Home
Address		City	State	Zip Code
Name	Relationship to Child	Cell	Work	Home
Address		City	State	Zip Code

**Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child(ren)*

ENROLLMENT AGREEMENT

When **signing** and **initialing** below, this will confirm that you have read the parent Handbook and understand, agree with, and agree to abide by its contents and each of the following statements.

____ I am enrolling my child, _____, in The Link @ HAE.

____ I give my permission and authorization for the staff to get emergency medical care for my child in the event I cannot be reached.

____ I/we will be responsible for the payment of medical expenses.

____ If the staff notifies me that my child is ill, I will pick him/her up as soon as possible or arrange for another person to do so.

____ I give permission for my child to take part in all authorized field trips or neighborhood walking field trips. I agree to pay the fees that pertain to any preplanned field trips.

____ I give permission for my child to participate in the activities and in the use of equipment at The Link @ HAE.

____ I grant permission for my child to be included in The Link @ HAE pictures and for these to be used for publicity purposes.

____ I have read and understand The Link Disciplinary and Behavior Management Policy. If excessive behavior infractions occur or at any time The Link Director and/or HAE Principal determine it is not in the best interest of your child or the other children in the program for your child to attend The Link then s/he may be dismissed from the program.

____ I understand the health history form must be completed and turned into The Link Director for my child to be fully enrolled.

____ I understand that if payment is not made to Harding Avenue Elementary School at the specified time, my child may be dismissed from the program.

____ I understand it is my responsibility to pick up my child(ren) by 6:00 daily (or additional fees will apply.) If excessive late pick-ups occur my child(ren) may be dismissed from The Link.

For further understanding between The Link @ HAE and the parents/legal guardian, I acknowledge that I have read the Parent Handbook. I also understand my responsibilities and will comply with its policies and procedures while my child attends The Link.

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date

CHILD'S EMERGENCY MEDICAL AUTHORIZATION

Child's Last Name	Child's First Name	Middle Initial	Child's Birthdate	
Home Address		City	State	Zip Code
Parent / Guardian Primary	Parent/Guardian Email	Cell	Work	Home
Address (if different from above)		City	State	Zip Code
Employer Name and Address				
Parent / Guardian Secondary	Parent/Guardian Email	Cell	Work	Home
Address (if different from above)		City	State	Zip Code
Employer Name and Address				
Parent or Guardian Other	Parent/Guardian Email	Cell	Work	Home
Address (if different from above)		City	State	Zip Code
Employer Name and Address				

Known Allergies (including medications)

As Parent/Guardian, I authorize The Link Director to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic testing upon the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs when I cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise, I expect to be notified immediately.

1. I will be responsible for payment of medical care expense.

2. Medical treatment costs are covered by:

- a. Insurance Carrier _____
 Policy Holder _____
 Group No. _____ ID No. _____
- b. Medicaid Coverage No. _____
- c. Other Insurance _____
 ID No. _____
- d. No Insurance _____

Child's Physician	Phone
Preferred Hospital	Phone

My child is enrolled in The Link & I agree to authorize the staff to seek emergency treatment in the event that I cannot be reached.

Parent/Guardian Name

Parent/Guardian Signature

Date

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CHILD'S HEALTH HISTORY

Child's Name _____	Birth Date _____	Sex: M or F _____
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MEDICAL HISTORY

Diseases: Please indicate any disease that your child currently has or has had.

Age/Date	Age/Date
Asthma _____	Pneumonia _____
Chicken Pox _____	Whooping Cough _____
Heart Disorder _____	Diphtheria _____
Measles _____	Mumps _____
Rubella _____	Other _____
Congenital Malformations	
Allergies (drugs, food, bees, grass, etc.)	
Drug Sensitivities	
Seizures	
Comments	

Parent/Guardian Name

Parent/Guardian Signature

Date