



HAPPY MINDS KIDS ACADEMY
ENROLLMENT/EMERGENCY INFORMATION

School Year : _____

CHILD'S NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____ CITY. _____ ZIP _____

HOME PHONE () _____ DATE OF BIRTH _____ SEX _____

MOTHER'S NAME _____ WORK # () _____ Cell () _____

FATHER'S NAME _____ WORK # () _____ Cell () _____

Mother's Email: _____ Father's Email: _____

Marital Status of Parents _____ Is There a Step-Parent? _____ If separated who lives with child? _____

Circle Program: Extended Days (7:00-5:45) Full Days (8:30-3:00) Half Days (8:15 – 12:15)

Circle Days: Mon. – Fri. M/W/F T/TH OTHER: _____

Allergy Information: _____

RACIAL IDENTITY:

White: _____ America Indian: _____ Alaskan Native _____ Asian _____

Native Hawaiian or Pacific Islander: _____ Black or African American: _____

ETHNIC IDENTITY:

Hispanic or Latino _____ Not Hispanic or Latino _____

EMERGENCY CONTACT INFORMATION

OTHERS AUTHORIZED TO PICK UP AND CARE FOR CHILD IF NEEDED:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

PERSON TO CONTACT OUT OF STATE IN CASE OF A MAJOR DISASTER IN SOUTHERN CALIFORNIA:

NAME _____ RELATIONSHIP _____ Phone () _____

CHILD'S PHYSICIAN _____
(NAME) (PHONE)

"IN THE EVENT EITHER PARENT OR DESIGNATED PHYSICIAN CANNOT BE REACHED, PERSONNEL OF THE PRESCHOOL ARE AUTHORIZED TO USE THEIR DISCRETION TO SECURE MEDICAL AID."

SIGNATURE

PARENT OR GUARDIAN DATE

OFFICE USE ONLY

Reg. Paid: _____ Earthquake Kit Paid: _____ Start Date: _____ Last Day: _____