

Harlem Baptist Church Pre-K

Child Enrollment Form

2026/2027

Entrance Date: _____	Withdrawal Date: _____
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Child's Name: _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Cell Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Email Address _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____

City _____ State _____ Zip _____

Mother's Name _____ Cell Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Email Address _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____

City _____ State _____ Zip _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardians: (check one) Both Parents Mother Father Other

This child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

(street, city, state, zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____

(street, city, state, zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

My child has the following special needs: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at HBC-Pre-K:

HBC Pre-K reserves the right to accept or decline enrollment, or to discontinue enrollment, for any child whose individual needs we determine we are unable to adequately meet within our program.

This includes children with diagnosed special needs, as well as children who have not received a formal diagnosis but who may be developing at an uneven rate or exhibiting behaviors requiring accommodations beyond the scope of our available resources.

Enrollment decisions are made on an individual basis and take into consideration factors such as available staff, facility limitations, program structure, and our educational and school-readiness objectives. While we strive to support all children, HBC Pre-K is unable to implement modifications or accommodations that would significantly disrupt the overall operation of the program or compromise the learning environment for other students.

Parents/guardians are required to inform HBC Pre-K of any ancillary or support services their child is receiving. Failure to disclose such information may result in dismissal from the program.

I/We acknowledge that I/we have read and understand the HBC Pre-K policy regarding enrollment decisions, special needs, accommodations, and disclosure of ancillary services. I/We agree to comply with the requirements outlined above.

Child's Name: _____

Parent/Guardian Name (Printed):

Parent/Guardian Signature:

Date: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of (Facility name) _____
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical
attention and care for the child as may be necessary. I (We) shall assume responsibility for payment
for services.

Parent/Guardian: _____

Signature

Date: _____

Facility Administrator/Person-In-Charge: _____

Signature

Date: _____