

HOPE Ministries Enrollment Form

Name _____

DOB _____ Age _____ Grade _____

Home Address _____

Mother _____ Phone _____

Mother's work _____ Wk Phone _____

Father _____ Phone _____

Father's Work _____ Wk Phone _____

Email _____

Physician _____ Phone _____

Preferred Hospital _____

Hospital location _____ Phone _____

Emergency Contact when parents aren't available.

Name

Relation

1. _____ Phone _____

2. _____ Phone _____

Please provide medical information:

Provider Name _____

Group/ID number _____

Policy Holder Name _____

List any Medications taken

Please list any allergies your child has

_____ I give Hope Ministries staff permission to administer medications (if needed) to my child during the hours they are in the care of Hope Ministries.

_____. I do not give Hope Ministries staff permission to administer medication to my child during the hours they are in the care of Hope Ministries. I would like to be contacted first.
Allergies; seasonal or medical:

Please list any other information you would like us to keep in your child's file.

Parent Name _____ Date _____

Parent Signature _____

The following people have my permission to pick-up my child from school.

Please list Name and contact Information.

Name

Phone Number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Parent Name _____ Date _____

Parent Signature _____

Hope Ministries Food Program

Please indicate if you would like your child to participate in our school food program.

_____. Please allow my child to have milk, juice or crackers if I am not able to send them in the appropriate snack and or lunch.

_____. I do not wish for my child to participate in the school food program. I understand that I am to pack them an appropriate snack and lunch.

All student will be offered milk, crackers, or fruit cups as the need arises. However, if you do not wish for your child to be offered these please provide them with the appropriate snacks and lunches each day. Each child will need 2 snacks and 1 lunch. They are allowed to have water on their desks during the day. They are not allowed to have anything other than water to drink during class. They are welcome to bring juice, gatorade, for lunch only. Please no drinks that contain red dye, or caffeine. We are required to provide lunch and snacks that are healthy for the children. Please do not sent your child candy as a snack. No child is to have candy of any kind unless given as a reward from their teachers. Also, please limit the amount of sugary foods and drinks you send your kinds, as this creates behavior issues in some children. We will not allow your child to have sugary food and drinks all day.

We have set up a special lunch program with some local restaurants which will provide our students with a special lunch. We collect weekly orders and submit them to these local restaurants and receive the lunches. We have lunch order forms that have all the info anthem for the weekly lunch, each family will need one of these in order to place any special lunch for the week. Prices are on this form. Coopers \$4.50 per student on Tuesdays only. Pizza \$5.00 per student on Fridays only. We also have special lunches throughout the year and we will send out notifications of these before hand.

Depending on the building situation, we may offer a full lunch program next year. If we can find the staff to run the lunch program and get all license needed we will have a full lunch program. Please note this will add a lunch fee to each family for the program to be operational.

Parent Signature

Date

Hope Ministries Staff

Date