WESTERN HILLS ACADEMY

524 Thunderbird El Paso, TX 79912 / 915-584-6642

ENROLLMENT INFORMATION

Facility Name: **Western Hills Academy**		Director's Name: ***Christine Sanchez*** Rev January 2023	
Child's Name:		Date of Birth:	
Child's Address:		Child's Home Phone:	
Date of Admission:		Days Enrolled- M ☐ T ☐ W ☐ T ☐ F ☐	
Name(s) of persons legally responsible for child:		Address (**if different from child's**) E-mail Address	
List telephone numbers where parents/guardian may be reached while child is in care: Permission to Text: (Y) (N) Mobile Carrier: ☐ ☐	Mother's Phone # Home: Work: Cell:	Father's Phone # Home: Work: Cell:	Guardian's Phone # Home: Work: Cell:
List a person to call in case of an emergency if parent or guardian cannot be reached: *(This person may have access to my child's health information.)*	**1** Name: *Phone:* *Address:* *Relationship*	**2** Name: *Phone:* *Address:* *Relationship*	**3** Name: *Phone:* *Address:* *Relationship*
In addition to the above; I hereby authorize the day care facility to allow my child to leave the facility with the following	Name: Phone:	Name: Phone:	Name: Phone:

I hereby ____ GIVE ____ do not give - my consent for my child to participate in field trips with advance notice. (N/A for Toddlers or Twos)

I hereby ____ GIVE ____ do not give - my consent for my child to be photographed for any type of digital media.

Photo for Yearbooks Select (Y) ☐ (N) ☐

Allowed to apply if needed: Neosporin? (Y) ☐ (N) ☐ Hand Sanitizer? (Y) ☐ (N) ☐

Sun Screen? (Y) ☐ (N) ☐

Insect Repellant containing DEET? (Y) ☐ (N) ☐

List any special needs or problems your child may have, including known allergies, existing illnesses, previous serious illness and injuries, any disabilities, any hospitalizations during the past 12 months, and any medication prescribed for long-term use and any other information which staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Physician	Address	Phone
Dental Emergency	Address	Phone
Hospital	Address	Phone

WESTERN HILLS ACADEMY

524 Thunderbird El Paso, TX 79912 / 915-584-6642

ENROLLMENT INFORMATION

I give my consent for this facility to secure any and all necessary emergency medical care for my child. It is understood that the school or its representatives do not assume any financial responsibility for any expenses that might be incurred for said emergency treatment. It is further understood that school authorities will notify us as soon as possible following the emergency, but in no way is treatment to be delayed until we have been notified. ***My health insurance information copied on the back of this form.***

I have received a copy of the Family Handbook. I agree to abide by all such policies and procedures as defined within.

All above is accurate and agreed upon.

Signature - Parent or Legal Guardian _____

Director_____