

**Student Information-Name as on Birth Certificate/Legal Name**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Cert # \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Phone: \_\_\_\_\_ School District Child Resides In: \_\_\_\_\_  
 Current Grade: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Mailing Address if different than physical address: \_\_\_\_\_

**Contact Information- Who does child live with?**

**Father/Guardian** \_\_\_\_\_ Address \_\_\_\_\_  
 Father's/Employer \_\_\_\_\_ Hours: \_\_\_\_\_ Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
**Mother/Guardian** \_\_\_\_\_ Address \_\_\_\_\_  
 Mother's/Employer \_\_\_\_\_ Hours: \_\_\_\_\_ Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Sibling Information-List other children residing in the home**

Name	Age	School child attends
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency Contact(s):**

Relative or friend if parent/guardian cannot be reached to obtain permission for care and/or to disclose information regarding the child. Please list in order of priority to call.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Contact(s):**

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Health History/Medication**

Allergies (if yes, explain) Yes _____ No _____	Wears glasses/contacts	Yes _____ No _____
Takes medication Yes _____ No _____	Use a nebulizer	Yes _____ No _____
Asthma (if yes, explain) Yes _____ No _____	Use an inhaler	Yes _____ No _____

Comments on medical conditions and/or child's development:  
 \_\_\_\_\_

**Horace Mann has a standing order from a local physician to administer the following medications. Please consent by circling yes or no. The nurse may administer the following to my child if needed:**

Benadryl for allergies, itching	Yes	No	Antibiotic ointment	Yes	No
Tylenol/Acetaminophen	Yes	No	Caladryl lotion for itching, bites	Yes	No
Ibuprofen/Advil	Yes	No	Tums/antacid	Yes	No
Cough drops	Yes	No	Anbesol	Yes	No

## Educational History

Has child received special education services? If yes, please list-speech & language, physical therapy, occupational therapy, special education, 504 plan, or others

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Does child have a school behavior plan in place? Yes \_\_\_\_ No \_\_\_\_ If yes, explain:

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## Home Language Survey

What country was the child born? \_\_\_\_\_

Is a language other than English most often spoken in your home? Yes \_\_\_\_ No \_\_\_\_

If yes, what language: \_\_\_\_\_

Does child use a language other than English? Yes \_\_\_\_ No \_\_\_\_

**Authorized (other than parents) to take the child from the school: *Child will not be released to anyone not listed.***

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Billing Authorization**

We understand that billing will be completed through the university Bursars/Cashiering Office. Tuition will be charged on a monthly basis, unless specified otherwise. Any questions about the billing should be directed to the Horace Mann Office, extension 1233. If you default in your payments, (tuition and/or lunch) your child may not be permitted to attend Horace Mann or the LEET center until the bill is paid in full. Please see the full billing policy in the Horace Mann handbook. Please provide your 919-number for tuition billing, if known: \_\_\_\_\_

### **Authorization for Medical Treatment**

Authorization is given to Horace Mann personnel to consent to medical treatment for our child if we, the parents/guardians or emergency contacts are not available at the time of an injury or illness. I authorize emergency treatment for my child if, at the time of injury or illness in our absence, emergency treatment is recommended by our private physician, a consulting physician of his/her choice, or attending emergency physician. We, the parents/guardians, consent to treatment or hospitalization rendered by reason on this authorization. We also understand that any expenses associated with the medical services including ambulance and emergency room costs will be the responsibility of the parents/guardian.

### **University Participation & Photography Participation Policy**

We understand by our child attending Horace Mann they will participate in activities developed and presented by university observation, child development, practicum students, and professors. We understand that this may involve one-on-one interaction with our child. We also understand that any testing, screening, or assessment will be conducted under supervision of the classroom teacher. We grant permission for our child to be photographed or video-taped in an educational context for use in public relation efforts such as newspaper coverage, for use in conference presentations, or for educational review by the school. We give permission for our child's photograph or work to be posted on the Horace Mann Web Site or Individual Teachers web site in Educational context. We grant permission for directory information such as student name, photo, and activities to be used for the purpose of yearbook and school publications.

### **Arrival and Departure Policy**

We understand the hours of the program (7:50 a.m. – 3:15 p.m.) and Bearcat Club-Before/After School Program (6:15-7:30 a.m. and 3:15-5:30 p.m.) and agree to arrive no earlier than 7:30 and if not picked up by 3:30 the student will be sent to the LEET Center/Bearcat Club at the parents' expense.

## **LEGAL SIGNATURE OF PARENT/GUARDIAN:**

Parent/Guardian SIGNATURE

Date

\_\_\_\_\_

\_\_\_\_\_