

**HORACE MANN LABORATORY SCHOOL
ENROLLMENT AND HEALTH INVENTORY FORM**

Date _____ Person completing form _____

Student Information – Name as on Birth Certificate

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.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Contact(s):	Address	Phone
Dentist _____	_____	_____
Doctor _____	_____	_____
Hospital _____	_____	_____

Health History/Medication

Allergies (if yes, explain) Yes ___ No ___ Wears glasses/contacts Yes ___ No ___
Takes medication Yes ___ No ___ Please explain medications or other medical
Use a nebulizer Yes ___ No ___ conditions that affect school performance
Asthma (if yes, explain) Yes ___ No ___ or activity:
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 ___

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.

Educational History

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

Does child have a school behavior plan in place? Yes ___ No ___

If yes, explain

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 _____

Billing

We understand that billing will be completed through the university cashiering office and will be approximately one month later than the service provided. Tuition will be charged on a monthly basis. Any questions about the billing should be directed to LaTessa Ruehter, extension 1233. If you default in your payments, (tuition or lunch) your child may not be permitted to attend Horace Mann or the LEET center until the bill is paid in full. Full billing policy in handbook.

University Participation

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

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.

Person(s) Authorized (other than parents) to take the child from the school:

Child will not be released to anyone not listed.

Name	_____	_____
Relationship	_____	_____
Phone Number	_____	_____

LEGAL SIGNATURE OF PARENT/GUARDIAN:

Parent/Guardian SIGNATURE

Date
