

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 or a split household): _____

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 (if yes, explain)	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 ___ | Peroxide/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/Carmex/Oragel | Yes ___ No ___ |
| EPI Pen | Yes ___ No ___ | Aloe Vera/Burn Gel | Yes ___ No ___ |
| Vaseline/Blistex | Yes ___ No ___ | Eye Wash/Eyedrops | 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

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 ___

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: _____

Is Child a Legacy?

Did either parent/guardian or grandparent attend Horace Mann previously? If so, who and what year?

Billing Authorization

We understand that billing will be completed through the university Student Account Services/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, 660-562-1233. 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. 30-day notice is required for any billing change. Please see the full billing policy in the Horace Mann handbook.

Please provide your 919-number for tuition billing, if known: _____

Select Billing Option: ___ Annual ___ Semi-Annual ___ Monthly

Authorization for Medical Treatment

We authorize Horace Mann personnel to consent to medical treatment for our child if parents/guardians and the 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 videotaped 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-After School Program (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 Bearcat Club Program at the parents' expense.

LEGAL SIGNATURE OF PARENT/GUARDIAN:

Parent/Guardian SIGNATURE

Date
