



# Hi Daddy Youth Foundation, Inc.

## APPLICATION FOR ENROLLMENT Form

### Student Information:

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Full

Name: \_\_\_\_\_

Last First Middle (Nickname)

### Child's

Address: -----

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_

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#### Family Information:

Child Lives

with \_\_\_\_\_

\_\_\_\_\_

Mother's

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Primary

Phone \_\_\_\_\_

Father's

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Secondary

Phone \_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Work

Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary

Phone \_\_\_\_\_

\_\_\_\_\_



Secondary \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_  
Employer \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.**

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

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

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_

Hospital: \_\_\_\_\_

Preference: \_\_\_\_\_

**Please list allergies, special medical or dietary needs, or other areas of concern:**

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Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name Address Work # Home #

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Custody: Mother    Father    Both    Other (specify): \_\_\_\_\_

Helpful Information **About Child:**

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By signing below, you verify that you have received the above items and that all information on this Enrollment form is complete and accurate.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian

**\*LIABILITY RELEASE:**

The undersigned, in consideration of participation in the classes & activities, agrees to indemnify, and hold **Hi Daddy Youth Foundation, Inc.** learning Center harmless and release **Hi Daddy Youth Foundation, Inc.** learning Center of any and all liability for any injury which may be suffered by the student(s) registered at **Hi Daddy Youth Foundation, Inc.** learning center, arising out of or in any way connected with participation in the classes & activities except those arising out of the sole willful act or sole negligent act of **Hi Daddy Youth Foundation, Inc.** learning center or its employees.

I HAVE READ THE ABOVE AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURY RECEIVED. I GIVE PERMISSION TO **Hi Daddy Youth Foundation, Inc.**, LEARNING CENTER FOR ANY NECESSARY MEDICAL CARE TO BE GIVEN TO MY CHILD (REN) IN CASE OF AN EMERGENCY/ACCIDENT. I AGREE TO ASSUME FULL RESPONSIBILITY FOR THE COSTS OF ANY TREATMENT PROVIDED.

\_\_\_\_\_ DATE: \_\_\_\_\_  
PARENT'S SIGNATURE: