



High Hopes Preschool Enrollment Form

600 W New Hope Drive, Cedar Park TX 78613

(512) 260-5922

School Year: 2025-2026

Date of Admission:	_____
Check #:	_____
Amt Pd:	_____
Class/Days:	_____
Date/Init:	_____

For Office Use Only

Child's Information

Last Name	First Name	DOB & Age as of 9/1/2025	Gender	Resides With <input type="checkbox"/> Both Parents <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Mom
Parent/Guardian Email Address(es)		Days enrolled (check one): <input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tues/Thurs <input type="checkbox"/> Mon/Wed/Fri <input type="checkbox"/> Tues/Thurs/Fri <input type="checkbox"/> Mon-Thur <input type="checkbox"/> Mon-Fri	How did you hear about us?	

Parent/Guardian Information

Last Name	First Name	Cell Phone	Work Phone
Home Address		City & Zip Code	Relationship to Child
Last Name	First Name	Cell Phone	Work Phone
Home Address		City & Zip Code	Relationship to Child

Non-Guardian Emergency Contact Information (Local Preferred) *will be automatically added as an authorized pick up

Last Name	First Name	Relationship to Child	Phone Number
Home Address		City & Zip Code	

**I am opting NOT to designate a separate emergency contact for my child. I understand that if parents/guardians listed above are not reachable, the preschool will need to call CPS in the event of an emergency.*

Parent/Guardian Signature _____

Non-Guardian Persons Authorized to Pick Up

First & Last Name/Phone Number	First & Last Name/Phone Number
First & Last Name/Phone Number	First & Last Name/Phone Number

Child's Medical Information

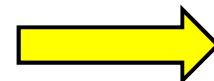
Check all that apply – MUST PROVIDE A DOCTOR'S NOTE FOR ANY LISTED CONDITIONS		
<input type="checkbox"/> Allergies: _____	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Medical Conditions: _____	<input type="checkbox"/> No known allergies or medical conditions	
<input type="checkbox"/> Special Needs: _____		
Physician's Name	Address (Include City & Zip Code)	Phone Number
Preferred Emergency Care Facility	Address (Include City & Zip Code)	Phone Number

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to the above medical facilities. I give consent for said facility to secure any and all necessary emergency medical care for the child listed on this form.

Parent/Guardian Signature _____

Date _____





Admission Requirements

The following items **MUST** be submitted and completed **PRIOR** to your child attending preschool. Please initial on each line, stating that you agree and understand your child will not be able to start school at High Hopes until these items have been received.

Please read and initial each section below:

Vaccination/Immunization Record (up to date according to Texas state standards for Licensed Child Care facilities) **OR** a **Notarized Affidavit of Exemption** to exclude your child from the immunization requirements for reasons of conscience, including, but not limited to, a religious belief.

Statement of Health – a signed and dated copy of a Health Care Professional's statement medically clearing your child for participation in preschool or daycare (*this form must be renewed annually*) **OR** a **Notarized Affidavit** stating that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization to which I adhere or am a member of.

Please review and initial the following items, or mark them as N/A if they are not applicable to your child:

(*If your child has any allergies*) **A FARE (Food Allergy Research & Education) Food Allergy & Anaphylaxis Emergency Care Plan** or equivalent, signed by a Health Care Professional, outlining the procedures for intervention in the case of exposure to the allergen(s). This form must be renewed annually.

(*If your child has any medical conditions*) **A signed and dated Treatment Plan** from a Health Care Professional outlining your child's medical condition and how to treat it (if necessary) while at preschool. If your child has Asthma, please provide an Asthma Action Plan. These forms must be renewed annually.

(*If your child has any special needs*) **A signed and dated Special Needs Care Plan** stating any limitations, restrictions, accommodations, and/or adaptive equipment (if necessary) while at preschool. These forms must be renewed annually.

(*If your child has any medication requirements*) I understand that High Hopes Preschool will not administer any type of medication other than prescribed emergency medications, such as epinephrine auto-injectors or Benadryl [for allergic reactions], or albuterol inhalers for asthma or respiratory distress.

Four Year Olds & Older ONLY: A copy of a completed (pass/fail/attempted) **Vision & Hearing Screening** record.

Disclosures

By signing below, I hereby agree to relieve High Hopes Preschool, its officers, and its directors of any liability for injury or accident occurring on school premises. I also verify that all of the information included on this form is complete and correct.

Parent/Guardian Signature _____

Date _____