



524 Thunderbird Dr, El Paso, Texas 79912 / 915-584-6642
Early Learning Center Enrollment Form

School Name: **Western Hills Academy**

Director's Name: **Mrs. Christel Mendoza**

Student Name:

Date of Birth:

Student Address:

Student Home Phone:

Date of Admission:	Age in months at time of enrollment:	Was your child born premature? If so, how many weeks?	Before/After Care needed?	3 days or 5 days per week
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Name(s) of persons legally responsible for child:

Parent/Guardian Address: (if different from student)

E-mail Address:

Place of Work:

List telephone numbers where parents/guardians may be reached:

List persons to call in case of an emergency if parent/guardian cannot be reached:

In addition to the persons above, I hereby authorize the school to allow my child to leave the school with the following persons:

I hereby _____ my consent for my child to be photographed for any type of digital media

Photos for yearbooks?	Allowed to apply Neosporin if needed?	Allowed to use hand Sanitizer if needed?	Allowed to apply sunscreen if needed?
Yes	Yes	Yes	Yes
No	No	No	No

List any special needs or problems your child may have, including known allergies, previous serious illness and injuries, any disabilities, any hospitalizations during the last 12 months, and any medication prescribed for long-term use and any other information the staff should be made aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Physician name and address	Dental Emergency name and address	Hospital
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I give my consent for this facility to secure any necessary emergency medical care for my child. It is understood that the school or its representatives do not assume any financial responsibility for any expenses that might be incurred for said emergency treatment. It is further understood that school officials will notify us as soon as possible following the emergency, but in no way is treatment to be delayed until we have been notified.

I have received a copy of the Family Handbook. I agree to abide by all such policies and procedures as defined within.

All the above information is accurate and agreed upon.

Signature- Parent or Legal Guardian

Signature- Director