



**H.E.A.T**  
**BEFORE AND AFTER SCHOOL PROGRAM 2017-2018**  
**HARMONIUM, INC.**  
**HOLLY DRIVE LEADERSHIP ACADEMY**  
**ENROLLMENT FORM**

**GENERAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender:  M  F Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_

**ENROLLING PARENT/GUARDIAN**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Lives with student:  Yes  No  
If no, provide address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Best Phone number to contact: \_\_\_\_\_  
Other Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**OTHER PARENT/GUARDIAN**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with student:  Yes  No  
If no, provide address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Best Phone number to contact: \_\_\_\_\_  
Other Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
**Authorized to Pick Up Student:**  Yes  No

**EMERGENCY CONTACT AUTHORIZED TO PICK UP:**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Best Phone number to contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ADDITIONAL CONTACT INFORMATION AUTORIZED TO PICK UP:**

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**PARTICIPANT'S HEALTH DESCRIPTION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Please mark and specify all that apply:

Asthma                       Seizure Disorder                       Diabetes                       ADD/ADHD

Allergy : \_\_\_\_\_

Severe Allergy that requires Epinephrine Autoinjector: \_\_\_\_\_

Food restriction: \_\_\_\_\_

Physical activity control: \_\_\_\_\_

other: \_\_\_\_\_

none

Will your child require medication during program hours?     Yes     No

***If your child requires medication that must be administered during the hours of the before and after school program, you must complete and return the Holly Drive Charter School "Authorization for Medication Administration." This form may be obtained from the school office.***

Does your child have a medical condition requiring staff assistance?     Yes     No

Please describe medical condition: \_\_\_\_\_

Please describe help needed: \_\_\_\_\_

\_\_\_\_\_

Does your child receive any special program during the regular school day?

504 Plan                       IEP                       1-on-1 Support (for safety)                       other \_\_\_\_\_

none

Please describe the specific reason why your child needs such support.

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Specify any other illness, injuries, social/emotional needs, medication taken regularly at home, or medical Program information that our staff should be made aware of to best serve your child's needs during his/her participation in the H. E.A.T. Program.

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Please provide any additional information that would help your child succeed in the H. E.A.T. Program.

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*In signing bellow, I understand that the most accurate information provided in this section will help H.E.A.T. staff to prepared in the case of any emergency. Although, most of the children will be able to be enrolled in the program without any delay, some medical conditions will require training or capacitation that may not be available at the time of enrolling. Time must be allowed to accommodate any child's needs. In addition, I confirm receiving the H.E.A.T. Parent handbook, understand and accept its policies and regulations.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

H.E.A.T. Program Specialist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please make sure to contact the Program Specialist when necessary to update any information listed on this enrollment form.***