



Helping Others Prepare to Excel

601 Spruce Street Conway, AR 72032
501-358-0054

Child's Name _____ D.O.B. _____

Home Address _____

Home Phone # _____

Mother's Name _____

Telephone #(home) _____ Work _____ Cell _____

Father's Name _____

Telephone#(home) _____ Work _____ Cell _____

Child's Daycare Provider: _____

Daycare telephone # _____

Alternate Emergency Contact Person

Name _____ Phone # _____

Relationship _____

Name _____ Phone # _____

Relationship _____

Medical Information

Allergies to: Medication _____

Food _____

Other _____

Medication that child is taking _____

Child's Doctor _____ Phone # _____

I, _____, do hereby give my consent to the director of H.O.P.E or his duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of emergency when the parent can not be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Parent or Guardian Signature

Date

H.O.P.E. PRESCHOOL PROGRAM

Release of Liability

I, _____, release Greater Pleasant Branch Missionary Baptist Church from any liability from injury as a result of any activity while attending H.O.P.E Preschool Program, located at 601 Spruce Street, in Conway Arkansas. The release of liability includes transportation provided by H.O.P.E to and from the facility as well as any activity sanctioned to carry out the Mission Statement of H.O.P.E Preschool Program.

My child(ren) attending are listed below:

Signature of Parent or Guardian _____

Mother Father Guardian (circle one)

In order for your child to be transported by H.O.P.E, please complete the section below: If not completed, you child will not be transported by H.O.P.E. for any reason.

Child's Name _____

Parent Name _____

I hereby give my permission for my child to ride the bus/van that is transporting my child to H.O.P.E Preschool or any different locations and activities.

Parent/Guardian signature _____