

# Enrollment Package





1967 Bedford Ave, Brooklyn NY, 11225  
Phone: 718-240-9300  
Fax: 347-789-9111

*"Reaching for the Stars, While Creating Success One Student at A Time"*

## ENROLLMENT APPLICATION FORM

### CHILD(S) INFORMATION:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  Male  Female

Primary Home Address: \_\_\_\_\_

Child's Primary Residence (check one):  Mother  Father  Both  Guardian

Child's Race (optional – check all that apply):

American-Indian or Alaskan Native  Asian  Black or African-American  Multi or Bi-racial

Native Hawaiian/Other Pacific Islander  White  Other  Unspecified

Hispanic:  Yes  No

Child's Primary Language: \_\_\_\_\_ Proficiency (check one):  Little  Moderate  Proficient

Child's Secondary Language: \_\_\_\_\_ Proficiency (check one):  Little  Moderate  Proficient

Enrolled Days:  Monday  Tuesday  Wednesday  Thursday  Friday



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PARENT/GUARDIAN(S) INFORMATION:

Parent 1/Guardian 1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Text Messaging: (Please initial)

\_\_\_\_\_ I hereby permit High Definition Kids Pre-School to text message my cell phone number with important announcements must be communicated, such as emergencies, school closing, and other events that will affect my child's care.

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian Marital Status (check one):  Single  Married  Separated  Divorced  Widowed

Parent 2/Guardian 2 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Text Messaging: (Please initial)

\_\_\_\_\_ I hereby permit High Definition Kids Pre-School to text message my cell phone number with important announcements must be communicated, such as emergencies, school closing, and other events that will affect my child's care.

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian Marital Status (check one):  Single  Married  Separated  Divorced  Widowed

Parent 1/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## EMERGENCY RELEASE AND AUTHORIZED ESCORTS LIST

To maintain the safety of your children, Parents/Guardians must complete, sign, and return this form to High Definition Kids Pre-School upon enrollment. This form shall be updated periodically or when there are changes in the Emergency Release and Authorized Escort information.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_

### EMERGENCY RELEASE CONTACTS:

Only individuals listed below will be considered as designated emergency release persons. Government issued ID will be required at time of pick up. All release persons must be above 16 years of age. Please submit a photo ID of all individuals listed below.

### NON-EMERGENCY CONTACT PERSONS THAT ARE TO BE DESIGNATED AS RELEASE PERSONS:

Only individuals listed below are authorized as designated release persons. Government issued ID will be required at time of pick up. All release persons must be above 16 years of age. Please submit a photo ID of all individuals listed below.

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

Relationship to Child: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Release    Non-Emergency Release

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

Relationship to Child: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Release    Non-Emergency Release

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

Relationship to Child: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Release    Non-Emergency Release

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

Relationship to Child: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Release    Non-Emergency Release

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

Relationship to Child: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Release    Non-Emergency Release

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

Relationship to Child: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

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Emergency Release    Non-Emergency Release

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

Relationship to Child: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

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Emergency Release    Non-Emergency Release

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## PHOTO CONSENT FORM AND PARENT PORTAL ACCOUNT

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

### PHOTO CONSENT

Photos are taken daily in our classrooms to capture the milestones that your child achieves. Photos are used for weekly newsletters, our website (both public and private), quarterly parents and family newsletters, and printed marketing materials. Please indicate your permission for consent and sign below.

Photos: (Please mark your answer where indicated)

Your child's classroom weekly newsletter (not visible to the public)  Yes  No

High Definition Kids Pre-School secured Parent Portal website (members only, not visible to the public)  Yes  No

High Definition Kids Pre-School Parents and Family Newsletter (distributed to all centers, not visible to the public)  Yes  No

Social media and company website Facebook, Twitter, etc. (visible to the public)  Yes  No

Printed Marketing Materials (visible to the public)  Yes  No

Flyers, brochures, magazines, advertisements, etc.  Yes  No


Parent's Signature: \_\_\_\_\_


### OUTDOOR ACTIVITIES & FIELD TRIP CONSENT

At High Definition Kids Pre-School our students experiencing learning activities outdoors as well. This may include parks, supermarkets, museums and more. Please indicate your permission for consent and sign below.

I authorize High Definition Kids Pre-School to allow my child to (identified above), to partake in outdoor activities and field trips.



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## PARENT PORTAL ACCOUNT

Please create a username at <https://highdefkidsorg> to gain access to the private Parent Portal section of our website where we will post photos and information about your child’s class activities. This site is not visible to the public.

*Photo Consent Form and Parent Portal Account Password Information:* The password should be at least seven characters long. To make it stronger, use upper- and lower-case letters, numbers and symbols like (! “ ? \$ % ^ & ). You will be notified via email when your account has been set up.



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## HEALTH FORMS

Dear Parents and Guardians,

First, let me thank you for choosing High Definition Kids Pre-School. We are proud to be your family’s child care provider and family partners. A large part of our program will revolve around the health and safety of your child, and in order to protect all our children, we ask that you submit the following required documents prior to entry date.

### 1) COMPLETED PHYSICAL EXAM (click [here](#) to print form)

Please see the forms and information included in the enrollment packet, which provide details regarding specific medical and immunization requirements by age group.

### 2) COMPLETED DENTAL EXAM for children ages 3-5 years (click [here](#) to print form)

Going to the dentist is never a fun experience for adults, and for children, it’s a real hardship. However, oral health is so important and healthy baby teeth makes for healthy adult teeth and for a healthy child overall. It’s also important to be pro-active. Let’s get our children to the dentist for a checkup today and hopefully we won’t need to take them in tomorrow for a cavity!

### 3) COMPLETED FOOD ALLERGY PLAN

To ensure the health and safety of your child, please fill out the Food Allergy Plan, even if your child does not have allergies. If your child has allergies, please have your child’s physician fill out the form in detail so that we know about each allergy that your child has, including any allergy medication to be administered.

#### ALLERGY PLAN/FORM

Any allergies to foods, medication, environment, or animals?  Yes  No

Does any of the above affect your child’s everyday activities?  Yes  No

Are there any other conditions that may affect everyday activities that wasn’t discussed above?  Yes  No

Any additional information: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_