



# Happy Hands Education Center

THE CENTER for Hearing, Language and Speech Services

A Total Communication Program

8801 S. Garnett Ave., Broken Arrow, OK 74012

918-893-4800 v/tdd, 918-893-4899 fax, www.happyhands.org

A Christian School for Children with Hearing Loss and Other Communicative Disorders

A THREE STAR facility granted by the Oklahoma Department of Human Services,

Accredited by the Association of Christian Schools International

and approved by the Oklahoma Private School Accreditation Commission

## SUMMER SCHOOL AGE ENROLLMENT APPLICATION

**Non-discrimination Policy:** Happy Hands Education Center admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities made available to students at the Center. It does not discriminate on the basis of race, color, religion, national and ethnic origin in administration of its education policies, admissions policies and other school administered programs.

**For Office Use Only:**

Date Received _____	Immunization Record _____
Auth. For Emergency Med. Treatment _____	Birth Certificate _____
Child's ID Code _____	Admission Fee _____

**A copy of the birth certificate (for new first time enrollments) and immunization record must accompany this application form.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name of Child \_\_\_\_\_ Child's Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address \_\_\_\_\_

PO Box, RR# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Resides with (circle one) Mother/Father    Mother Only    Father Only    Father/Step Mother  
 Mother/Step Father    Guardian

Religious Affiliation \_\_\_\_\_ Church now attending \_\_\_\_\_

Ethnic Category (circle one) Asian    Afro-American    Caucasian    Hispanic    Native American    Other

Mother's Name \_\_\_\_\_ Deaf/HOH/Hearing? Home Ph# \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Deaf/HOH/Hearing? Home Ph# \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Email Address \_\_\_\_\_

**May we share your name and contact information with TSHA, a resource agency serving individuals with hearing loss?     Yes     No**

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Emergency Contact Persons**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Authorized to pick up? \_\_\_\_ Yes \_\_\_\_ No

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Authorized to pick up? \_\_\_\_ Yes \_\_\_\_ No

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Authorized to pick up? \_\_\_\_ Yes \_\_\_\_ No

**Child's Medical History – please describe any allergies, serious illnesses or hospitalizations and any other medical information that would be helpful in the care of your child.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are immunizations up to date? \_\_\_\_ If no, please explain \_\_\_\_\_

**FOR CHILDREN WITH SPECIAL NEEDS:**

**Child's hearing loss if applicable** Left ear \_\_\_\_\_ dB Right ear \_\_\_\_\_ dB

Amplification used

hearing aids – L - make/model \_\_\_\_\_ R – make/model \_\_\_\_\_

cochlear implant – make/model \_\_\_\_\_

Audiologist Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of last audiological exam, results and recommendations \_\_\_\_\_

\_\_\_\_\_

Other disabilities or medical concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other agencies, therapists, specialists serving this child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other family members/siblings in the home:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Deaf/Hard of hearing/Hearing

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Deaf/Hard of hearing/Hearing

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Deaf/Hard of hearing/Hearing

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Deaf/Hard of hearing/Hearing

**For elementary age:**

Eating habits or difficulties? \_\_\_\_\_

Favorites activities? \_\_\_\_\_

Behavior habits/fears? \_\_\_\_\_

What form(s) of guidance and discipline do you find most effective with your child? \_\_\_\_\_

Has your child ever been denied admission to another child care center? \_\_\_\_\_ If so, why? \_\_\_\_\_

Other childcares and schools attended: \_\_\_\_\_

Please describe anything else that would be helpful in caring for your child: \_\_\_\_\_

\_\_\_\_\_ I give permission for my child to use all the play equipment and participate in all activities with the Center, including field trips.

\_\_\_\_\_ I give permission for my child to be included in pictures/photos/media releases connected with the Center's program.

**Affirmation:**

I hereby affirm that all of the information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information would be sufficient reason for the rejection of this application. I further understand that I may be asked for additional written affirmation concerning such items as my child's medical history and other evaluations, if necessary.

I understand that as a Christian school, my child will take part in Bible stories, prayer time and praise songs. Christian values will be taught throughout each day. I realize that Happy Hands Education Center is an extension of me, the parent, and I pledge my support to the Center and staff. I will participate in parent conferences as requested as well as special events to promote my child's education and to promote the school. I will make every effort to work with the Center personnel to insure the best possible learning experience for my child.

**Father or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ I have included a copy of immunizations and birth certificate (for new first time students) with this application.