



Happy Hands Education Center

THE CENTER for Hearing, Language and Speech Services

A Christian early education program serving children who are deaf or hard of hearing or have other communication needs

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

CHILD 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.

A copy of the birth certificate and immunization record must accompany this application form.

CHILD INFORMATION

Child's Name:	Date of Birth: (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Preferred Name:	Child's Social Security Number:	
This child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Shared Custody <input type="checkbox"/> Other		
Do you have custody of the above listed child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared		
If no, give the legal name of the person having legal custody: _____		
If shared custody, with whom do you share custody: _____		
Child's Street Address:		
City:	State:	Zip:
Child's Ethnic Category: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> White <input type="checkbox"/> Other		

FAMILY INFORMATION

Parent/Guardian's Name:	Relation to child:	
Are you <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Hearing?	Email Address:	
Home Phone:	Cell Phone:	Work Phone:
Employer:	Parent Level of Education: (check one) <input type="checkbox"/> some High School <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> some College <input type="checkbox"/> Assoc. Degree <input type="checkbox"/> Bachelor <input type="checkbox"/> Master's or higher <input type="checkbox"/> Vocational or Advanced Training	
Parent/Guardian's Name:	Relation to child:	
Are you <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Hearing?	Email Address:	
Home Phone:	Cell Phone:	Work Phone:
Employer:	Parent Level of Education: (check one) <input type="checkbox"/> some High School <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> some College <input type="checkbox"/> Assoc. Degree <input type="checkbox"/> Bachelor <input type="checkbox"/> Master's or higher <input type="checkbox"/> Vocational or Advanced Training	
If shared custody – Address of second custodial parent/guardian: (Street Address)		
City:	State:	Zip:
Do any of the following describe your family? Please check all that apply: <input type="checkbox"/> Teen parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent or other relative caring for the child <input type="checkbox"/> A parent is in the military or deployed <input type="checkbox"/> A parent is incarcerated		
Type of Housing: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile home/trailer <input type="checkbox"/> Other		
Religious Affiliation:	Church now attending:	
Please list other children or members living in the home:		
1. _____	Relationship: _____	Age: _____
2. _____	Relationship: _____	Age: _____
3. _____	Relationship: _____	Age: _____

ENROLLMENT INFORMATION

Please check the programs you are interested in enrolling your child: (check all that apply) PreK and K must be 5 full days per week

Full Time Educational Program M-F 8:45 – 3:30 Part Day Educational Program M-F 8:45 – 12:30

MWF full day 8:45 – 3:30 MWF half day 8:45 – 12:30 T/TH full day 8:45 – 3:30 T/TH half day 8:45 – 12:30

Early Care (available 7:00 – 8:45) Late Care (available 3:30 – 6:00) Other as arranged with director

FAMILY INCOME INFORMATION

For the purposes of Happy Hands Early Head Start Partnership, Tuition and Tuition Assistance, donor grant applications, and demographics –

Current Total Household Income: \$ _____ Weekly Bi-weekly Semi-monthly Monthly Annually

I certify that this information is true and correct to the best of my knowledge. I understand that the information about my income may be reviewed by representatives of the State of Oklahoma, the Federal Government, independent auditors, or others as necessary for the administration of this program.

Parent or Guardian’s Signature: _____ Date: _____

Please mark all sources of current household income/assistance:

Employment TANF SSI Unemployment Child Support Other

If you marked “Other” please explain: _____

Are you on OKDHS Childcare Subsidy? Yes No If “yes” did you bring documentation? Yes No

Happy Hands Education Center is committed to ministry to families of special needs children first. No child with hearing loss or communication disorders will be denied enrollment because of the family’s financial situation. Please inquire about our tuition assistance and scholarship programs.

FAMILY LANGUAGE SURVEY – check all that apply

What is the primary language spoken by your family at home: English Sign Language/ASL Spanish Other: _____

What language do family members use when speaking to the child? English Sign Language/ASL Spanish Other: _____

What language does the child use when communicating with family?

English Sign Language/ASL Spanish Other _____ None/NA/Too Young

Rate family’s fluency in sign language. Fluent Conversational Basic None

CHILD’S DEVELOPMENT

Does your child have a diagnosed hearing impairment? Yes No If “yes”, date of diagnosis: _____

Left ear: Mild/Moderate Moderate/Severe Severe/Profound Profound

Right ear: Mild/Moderate Moderate/Severe Severe/Profound Profound

Hearing aids make and model:

Left _____ Right: _____ Battery type: _____

Cochlear Implant make and model:

Left _____ Right: _____ Battery type: _____

Does your child have a diagnosed speech or language delay not related to hearing loss? Yes No If “yes” what is the diagnosis? _____

Is your child receiving speech/language therapy from another source? Yes No

Therapy provider’s name: _____ Phone: _____

Does your child have another diagnosed disability? Yes No

If “yes” please describe:

Is your child seeing any other therapists (OT, PT, Behavioral, etc.) Yes No

If “yes” please list name and contact information:

Is your child currently on an IFSP or IEP? Yes No If “yes” what is the date of the IFSP/IEP? _____
(Please provide a copy)

Do you have concerns about your child’s overall health or development? Yes No

If “yes”, describe concerns:

Do you have concerns about your child’s mood or behaviors? Yes No

If “yes” please describe:

IF APPLICABLE, PLEASE ATTACH COPIES OF THE MOST CURRENT IFSP/IEP, AUDIOGRAM OR OTHER HEARING EVALUATIONS, SPEECH AND LANGUAGE EVALUATIONS, OR OTHER EDUCATIONAL OR MEDICAL EVALUATIONS RELATED TO YOUR CHILD’S DIAGNOSIS

Please comment on the following:

Describe your child's sleep and nap habits:

Describe your child's diapering and/or toileting needs:

Describe any fears your child may have:

Describe any behavior habits such as biting nails, finger sucking, tantrums, etc.:

Favorite play activities:

What forms of guidance and discipline do you find most effective with your child?

CHILD'S NUTRITIONAL INFORMATION

Does your child have any food allergies? Yes No

If "yes" please list: _____

Describe any reactions: _____

Does your child have any swallowing difficulties? Yes No

If "yes" please explain: _____

Is your child on a special diet prescribed by a doctor? Yes No If "yes" please explain: _____

List foods not eaten for medical, religious, or personal reasons: _____

Does your child take vitamins or supplements? Yes No If "yes" was the supplement prescribed? Yes No

Does your child eat or chew on things that are not food? Yes No

Has there been a change in your child's appetite in the past month? Yes No

Do you have concerns about your child's eating behaviors, habits or about foods your child eats? Yes No

If "yes" describe: _____

Favorite foods?: _____

Do you receive WIC? Yes No

For children ages 0 – 12 months only:

What does your child eat? Breast Milk Formula: (specify brand and type) _____

Milk Other: _____

Feeding Method: Breast Fed Bottle Fed

MEDICAL HOME INFORMATION

Physician/Clinic: _____ Phone: _____

Hospital Preference: _____

Dentist: _____ Phone: _____

Audiologist if applicable: _____ Phone: _____

Specialist: _____ Phone: _____

Specialist: _____ Phone: _____

Type of Health Insurance: Private Sooner Care Medicaid Indian None Other: _____

Insurance Provider's Name: _____ Dental Coverage included: Yes No

Insurance Policy Number or ID: _____ Insurance Expiration Date: _____

Are immunizations up to date? Yes No If "no" explain: _____

MEDICAL HISTORY

Has your child ever been hospitalized or had surgery? Yes No If "yes", explain: _____

Has your child ever had a serious accident? Yes No If "yes" explain: _____

Identify any past or present health conditions your child has had:

- Anemia Diabetes Asthma Heart Murmur Sickle Cell Disease Vision Problems Glasses prescribed
- Allergies Frequent ear infections Eczema Frequent constipation Frequent diarrhea

Does your child take medications at home? Yes No

Will your child need to take medications at school? Yes No

If "yes" what is the name of the medication? _____

Why does your child take the medication? _____

BIRTH HISTORY

Weight: _____ pounds _____ ounces Length: _____ inches

Gestational Age: Term Premature (weeks) _____ More than 2 weeks overdue

Type of delivery: Vaginal Cesarean Unknown

Length of infant's hospital stay: Routine Non-Routine, Length of Stay _____

Were there any complications associated with this delivery (pre-term, fetal distress, etc)? Yes No Unknown

If "yes", describe _____

Did baby have any problems at birth? Yes No

If "yes", describe _____

Did the mother have any health problems during pregnancy or delivery? Yes No

If "yes", describe _____

ADDITIONAL NOTES

AFFIRMATION & RELEASE OF LIABILITY

I/We 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/We 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.

I/We agree to release and save harmless Happy Hands Education Center and its agents, employees and representatives, of and from any and all liability of any kind or nature whatsoever in connection with any loss, accidents, injuries, damage or expenses suffered or incurred by me or my family members as a result of participation in any HHEC, Inc. programs, including any act or failure to act, intentional or unintentional, by any person who is not a representative or employee of HHEC, Inc. or any other volunteer.

Printed Name

Signature

Date

Printed Name

Signature

Date