



Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date at Admission: _____

Child's Home Address: _____

Phone Number: _____ Primary Language: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Identifying Marks: _____

Parent/Guardian Information

(1) Parent/Guardian Name: _____

Relationship to Child: _____

Address: _____

Cell #: _____ Email Address: _____

Works At: _____

Work Address: _____

Work #: _____ Hours at Work: _____

(2) Parent/Guardian Name: _____

Relationship to Child: _____

Address: _____

Cell #: _____ Email Address: _____

Works At: _____

Work Address: _____

Work #: _____ Hours at Work: _____

Emergency Contact/Authorized Pick Up

In the event of an emergency when I cannot be reached, Bright Beginnings may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name: _____

Relationship to Child: _____

Address: _____

Cell #: _____ Works At: _____

Work Address: _____

Work #: _____ Hours at Work: _____

(2) Name: _____

Relationship to Child: _____

Address: _____

Cell #: _____ Works At: _____

Work Address: _____

Work #: _____ Hours at Work: _____

Emergency Card

This information is for the Center's first aid kit. Educator(s) must take first aid materials when leaving the premises.

Child's Name: _____ Date of Birth: _____
Child's Home Address: _____
Phone Number: _____

Instructions to Reach Parents/Guardians

(1) _____
(Name, Address, Cell #, Home/Work #)
(2) _____
(Name, Address, Cell #, Home/Work #)

Contact Information for Physician

(1) _____
(Physician's Name, Address, Phone #)

Emergency Contact Person(s)

(1) _____
(Name, Address, Cell #, Home/Work #)
(2) _____
(Name, Address, Cell #, Home/Work #)

Medical Emergency Treatment

I, hereby give Bright Beginnings Early Learning Center permission to administer basic first aid and/or CPR/AED to my child, _____ and/or
(Name)

take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature

Date

Medical Insurance Information (Optional)

Subscriber's Name: _____
Type of Insurance: _____
Policy Number: _____

[] Copy of insurance card:

Other pertinent medical information: _____

Transportation Plan

My child will arrive to the program by:	My child will depart to the program by:
<input type="checkbox"/> Parent Drop Off	<input type="checkbox"/> Parent Drop Off
<input type="checkbox"/> Supervised Walk	<input type="checkbox"/> Supervised Walk
<input type="checkbox"/> Unsupervised Walk	<input type="checkbox"/> Unsupervised Walk
<input type="checkbox"/> Public/Private Van	<input type="checkbox"/> Public/Private Van
<input type="checkbox"/> Bus	<input type="checkbox"/> Bus
<input type="checkbox"/> Private Transportation Provided by Parent	<input type="checkbox"/> Private Transportation Provided by Parent

In the space below, please note any important information regarding transportation of your child to and from the program (ex - indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from the bus stop, etc.)

I additionally authorize the following individuals to take my child from the child care premises. Please notify us on days when your child will be picked up by one of the authorized individuals and person must present a photo ID when picking child up.

(1) Name: _____

Relationship to Child: _____

Address: _____

Cell #: _____

(2) Name: _____

Relationship to Child: _____

Address: _____

Cell #: _____

Day	Arrival Time	Departure Time
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Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Attendance

Permissions

General Permission (Parents should not sign this permission unless specific places where your child is allowed to go are listed by the Center.) By signing this form, I am allowing my child to be taken off the child care premises.

I, hereby give Bright Beginnings Early Learning Center permission to take my child, _____ off the premises of the Center for the following excursions: (specific places your child is allowed to go): _____

using this form of transportation: _____

 Parent/Guardian Signature Date

I do not want my child to be taken off the Center premises.

 Parent/Guardian Signature Date

Transport to Medical Facility & Receive Emergency Medical Treatment Permission

Medical Emergency Treatment (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

I, hereby give Bright Beginnings Early Learning Center permission to administer basic first aid and/or CPR/AED to my child, _____ and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

 Parent/Guardian Signature Date

Topical Medication/Ointments (Please list only those medications/ointments which you will allow the educators(s) to administer to your child's skin) Ex: sunscreen, insect repellent, diapering ointment.

Parent/Guardian Signature

Date

Additional Information

Child's Physician: _____ Phone #: _____

Address: _____

Allergies/Special Diets: _____

Individual Health Plan for child with a chronic health condition? If yes, please attach _____

Custody agreements, court orders or restraining orders pertaining to the child? If yes, please attach _____

Special limitations or concerns? _____

School Age

Current School: _____

School Address: _____ Phone #: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. Parent/Guardian initials: _____

Parent/Guardian Signature

Date