

**CHILD ENROLLMENT FORM**

**FALL 2024**

**Date of Application:** \_\_\_\_\_ **Date of Enrollment:** \_\_\_\_\_ **Last Day of Enrollment:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Sex: M F

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Home Telephone #: (\_\_\_\_) \_\_\_\_\_

Home Telephone #: (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_

Mother/Guardian Employer: \_\_\_\_\_

Father/Guardian Employer: \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_

Mother/Guardian Employer Address: \_\_\_\_\_

Father/Guardian Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Weekly Care Schedule:**

(please include the child's hours in care for each day)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Medical Information**

Known Allergies: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance ID: \_\_\_\_\_

Child's Physician: Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Dentist: Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- I give my consent for the First Aid and CPR certified staff of Bright Start Childcare to administer first aid and CPR to my child.
- I give my consent for Bright Start Childcare to contact the above named physician or dentist if my child has a medical emergency.
- I give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees. **Preferred Medical Facility:** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY CONTACT FORM**

**In an emergency, adults to be contacted if parent/guardian(s) cannot be reached and to whom your child can be released.**

Name: _____	Name: _____	Name: _____
Phone #: _____	Phone #: _____	Phone #: _____
Relation: _____	Relation: _____	Relation: _____

**Non-emergency alternate persons permitted to pick up the child from the child care program on behalf of parent/guardian.**

Name: _____	Name: _____	Name: _____
Phone #: _____	Phone #: _____	Phone #: _____
Relation: _____	Relation: _____	Relation: _____

I understand that Bright Start Childcare staff will only release my child to the names listed above and will require any person picking up to have photo identification. My child will not be released from the center if the person is not on the list above or does not have photo ID.

**I have read, discussed and agree with the behavior/discipline policies of Bright Start Childcare & Preschool \_\_\_\_\_(Initial)**

**I authorize Bright Start Childcare to photograph my child for use on Facebook and bulletin boards throughout the facility.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_