**Bright Start**
Child Care & Preschool
GROW ● LAUGH ● LEARN
**203-879-2728**

| CHILD ENROLLMENT FORM | SUMMER 2024 |
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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: _____
Address: _____
City: _____Zip Code: _____
e-mail Address: _____
Home Telephone #: (_____) _____
Cell #: (_____) _____
Mother/Guardian Employer:
_____
Work #: (_____) _____
Mother/Guardian Employer Address:
_____
City: _____Zip Code _____

Father/Guardian  Name:_____
Address: _____
City: _____ Zip Code: _____
e-mail Address: _____
Home Telephone #: (_____) _____
Cell #: (_____) _____
Father/Guardian Employer:
_____
Work #: (_____) _____
Father/Guardian Employer Address:
_____
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: _____

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**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: _____

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☐   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: _____