

CHILD ENROLLMENT FORM

FALL 2026

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:
 Child's hours in care per day (ex. 8AM-5PM)

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 in Parent Handbook
____ **(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: _____