

BBCPreschool
215 Wilkinson Road, Richmond Va 23227
804-424-3350

Paid _____
Cash _____

Students Full Name: _____ Nickname: _____

Birthdate: _____ Age: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Chronic Physical Issues/Pertinent Developmental Information/Special Accommodations Needed:

Previous Child Care Programs and/or Schools Attended: _____

PARENT(S)/GUARDIAN(S)

Parent/Guardian 1. _____ Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Siblings and Ages: _____

Parent/Guardian 2: _____ Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Siblings and Ages: _____

EMERGENCY INFORMATION

Child's Physician: _____ Physician's Phone: _____

Medical Insurance Company _____ Policy Number: _____

Alternate emergency contacts if parents cannot be reached:

1. Name & Relationship: _____ Phone: _____

2. Name & Relationship: _____ Phone: _____

Allergies or Intolerance to food, Medication, etc., and action to take in emergency _____

PERSONS AUTHORIZED TO PICK UP:

- 1. _____ Phone Number _____
- 2. _____ Phone Number _____

PERSONS NOT AUTHORIZED TO PICK UP:

- 1. _____
- 2. _____

PHOTO RELEASE

At BBPS, we routinely document the student's work and activities through videos and pictures, email or text from your child's teacher or Director, publicly on our school website or Facebook page. Should you have any objections to your child's image being displayed privately or publicly, please note below.

_____ (Initials) No objection

_____ (Initials) I do not wish my child's picture displayed on the Preschool's website or Facebook.

_____ (Initials) I do not wish my child's picture be sent through text or email from my child's teacher or the Director.

AGREEMENTS

To complete enrollment please bring a copy of your child's birth certificate , VA school health entrance form, which includes vaccination record by the start of the preschool year.

The school agrees to notify the parents/guardians whenever the child becomes ill and the parents will arrange to have the child picked up as soon as possible if requested by center.

The parents/guardians authorized the preschool to obtain immediate medical care for any emergency when the parents/guardians cannot be reached immediately.

The parents/guardians agree to inform the preschool within 24 hours if his/her child or any member of the immediate household has developed a reportable communicable disease as defined by the State Health Department.

Parent Signature _____ Preschool Director _____

