

ENROLLMENT FORM

CHILD'S NAME: _____	Date of Birth: _____
Sex: ___ Boy ___ Girl	
Referred By: _____	
Start Date: _____	2/3/5 Days Full Time/Part Time

Parent/Guardian 1's Name:	Parent/Guardian 2's Name:
Parent/Guardian 1's Address:	Parent/Guardian 2's Address:
Zip Code:	Zip Code:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Employer:	Employer:
Work Phone:	Work Phone:
Pager #:	Pager #:

PRIMARY EMAIL ADDRESS:

SPECIAL INSTRUCTIONS ON REACHING PARENTS:

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CHILD'S NAME : _____

EMERGENCY CONTACT: In case of emergency, for when *parent is NOT reachable*:

******(THIS FIELD IS REQUIRED AND MAY NOT LIST PARENT(S))******

<u>Name:</u>	<u>Phone Number(s):</u>	<u>Relationship to Child</u>

PEOPLE AUTHORIZED TO PICK UP YOUR CHILD: (Do

***not list** parent(s) or emergency contact here. Please be sure to list anyone who might pick-up your child including carpoolers, babysitters, neighbors, and /or relatives. Please provide full, legal name as it will appear on their ID. We **WILL NOT** release your child to anyone not listed above or below.*)

NAME	PHONE NUMBER(S)	RELATIONSHIP TO CHILD

FOR STATISTICAL PURPOSES ONLY, ARE YOU: (PLEASE CHECK ANY/ALL APPLICABLE)

_____ a current member of Wesley Memorial United Methodist Church?

_____ a regular attendee of Wesley Memorial United Methodist Church?

_____ interested in receiving information about Wesley Memorial UMC?

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CHILD'S NAME : _____

NOTE: STARRED () FIELDS ARE REQUIRED!!!!!!!!!!!!!!!!!!!!!!!!!!!!**

MEDICAL ALERT INFORMATION (i.e.: allergies, medical, developmental and/or disabling conditions):

**** Name of Child's Physician:** _____ **** Phone #:** _____

**** Does your child have any allergies?** ___No ___Yes

Please explain _____

**** Are there any medical problems we should be aware of?** ___No ___Yes

Please explain _____

**** Does your child take any medications regularly?** ___No ___Yes

Please explain _____

**** Has your child ever been hospitalized?** ___No ___Yes

Please explain _____

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**** AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child, _____, should become ill or injured at BRIDGES, I understand that the facility will: (1) contact me immediately, or (2) contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and the person designated, BRIDGES is authorized to contact my child's physician noted below and arrange for immediate emergency treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

** _____ ** _____ ** _____
Date **Signature of Parent/Guardian 1** **Signature of Parent/Guardian 2**

Relationship to Child

MEDICAL / DEVELOPMENTAL CONCERNS

I agree to advise the BRIDGES office AND my child's teachers IMMEDIATELY of any medical or developmental concerns that could require special attention.

** _____ ** _____ ** _____
Date **Signature of Parent/Guardian 1** **Signature of Parent/Guardian 2**

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PLEASE SIGN AS INDICATED

ALTERNATE NUTRITION PLAN AGREEMENT

Parent agrees to provide: Breakfast, noon meal, dinner, evening snack & formula (as needed). Parent agrees to provide alternate snack to meet his/her child's **special** nutritional and/or dietary needs to be used in the classroom in lieu of posted school snack. ***This option is to be used for documented health reasons only!*** Parent may request a copy of the monthly snack menu in order to facilitate this requirement.

BRIDGES provides a morning snack for morning classes and afternoon snack for afternoon classes and **Power Pals**.

** _____ ** _____ ** _____
Date Signature of Parent/Guardian 1 Signature of Parent/Guardian 2

VERIFICATION OF REVIEW OF BROCHURES:

“ Know Your Child Care Facility”

&

“Influenza Virus”

Hillsborough County Licensing requires that all parents review the "Know Your Child Care Facility" and "Influenza Virus" which may be found on our website, www.bridgespreschool.net or in the Preschool office.

I have reviewed the 2 brochures mentioned above.

** _____ ** _____ ** _____
Date Signature of Parent/Guardian 1 Signature of Parent/Guardian 2

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VERIFICATION OF RECEIPT OF PARENT HANDBOOK INCLUDING DISCIPLINE POLICY

Hillsborough County Ordinance 90-38, Section 1.06 requires that parents are notified in writing of disciplinary practices used by the child care facility.

I have reviewed a copy of the BRIDGES Discipline Policy found either in the Parent Handbook or on the website "www.bridgespreschool.net".

** _____ ** _____ ** _____

Date **Signature of Parent/Guardian 1** **Signature of Parent/Guardian 2**

REVIEW & ACCEPTANCE OF "TUITION CONTRACT"

(found in the Parent Handbook or on the website "www.bridgespreschool.net")

I have read and agree to abide by the BRIDGES "Tuition Contract".

** _____ ** _____ ** _____

Date **Signature of Parent/Guardian 1** **Signature of Parent/Guardian 2**

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PERMISSION FOR RELEASE OF PERSONAL INFORMATION

BRIDGES must have parent's permission to release any type of personal information on your child. We will not give out your address or phone number unless we have your permission. We will not publish your child's photograph in the newspaper or under any circumstances without your permission. This release of personal information form allows us to know your wishes on this matter from the beginning of school.

Please read thoroughly and HIGHLIGHT the YES or NO next to each statement.

Thanks!

I, _____, give my permission to BRIDGES for the following items:

Publish my child's name and phone number in a class directory. **YES or NO**

Publish my child's name, phone number and address in a class directory. **YES or NO**

Publish my child's name and phone number in a school-wide directory. **YES or NO**

Publish my child's name, phone number and address in a school-wide directory. **YES or NO**

Allow my child's photograph to be taken and released in printed media. **YES or NO**

Allow my child's photograph to be taken to be published in class pictures. **YES or NO**

Allow my child to be filmed for use within class or school. **YES or NO**

Allow my child to be filmed for other video presentation(s). **YES or NO**

Share my email address upon request with my child's individual class. **YES or NO**

Share my email address upon request within the entire preschool. **YES or NO**

** _____ ** _____ ** _____

Date

Signature of Parent/Guardian 1

Signature of Parent/Guardian 2