

ENROLLMENT FORM

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

Primary Contact Name:	Secondary Contact Name:
Primary contacts address:	Secondary contacts address:
Zip Code:	Zip Code:
Phone:	Phone:
Employer:	Employer:
Work Phone:	Work Phone:
Primary email:	Secondary email:

YES or **NO**, I would like both primary and secondary emails to be on the school wide information email list. (If you circle **NO**, that means only the primary contact receive emails from the school and director)

We will be sending the majority of the information you will need through email, so please provide the email you use and check frequently.

SPECIAL INSTRUCTIONS ON REACHING PARENTS:

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CHILD'S NAME : _____

EMERGENCY CONTACT: One person who we can reach out to when we can't reach the parents. This person is also authorized to pick up the child.

****(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 a 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?

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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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CHILD'S NAME : _____

**** 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 Primary Contact** **Signature of Secondary Contact**

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 Primary Contact** **Signature of Secondary Contact**

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CHILD'S NAME : _____

PLEASE SIGN AS INDICATED

ALTERNATE NUTRITION PLAN AGREEMENT

Parent agrees to provide: Breakfast, noon meal, dinner, evening snack & formula (as needed). Parent(s) agrees to provide alternate snacks to meet his/her child's **special** nutritional and/or dietary needs to be used in the classroom in lieu of posted school snacks. ***This option is to be used for documented health reasons only!*** Parent(s) 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 Primary Contact Signature of Secondary Contact

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 Primary Contact Signature of Secondary Contact

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CHILD'S NAME : _____

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 childcare facility.

I have reviewed a copy of the BRIDGES PARENT HANDBOOK found on the website www.bridgespreschool.net.

** _____ ** _____ ** _____
Date **Signature of Primary Contact** **Signature of Secondary Contact**

REVIEW & ACCEPTANCE OF "TUITION CONTRACT"

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

If you choose to pay weekly, have the money in by Friday. If you pay monthly, have the money in by the FIRST FRIDAY OF THE MONTH. Any payment made after the 10th of the month will result in a \$25.00 late fee charge.

Paying by cash, check, or money order, bring it to Makenna's (Assistant Director) office and put it in the drop box.

Paying by card on the Click-To-Pay link, there will be a service fee of 3% charged by EZ Care.

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

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

ENROLLMENT FORM

REVIEW & ACCEPTANCE OF "Sick Policy"

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

I have read and agree to abide by the BRIDGES "Sick Policy".

** _____ ** _____ ** _____
Date **Signature of Primary Contact** **Signature of Secondary Contact**

CHILD'S NAME : _____

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 CIRCLE the YES or NO next to each statement.

Thanks!

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

My child's photograph to be printed for school use	YES or NO
My child's picture to be posted on the Bridges "CLOSED" Facebook page	YES or NO
My child's picture to be posted on the Bridges Website	YES or NO
My child's picture to be used for Bridges advertising purposes	YES or NO
My child to be photographed in Class pictures	YES or NO
My child to be filmed for school presentations (internal use only)	YES or NO
My email to be shared with my child's class	YES or NO

** _____ ** _____ ** _____
Date **Signature of Primary Contact** **Signature of Secondary Contact**