



APPLICATION FOR ENROLLMENT

Please Print

GENERAL INFORMATION

Start date: ____/____/____

Child's Name

Nickname

____/____/____
Date of Birth

Gender

Address

Home Phone

Previous Child Day Care Programs Attended

Name of school / program attended simultaneously

PARENT(S)/GUARDIAN(S) INFORMATION

Parent's Name

Cell Phone

Email Address

Home Address

Home Phone

Alternate E-mail Address

Employer

Work address

Work Phone

Parent's Name

Cell Phone

Email Address

Home Address

Home Phone

Alternate E-mail Address

Employer

Work address

Work Phone

EMERGENCY INFORMATION

Please describe any allergies or intolerance to food, medication, etc. and action to take in an emergency:

Name of Child's Pediatrician

Telephone number

TWO PEOPLE TO CONTACT IF PARENT(S) CANNOT BE REACHED WITHIN 1 HOUR:

Please be sure to provide a complete address including zip code and telephone number for all contacts listed. (Please do not include your own name here.) **THESE CONTACTS NEED TO BE LOCAL.**

Name

Address

Phone: CELL WORK HOME

Name

Address

Phone: CELL WORK HOME

PERSON(S) AUTHORIZED TO PICK UP CHILD

Photo identification is required. Bright Start Learning Center reserves the right to copy this identification to keep in your child's record. Your child will not be released to any person without written authorization. **Please be sure to provide a complete address including zip code and telephone number for all contacts listed. (Please do not include your own name here.)**

Name Address Phone: CELL WORK HOME

Name Address Phone: CELL WORK HOME

PERSON(S) NOT AUTHORIZED TO PICK UP CHILD

**Appropriate paperwork, such as custody papers, must be kept in the child's file if a parent is not allowed to pick up the child.

PHOTO WAIVER

I give my permission for my child to be included in school pictures and consent to the use of those pictures by Bright Start Learning Center on its website. My child's picture will not be used in any printed promotional materials such as brochures, newspaper advertisements, etc. without my express written authorization, which shall be separately required for each such use.

AGREEMENTS

1. Bright Start Learning Center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Center.
2. The parent(s)/guardian(s) authorizes Bright Start Learning Center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
3. The parent(s)/guardian(s) agrees to notify Bright Start Learning Center within 24 hours after the child or a member of the immediate household has developed a communicable disease.

Parent's Signature

Date

Director's Signature

Date

IDENTITY VERIFICATION

Please provide us with proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the United States that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent.

OFFICE USE ONLY:

Place of Birth: _____ Birth Date: _____

Birth Certificate Number: _____ Date Issued: _____

Other Form of Proof: _____

Person Viewing Documentation: _____ Date Viewed: _____

Date of notification of local law enforcement agency (when required proof of identity is not provided): _____