



Pre-Enrollment Visit: _____

Enrollment date: _____

Enrollment Application

Please provide us with the following information to enable us to care for your child.
(Circle as appropriate)

Family Last Name: _____ Married Single Divorced Widowed Separated

STUDENT INFORMATION

Child's first Name _____ Middle Name _____ Last Name _____
 Preferred Name _____ Child's Social Security Number _____ Date of Birth _____

Transportation: Yes No **Swimming:** Yes No **Sex:** Female Male **Field Trip:** Yes No **Drop in:** Yes No
Photography: I do _____ or _____ do not _____ give permission for my child to be photographed or videotaped while at Bright Ideas.
Meals received: Breakfast _____ Lunch _____ PM Snack _____ **Normal days of care:** Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Normal Hours of Care Summer: From _____ to _____ **Normal hours of care for School Year:** from _____ to _____ and from _____ to _____.
Special Needs: Please list and discuss with Center Director any existing illness, allergies, injury, hospitalization, medication prescribed for long-term or continuous use during the past 12 months:

MEDICAL INFORMATION

Doctor: _____ Hospital Preference _____
 Address: _____ Primary Health Insurance Carrier: _____
 Phone #: _____ Policy #: _____

Please provide a copy of Immunization Certificate to Center Director and submit updated copies as needed.

PRIMARY CONTACT

Relationship: Mother Father Neighbor Friend Other (Specify) _____
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: (____) _____
 Work Phone: (____) _____
 Driver's License #: _____
 Email address: _____
 Contact Person's date of birth: _____ - _____ - _____
 Employer: _____
 Employer address: _____
 City, State, Zip: _____
 Permission to pick up child? yes no
 Responsible for payment? yes no
 Contact in an Emergency? yes no
 Lives with child? yes no
 Work Hours: _____

ADDITIONAL EMERGENCY CONTACT

Relationship: Mother Father Neighbor Friend Other (Specify) _____
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: (____) _____
 Work Phone: (____) _____
 Driver's License #: _____
 Email address: _____
 Contact Person's date of birth: _____ - _____ - _____
 Employer: _____
 Employer address: _____
 City, State, Zip: _____
 Permission to pick up child? yes no
 Responsible for payment? yes no
 Contact in an Emergency? yes no
 Lives with child? yes no
 Work Hours: _____

ADDITIONAL EMERGENCY CONTACT

Relationship: Mother Father Neighbor Friend Other (Specify) _____
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone (____) _____
 Work Phone: (____) _____
 Driver's License #: _____
 Email address: _____
 Contact Person's date of birth: _____ - _____ - _____
 Employer: _____
 Employer address: _____
 City, State, Zip: _____
 Permission to pick up child? yes no
 Responsible for payment? yes no
 Contact in an Emergency? yes no
 Lives with child? yes no
 Work Hours: _____