

# Bright Star Preschool Inc Enrollment Form

Entrance date: \_\_\_\_\_

Withdrawal date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age (as of Sept. 1) \_\_\_\_\_ Birthdate \_\_\_\_\_

Preferred name to be called by teachers and staff: \_\_\_\_\_

Complete Home Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name/ Home Address/ Home Telephone Number, if different from child's \_\_\_\_\_

Father's Occupation/ Place of Employment/ Address/ Business Number \_\_\_\_\_

Father's Cell Phone/ Email Address \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Mother's Name/ Home Address/ Home Telephone Number, if different from child's \_\_\_\_\_

Mother's Occupation/ Place of Employment/ Address/ Business Number \_\_\_\_\_

Mother's Cell Phone/ Email Address \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Child's Living Arrangements:  Both Parents  Mother  Father  Other: \_\_\_\_\_

\*Child's Legal Guardian(s):  Both Parents  Mother  Father  Other: \_\_\_\_\_

\* A copy of any custody orders must be on file in the Bright Star Preschool office.

I hereby authorize that the child may be released to the person(s) signing this agreement or to the following:

Contact Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Persons to contact in case of an emergency when parents cannot be reached:

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Contact Name	Phone Number #1	Phone Number #2
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Contact Name	Phone Number #1	Phone Number #2
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Contact Name	Phone Number #1	Phone Number #2
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**Consent for Emergency Medical Treatment**

In the event reasonable attempts to contact myself as well as the listed emergency contacts have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by another licensed physician or dentist; and 2) the transfer of my child to any hospital reasonably accessible. I accept full financial responsibility for the payments of all charges made for medical services rendered. I absolve Bright Star UMC, Bright Star Preschool, their employees and volunteers of any liability who in good faith complies with this request.

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Refusal of Consent**

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring immediate treatment, I wish the school authorities to take the following action: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

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Child's Physician or Clinic's Name (Child's Primary Health Source)	Phone Number
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My child has the following special need(s): \_\_\_\_\_  
*(please write **NONE**, if no special needs)*

The following special accommodation(s) may be required to most effectively meet my child's needs while at Bright Star Preschool: \_\_\_\_\_  
*(please write **NONE**, if no special accommodations)*

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies (including FOOD allergies), or health concerns: \_\_\_\_\_  
(please write **NONE**, if no health concerns)

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Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA CONSENT AUTHORIZATION**

- € Yes, I give permission to photograph, videotape, or audio record my child and for local news media to photograph and/or interview my child. I also give permission to display my child’s school work and photographs including class pictures and T-shirts.
- € Please do not publish my child’s photograph or school work on the Bright Star Preschool website or any other Internet page for which the photo may be requested.
- € Please only publish my child’s photograph in group photos, no individual shots.
- € I do NOT give permission for my child’s photograph or school work to be used for ANY school publication, news media usage or Internet website, or for the news media to photograph and/or interview my child.

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about Bright Star Preschool? \_\_\_\_\_

Name of person who referred you? \_\_\_\_\_

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**Non Discrimination Policy**

Bright Star Preschool Inc does not discriminate on the basis of race, nationality, ethnic origin, gender, age or disability.