

Bright Beginnings Enrollment Form

Enrollment Date: _____

Select one: 116 Prince Royal _____ 219 Prince Royal _____ (school age-ages 7 and up)

Child's Name: _____ Birth Date: _____

Parent or Guardian Name(s): _____ Mother's Social Security # _____

_____ Father's Social Security # _____

Email Address: _____

Mothers Cell Phone: _____ Home Phone# _____

Father's Cell Phone: _____ Home Phone# _____

Mother's Home Address: _____

Father's Home Address: _____

Mother's/Guardian's Place of Work: _____ Work Ph # _____

Father's/Guardian's Place of Work: _____ Work Ph # _____

Only the following people can pick up my child:

Name: _____ Telephone#: _____ Relationship to Child: _____

Name: _____ Telephone #: _____ Relationship to Child: _____

Name: _____ Telephone#: _____ Relationship to Child: _____

General Status of each Child's Health: _____

Allergies or restrictions on each child's participation in activities:

Specific instructions from parent or physician:

In emergency, when parent cannot be reached, notify:

_____ Relationship to child: _____

Address: _____ Phone # _____

Name of Physician: _____ Phone# _____

Name of Hospital: _____ Phone# _____

Name of Dentist: _____ Phone# _____

Permissions: In case of accident or illness requiring medical attention in the parent/guardian absence, I authorize employees of Bright Beginnings Day Care to seek emergency medical care for _____ (child's name).

Centers Hours: M-F 4:30am-8:00pm

My child's approximate drop off time will be: _____. My child's approximate pick up time will be: _____. My child will be attending (circle each) M T W R F

I am enrolling under this rate (circle one): **Full-time Part-time Drop-off**

I qualify for Child Care Assistance: YES NO

***must have Service Agreement within 1 week of enrollment**

How did you hear about us? Circle One.

Newspaper Yellow Pages Child Care Council Drive-By Referral Website Other

*If you were referred, who referred you to us? _____

Signature of Parent or Guardian: _____ Date: _____

Return with:

Immunization Certificate: _____ Food Program Enrollment Form: _____

Income Application: _____ Parent Contract Signed: _____

All forms, permissions slips, and applications can be found on our website at www.daycarebrightbeginnings.com

Bright Beginnings Day Care Center LLC.

116 Prince Royal Drive

Berea, KY 40403

Phone: 859-985-0550

Fax: 859-985-0590

REQUEST FOR RECORDS

Doctor or School Name

Child's Name

Address

Birth date

Parent/Guardian Name

I, the parent of guardian of this child, give my consent to release the following records to the agency/school listed above.

Health

- () Physical Exam
- () Immunization Certificate
- () Eye Exam
- () Dental Exam
- () Hearing Screening
- () Birth Certificate
- () Social Security Number

Parent/Guardian Signature Date

Staff Signature

I, _____, have received a copy of the "Parent Contract" and fully understand all items listed in the contract. I am in agreement with all items. I understand that revisions may be necessary in the future, and I will be notified of any such revisions in advance. By signing this contract, I agree to fully abide by all terms.

Signature: _____

Date: _____

I, _____, have received a copy of the Emergency/Disaster plan provided by the daycare and understand all items listed in the plan should any disaster arise.

Picture Permission Slip

I, _____, give permission for Bright Beginnings Day Care staff to take pictures of my child, _____ . I understand that the pictures will be used solely for displaying in the classroom and/or for classroom projects.

Parent/Guardian Signature: _____

Date: _____

Diaper Cream Permission Slip

Child's Name: _____

Date: _____

Medication: _____

Dosage to be given: _____

Time to be given: _____

I give employees of Bright Beginnings Day Care permission to administer the above medication as necessary.

Parent/Guardian Signature: _____