

ENROLLMENT FORM 2020-2021

**Please complete this form in its entirety! **

Child's Full Name (First, Middle, Last) _____

Name Child Goes By: _____ Gender: M F Date of Birth: _____

Home Address: _____ City: _____ Zip Code: _____

Parent/Guardian #1 Name: _____ Phone Number: _____

Email: _____ Occupation: _____

Parent/Guardian #2 Name: _____ Phone Number: _____

Email: _____ Occupation: _____

Address (If different than child's): _____

Parent(s) are: single parent married separated divorced

Sibling(s) names and ages: _____

MEDICAL INFORMATION

Physician: _____ Address: _____ Ph. #: _____

Dentist: _____ Address: _____ Ph. #: _____

Hospital: _____ Address: _____ Ph. #: _____

List any allergies, special needs, or special instructions (attach Allergy/ Asthma Emergency Plan):

Child Requires an EPI Pen: YES No

Berean Preschool has my permission to secure medical help including the services of the rescue squad or the Emergency Room of Fairview Ridges Hospital in the event of an emergency.

Signature: _____ Date: _____



Emergency Contacts & Approved Pick Up

In the event that a parent or guardian cannot be reached, list TWO emergency contacts (be sure we can reach them during school hours).

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

PERMISSIONS

I give permission for Berean Preschool to use images resulting from photography/video filming that includes my child on Brightwheel. I understand that these images will be taken on staff's personal phones or cameras and will be deleted off the device once the images have been used.

Signature: _____ Date: _____

I give permission for Berean Preschool to take and use images resulting from photography/video filming that includes my child for social media, website, and print/online publicity. I understand that these images will be taken on staff's personal phones or cameras and will be deleted off the device once the images have been used.

Signature: _____ Date: _____

I give permission to the staff and teacher's at Berean Preschool to take my child to Byerly's Park.

Signature: _____ Date: _____

I give permission to the staff at Berean Preschool to use hand sanitizer with my child. I understand that the staff will apply it to my child's hands. I understand that it will not replace hand washing with soap and water.

Signature: _____ Date: _____