

Nickname: _____



FALL REGISTRATION FORM

CHILD: _____ DOB: ___/___/___ GENDER **M F**

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: (____) _____

SUBDIVISION: _____

PRIMARY E-MAIL ADDRESS: _____

◆-----◆
FATHER **MOTHER**

Name: (Mr. , Dr.) _____

Name: (Mrs. , Dr. , Ms.) _____

Occupation: _____

Occupation: _____

Place Of Employment: _____

Place Of Employment: _____

Work Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

EMERGENCY CONTACT: _____ PHONE: (____) _____
(Other Than Parents)

PERSONS AUTHORIZED TO PICK UP CHILD: _____

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CHILDREN WILL BE RELEASED ONLY TO INDIVIDUALS LISTED ABOVE. PLEASE NOTIFY THE OFFICE WITH EXCEPTIONS.

SERVICES REQUESTED

2 Year Nursery Classes

(Choice of 1 or 2 mornings)

(3 mornings available if 2½ by 9/1)

Monday

Tuesday

Wednesday

Thursday

Friday

3 Year Nursery Classes

2 DAY

Tues/Thurs (AM)

Tues/Thurs (PM)

3 DAY

Mon/Wed/Fri (AM)

4 Year Nursery Classes

3 DAY

Mon/Wed/Fri (AM)

Mon/Wed/Fri (PM)

4 DAY

Mon ~ Thurs (PM)

5 DAY

Mon ~ Fri (PM)

EXTRA PROGRAMS (3-5 year olds)

M T W R F

Lunch Bunch

Available Monday ~ Friday

F

PDO

Parent's Day Out

Parent's Signature: _____ Date: _____

CONSENT FOR EMERGENCY TREATMENT

I, _____
(Name of Parent)

residing at _____
(Address)

am the parent or legal guardian of _____ who resides with me.
(Name of Child)

It is my understanding that in case of a medical emergency the Bridges staff will call 911 and emergency procedures will be administered. I will be contacted immediately after 911 has been called. If I or my spouse is not available, the staff will proceed to call my listed emergency contact person or my child's physician.

Health Care Insurance Provider _____

Policy # _____

Please specify your hospital of choice _____

Name of Physician _____

Physician's Phone # _____

Does your child have allergies? No Yes

Please List: _____

Is your child on regular medication? No Yes

Please List: _____

Please note any other medical alerts: _____

Signature _____
(Parent or Legal Guardian)

Date _____