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|--|
| Enrollment Date: ____/____/____ |
| Start Date: ____/____/____ |
| Date of Withdrawal: ____/____/____ |

Enrollment Information

CHILD'S INFORMATION:

| | | | |
|--|----------------------------------|--------|------|
| Child's Name: | Child's Date of Birth: | | |
| Child's Home Address: | City: | State: | Zip: |
| Home Phone Number: | Primary Language Spoken at Home: | | |
| Child Lives With (<i>check all that apply</i>): Both Parents _____ Mother _____ Father _____ Other Legal Guardian(s) _____ | | | |
| <i>Please list any medical conditions, medications, allergies, or modified diets that your child may have or other information that the caregivers should be aware of:</i> | | | |
| Allergies/Special or Modified diets: _____ | | | |
| Individual Health Plan (<i>If yes, please attach</i>): _____ | | | |
| Special Limitations or Concerns: _____ | | | |
| Other: _____ Not Applicable: _____ | | | |

PARENT/GUARDIAN INFORMATION:

| | |
|---|---|
| #1 Parent/Guardian Name: | #2 Parent/Guardian Name: |
| Home Address: | Home Address: |
| City: State: Zip: | City: State: Zip: |
| Cell Phone Number: () _____ - _____ | Cell Phone Number: () _____ - _____ |
| Home Phone Number: () _____ - _____ | Home Phone Number: () _____ - _____ |
| Email Address: | Email Address: |
| Occupation: | Occupation: |
| Work Address: | Work Address: |
| City: State: Zip: | City: State: Zip: |
| Work Phone: () _____ - _____ | Work Phone: () _____ - _____ |
| Status of Child's Parent(s)/Guardian(s): Single _____ Married _____ Separated _____ Divorced _____ | Copies of any custody agreements, court orders, or restraining orders pertaining to the child? Yes: _____ N/A: _____ *Court Orders Must Be Attached To Honor Custody Agreement* |

Parent/Guardian Signature: _____

Date: _____

EMERGENCY MEDICAL AUTHORIZATION INFORMATION:

| | | |
|--|-------------------|----------------|
| Physician's Name: | Practice Name: | Office Number: |
| Address: | City: | State: Zip: |
| Preferred Hospital: | Telephone Number: | |
| Address: | City: | State: Zip: |
| <i>In the event neither parent(s)/guardian(s) can be reached, I give Bright Star Academy permission to authorize emergency medical transportation and care for my child. Initials:</i> | | |

EMERGENCY CONTACT (Other Than Parents/Guardians):

| | |
|------------------------|---|
| Name: | Phone Number: |
| Address: | City: State: Zip: |
| Relationship to Child: | Do you give permission for your child to be released to this person? Yes: ____ No: ____ |

AUTHORIZATION FOR PICK-UP:

*In addition to parents/guardians, the following persons are authorized to pick-up my child from Bright Star Academy. Children will ONLY be released after ID verification. Individuals who are not listed will not be authorized to pick-up unless written permission is provided. **Please remind all authorized persons to bring a photo ID.***

| | |
|-------|---------------|
| Name: | Phone Number: |
| Name: | Phone Number: |
| Name: | Phone Number: |

SCHOOL-AGE ONLY:

| | |
|--|----------------------|
| Elementary School Name: | School Phone Number: |
| Address: | City: State: Zip: |
| I give permission for my School-Age child to be transported to and from the above elementary school. Initials: _____ <i>It is understood that my child will be accompanied by staff members of Bright Star Academy. In addition, Bright Star Academy will maintain or exceed the staff to child ratios prescribed by the state of Texas for the supervision of children. I understand that transportation will be provided by Bright Star Academy staff in company owned vehicles, Bright Star Academy staff in personal vehicles and by parent volunteers when necessary. I, the undersigned, release Bright Star Academy and its employees and chaperons acting on behalf of Bright Star Academy, from any liability, sickness or loss of personal property while transporting children.</i> | |
| I certify that documentation of current physical examinations, immunizations, vision and hearing screenings, and TB screenings are in accordance with public school health requirements and on file at my child's school. Initials: _____ | |

Parent/Guardian Signature:**Date:**

***By initialing below, I hereby agree that the following information listed on my child's enrollment information is up-to-date and accurate. I understand that it is my responsibility to keep this form current and will notify administration in writing if any information changes. I also understand that this form must be updated annually. ***

Reviewed On ___/___/___ Parent/Guardian Initials _____

Reviewed On ___/___/___ Parent/Guardian Initials _____

Reviewed On ___/___/___ Parent/Guardian Initials _____

Reviewed On ___/___/___ Parent/Guardian Initials _____