

Registration Information 2010-2011 - SUMMER CAMP

Child's First Name: _____ Last Name: _____

Admission Date: ____/____/____ Discharge Date: ____/____/____

Age _____ DOB ____/____/____ Sex: M / F Child lives with: Mom / Dad / both

Address: _____

City: _____ County: _____ Zip Code: _____

Is child up to date on shots? Yes No Date of last checkup: ____/____/____

Is child on any type of medication? () Yes () No

If yes, what? _____

Does child have any allergies - including food? _____

Name of child's Physician: _____ Phone: _____

Sibling attending Brighton Academy: _____ Age: _____

Father's Full Name: _____ Phone: _____

Father's Place of Employment _____ Cell-Phone: _____

Employer's Address _____ Phone: _____

Father's Occupation: _____

Hours at work: _____ to _____. Days at work: _____

Mother's Full Name: _____ Phone: _____

Mother's Place of Employment _____ Cell-Phone: _____

Employer's Address _____ Phone: _____

Mother's Occupation: _____

Hours at work: _____ to _____. Days at work: _____

Parents are: () Married () Divorced () Separated () Widowed () Single

(Fill out only if applicable) Parent/Guardian with legal custody: _____

Decree on file? () Yes () No

EMAIL ADDRESS: _____

Name and Phone number of two other persons to contact if parents can not be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Person responsible for paying for childcare: _____

Person responsible for picking up child/ren: _____

Person who may pick up your child other than parents listed:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Any Special Accommodations required in caring for your child:

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of registration fee. I have received a copy of handbook.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Brighton Preschool - Teresa Hall or Stacy Haynes	Date

Current Immunization Records Provided? Yes / No

Brighton Preschool

2009 – 2010

Waiver and Release Statements

Child's Name _____

Being full aware of the possibility of injury, the undersigned does agree that the child listed above assumes the risk of accidents involved in any school setting. Being desirous of arranging for the medical care and treatment of my minor during his/her participation in Brighton Preschool so hereby authorize Stacy Haynes or Teresa Hall to act in the following matters in behalf, place, and stead:

A. To obtain and authorize medical care for said minor at any hospital, emergency medical center, or any other medical facility; by any medical doctor, osteopath, nurse, surgeon, or any other medical practitioner.

B. To do any other thing or perform any other act, not limited to the foregoing which the undersigned might do in person, in order to provide for medical and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold the staff authorizing and the owner of the facility harmless from any damages suffered by the minor child of the undersigned as a result of the medical treatment authorized. It is understood, however that if hospitalization or treatment of a more serious nature is required I will be contacted, if possible, by telephone for permission. The physician, owner of the preschool, or employees of Brighton Preschool, are hereby released, acquitted, and discharged from any claim for damage or suit by reason of injury, illness, damage to person, or property during the school year. I regard that I hereby covenant that on my behalf and for the minor not to file claim or bring suit with respect to any such injury of damage. The medical authorization shall remain effective until such time as the school year has been completed. I, the undersigned, am a parent or legal guardian of the above-specified minor. I have read and fully understand the provisions of the above releases and have explained them to said minor. I hereby agree that said minor and I will be bound hereby. Brighton Preschool does not discriminate based on race or religion.

Print Parent/Guardian Name _____

Signature of above Parent/Guardian _____

This _____ day of _____, 20_____.

I do understand that if the said minor listed above continually has behavior problems to the extent that teaching is interrupted I will be asked to come to school with my child to help correct the behavior. If my presence at school along with a behavior management program fails to correct said minors behavior I will be asked to remove my child from Brighton Preschool.

Parent/Guardian's Signature _____ Date _____