

# Child Enrollment Information Sheet

Please print clearly with blue or black ink.

Child's Full Name: _____	Nickname: _____
Mother's Full Name: _____	
Driver's License # _____	Social Security Number _____
Father's Full Name: _____	
Driver's License # _____	Social Security Number _____

Parents are: Married \_\_\_ Living Together \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Single \_\_\_

Parent/Guardian with legal custody \_\_\_\_\_

**If separated or divorced and custody agreement is in place that prohibits one parent from picking up child, we must be given a copy of the custody agreement.**

Other Household Members:

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

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Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick ups). Please provide photo id for these individuals to be kept in child's file.

Name: \_\_\_\_\_ Comment \_\_\_\_\_

Name: \_\_\_\_\_ Comment \_\_\_\_\_

Name: \_\_\_\_\_ Comment \_\_\_\_\_

Name: \_\_\_\_\_ Comment \_\_\_\_\_

Person (s) **NOT** authorized to pick up my child: (If parent is listed on this, we must be provided with court documents validating this exclusion.) Please provide action to take if person on this list comes to our center (call you, call 911, etc.)

Name: \_\_\_\_\_ Action to take \_\_\_\_\_

Name: \_\_\_\_\_ Action to take \_\_\_\_\_

Name: \_\_\_\_\_ Action to take \_\_\_\_\_

Name of other school child attends: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Brilliant Start Academy and its employees harmless.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Information

1. Child's Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

4. Medicine allergic to: \_\_\_\_\_

*I understand this is a legally binding contract, and I have read it and understand it.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_