



British Private Prep School

Setting The Foundation Stage

Date of admission _____ Days a week M T W T F Hours _____

Child's Name _____ Preferred name _____

Birth date ___/___/___ Sex: M F Home Phone # (_____) _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____ Home phone # (_____) _____

Home Address _____

Employer's Name _____

Employer's
Address _____

Work phone # _____ Cell # _____

E-Mail _____

Father's Name _____ Home phone # (_____) _____

Home Address _____

Employer's Name _____

Employer's Address _____

Work phone # _____ Cell # _____

E-Mail _____

IF A PARENT CANNOT BE REACHED I GIVE **British Private Prep Schools, Ltd.**
PERMISSION TO CONTACT THE FOLLOWING PEOPLE AND RELEASE MY CHILD TO
THEM AT ANYTIME.

1st NAME _____ DL# _____

Address _____

Home # _____ Work # _____

2nd NAME _____ DL# _____

Address _____

Home # _____ Work # _____

Parent's Signature _____

Date _____

I confirm that if I choose to provide my child's meals and/or snacks from home that **British Private Prep Schools, Ltd.** are not responsible for its nutritional value or for meeting the child's daily food needs for that day.

Parent's Signature _____ Date _____

I give permission for my child to: (Check all that apply)

1. Transportation: I hereby give do not give

- my consent for my child to be transported and supervised by the British Private Prep School's employees:

for emergency care field trips to and from school

3. Photographed : I hereby give do not give

- my consent for my child to be photographed or videotaped to be used for art projects, crafts, classroom activities etc.

I hereby give do not give

- my consent for my child to be photographed to be used in advertising and or to be placed on the BPPS website.

4. Water Activities: I hereby give do not give

- my consent for my child to participate in Water Activities.

sprinkler play splashing/wading pools water table play

Parent's Signature _____ Date: _____

School Age Children Only

My child attends the following elementary school: _____

Address of school: _____

Phone # of school: _____

- My child's immunization records are on file at the school and all required immunizations are current.

My child has permission to : walk to or from school or home.

- be released to the care of a sibling under 18 years old

- Name of sibling _____

Parent's Signature _____ Date: _____