

Enrollment Form



Date of admission: _____ Days a week: M T W Th 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**, PERMISSION TO CONTACT THE FOLLOWING PEOPLE AND RELEASE MY CHILD TO THEM AT ANYTIME.

1st NAME _____ DL# _____

Address _____

Home # _____ Cell # _____

2nd NAME _____ DL# _____

Address _____

Home # _____ Cell # _____

Parent's Signature _____ **Date** _____

Child's Name: _____

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

Parent's Signature _____

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 by the British Private Prep School's employees:

for Emergency Care o Field Trips to to/from Elementary 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.

Splash Pad Play Water Table Play

Parent's Signature _____

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 _____

Child's Name: _____

In case of a **medical emergency**, I hereby grant permission for the staff at British Private Prep Schools, to administer CPR, first aid, obtain emergency medical care and/or to transport my child, (name) _____ to the nearest hospital or to call my child's physician at the following number.

Physician's Name _____

Address _____

Phone # _____

Parent Signature _____

The name of the health care professional that examined my child within the last year is _____

Address is _____

Phone # _____

Parent Signature _____

Medical History

Does your child have special circumstances, needs or disabilities? YES / NO (If so, explain)

Is your child allergic to any foods? YES / NO (If so, explain)

Any foods your child will not eat simply because they do not care for them? YES / NO

(If so, list) _____

Does your child have any dietary Restrictions? YES / NO (If so, explain)

Is your child allergic to insect bites or sting? YES / NO (If so, explain their reaction)

Does your child have any existing or previous illnesses or injuries or hospitalizations during the past 12 months? YES / NO

(If so, explain) _____

Parent Signature _____ **Date** _____