

# 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 \_\_\_\_\_

Parent's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent's Name \_\_\_\_\_ Relationship \_\_\_\_\_

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 \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell # \_\_\_\_\_

2nd NAME \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ 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 \_\_\_\_\_ to Field Trips \_\_\_\_\_ to/from Elementary School

**2. 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.

**3. Social Media:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give  
- my consent for my child to be photographed and featured on our BPPS social media platforms such as Instagram, Facebook, etc.

**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 \_\_\_\_\_

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** \_\_\_\_\_