

Registration Fee is due at time of registration. (NON-REFUNDABLE) \$200/child

Circle One

MWF 2's 9-noon	MTuTh 2's 9-noon	Tu/Th 2's 9-noon	M-F 2's 9-noon	3's 9-noon	4's 9-1	Kindergarten 9-3
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Beach Day School

Application for Enrollment 2022-2023

Child's Information

Name of Child (Last, First, MI) _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Child's Primary Residence: Mother Father Both

List the family members your child lives with – including names/ages of siblings: _____

Are you members of First Presbyterian Church? Yes No If No, would you like someone to contact you? Yes NoHas your child attended any prior preschool or daycare facility? Yes No If Yes, where? _____

Primary Contact and Release Information

Parent/Guardian #1: _____ Relationship to Child: _____

Cell Phone: _____ Cell Provider: (required for text msg.) _____

Home Address: _____ Preferred Email: _____

Driver's License # / State: _____ Employer _____

Work Phone: _____ Release Child for Pick-up: Yes No**Parent/Guardian #2:** _____ Relationship to Child: _____

Cell Phone: _____ Cell Provider: (required for text msg.) _____

Home Address: _____ Preferred Email: _____

Driver's License # / State: _____ Employer _____

Work Phone: _____ Release Child for Pick-up: Yes No

Medical Information

Primary Physician's Name _____ Phone: _____

Child's Insurance Provider: _____ Policy Number: _____

Allergies (pls. list – Medication or Food): _____

Has your child been immunized? Yes No (Pls. attach a copy of your child's immunization records, or a notarized exemption.)

Has your child ever received or been recommended for any of the following screenings: (pls. check all that apply – add date of last screening):

- | | | |
|--|---|---|
| <input type="checkbox"/> Vision _____ | <input type="checkbox"/> Developmental _____ | <input type="checkbox"/> Tuberculosis (PPD) _____ |
| <input type="checkbox"/> Hearing _____ | <input type="checkbox"/> Early Intervention _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Speech/Language _____ | <input type="checkbox"/> Occupational Therapy _____ | (Pls. attach pertinent documentation) |

Parent Guardian Signature: _____

Date: _____

Beach Day School – Emergency Contact Card

Enrollment 2022-2023

Emergency Contact and Release Persons *(This completed form is required upon registration.)*

Please list the person you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the “Emergency Contact and Release” box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the “Release Only” box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child-care licensing regulations.

Person #1: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact and Release Release Only

Person #2: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact and Release Release Only

Person #3: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact and Release Release Only

Person #4: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact and Release Release Only

Person #5: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact and Release Release Only

If you want a person who is not identified above to pick up your child, you must notify the school in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

Name Of Child: _____ Date: _____