



## Bridges and Beyond Inclusive Preschool

### Application for Enrollment

Child's name \_\_\_\_\_ DOB \_\_\_\_\_

Class choice based on student's age by August 31, 2012:

Two's \_\_\_\_\_ Tuesday/Thursday

Three's \_\_\_\_\_ Mon/Wed/Fri

Four's \_\_\_\_\_ Monday thru Thursday

Four's \_\_\_\_\_ Monday thru Friday

\*\* Class choice subject to change based on availability\*\*

Family Information: Mother/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Cellphone \_\_\_\_\_

Address \_\_\_\_\_

Workplace and phone/cell \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_

Workplace and phone/cell \_\_\_\_\_

Email address for correspondence \_\_\_\_\_

\_\_\_\_\_ Please initial IF you give permission for photographs of your child to be used in our literature and on our website. Children will not be identified by name.

Information about your child:

Does your child have any known allergies? \_\_\_\_\_ yes \_\_\_\_\_ no If so, explain: \_\_\_\_\_

Does your child have any special needs that our staff should know about in order to make his/her group experience more positive and meaningful? \_\_\_\_\_ yes \_\_\_\_\_ no If so, please explain \_\_\_\_\_

Has your child ever had a developmental evaluation? \_\_\_\_\_

Additional Info: \_\_\_\_\_

Please include nonrefundable registration fee with your application.  
Checks should be made payable to Bridges and Beyond.

**Medical Form**

\*Please complete and return this form along with a current copy of your child's immunization record. Thank you.

Bridges and Beyond Emergency/Medical information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Medications \_\_\_\_\_

Allergies\*/Medical Conditions \_\_\_\_\_

Reaction Symptoms \_\_\_\_\_

Treatment Information \_\_\_\_\_

\*\*if applicable, an allergy action plan form needs to be completed.

Mother \_\_\_\_\_ Home phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father \_\_\_\_\_ Home phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list two other people we might contact in the case of an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Please initial, giving Bridges and Beyond staff permission to seek emergency medical treatment for your child.

Hospital Preference \_\_\_\_\_

\_\_\_\_\_ Please initial to confirm that your child has medical coverage.

Please provide insurance information. \_\_\_\_\_

Please list anyone else authorized to pick up your child from school. Please know that you will need to send a note, and that THEY will be asked for ID.

