

Bright seeds academy REGISTRATION FORM

阳光育才 学生注册表

APPLICANT INFORMATION *(All of the information provided in this application will be kept confidential.)*

Name _____

Date Child entered _____ Date Child Left _____

Birthdate ____/____/____ Gender: M F Home Phone _____

Address _____

City/State/Zip _____

Current School/Child Care _____

How did you know BSA? Newspaper / Website / Event/ referred by friend If yes, who? _____

This application is for School Year: _____

This application is for(circle the group your child will attend):

Toddler , Young Preschool, Preschool , Pre-Kindergarten , Junior Kindergarten, Bilingual Summer Camp

(please circle)

-- 4 days / 5 days: Full day with before OR / AND after Care

--Afterschool programs with extend care(1 course, 2 course, 3 course, above)

OR / Afterschool programs without extend care (1 course, 2 courses, 3 courses, above):

Monday, Tuesday, Wednesday, Thursday, Friday

I can bring my child to school by 9:15 each day. Yes / No

I can participate in parent involvement events. Yes / No

PARENT/GUARDIAN INFORMATION

Father's first name _____ last name _____

Father's cell phone _____ work phone _____

Father's email address _____

Mother's first name _____ last name _____

Mother's cell phone _____ work phone _____

Mother's email address _____

Emergency Person:

Name: _____ phone: _____ Relationship: _____

MEDICAL AND HEALTH INFORMATION UPDATE

Physician: _____ Phone: _____

Address: _____

Dentist (Do not leave blank, if no, please write None): _____ Phone: _____

Address of Dental office: _____

Date last seen by a doctor/last physical exam: _____

Allergies(including drug reactions): _____ Recent immunizations: _____

Regular Medications: _____ Other Pertinent Data: _____

CHILD'S MEDICAL INSURANCE COVERAGE

Insurance Company Name _____ Member/Policy Number _____

Policy Holder Name _____ Employer Name _____

PLEASE FILL OUT THE INFORMATION BELOW TO HELP OUR TEACHERS.

1. What three words describe your child's personality?

2. Does your child follow instruction well?

3. What do you want your child to gain from B.S.A?

4. Is there anything special about your child that a new school should know?

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I hereby give permission that my child, _____, may be given emergency treatment by a qualified child care provider at _____,

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian Signature _____

Date _____