

Registration Information

Name: _____ Age ___ DOB ___/___/___ Sex []M []F

Father's Full Name: _____ Cell Phone: _____
 Address: _____ City: _____ Zip Code: _____
 Email Address: _____
 Father's Employment _____ Title: _____ Hours: _____ Phone: _____

Mother's Full Name: _____ Cell Phone: _____
 Address: _____ City: _____ Zip Code: _____
 Email Address: _____
 Mother's Employment _____ Title: _____ Hours: _____ Phone: _____

Do parents reside at same residency? _____

Is child up to date on shots? Yes No Date of last checkup: ___/___/___

Is child on any type of medication? () Yes () No
 If yes, what? _____

Parents are: () Married () Divorced () Separated () Widowed () Single

(fill out only if applicable)
 Parent/Guardian with legal custody: _____
 Decree on file? () Yes () No

Social Media and Photography

I, _____ give permission for
 (parent or guardian name)
 Discovery Bridge Preschool to photograph or video my child _____
 (child's name)

for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs		
Display in scrapbook, bulletin boards, or yearbook		
Use still photos on Discovery Bridge public page		
Post pictures or video clips on Private Facebook Page		
Other:		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of services, forfeiture of tuition, or both.

Signature of Parent/Guardian _____ Date _____

Sunscreen Policy

I understand that Discovery Bridge Preschool is not responsible for applying sunscreen to my child during school hours. If sunscreen is needed, I will apply prior to drop-off at 8:30.

Signature of Parent/Guardian _____ Date _____

Emergency Contact

Person to be contacted in case of emergency if parent(s) cannot be reached:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Person(s) with authority to pick child up at school (other than parent/guardian):

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____