



# NEWBRIDGE PREP STUDENT ENROLLMENT FORM

4 Digit Pass Code: \_\_\_\_\_

Child's Name:

\_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Child lives with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_

Persons permitted to remove child from Newbridge Prep: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\*May we contact another physician if unable to contact the above? YES or NO

Persons to be contacted in case of illness, accident or emergency, if for some reason the parents/guardians cannot be reached, and also authorized to remove the child from the facility:

1.	Full Name	Address	Phone #	Relationship
2.	Full Name	Address	Phone #	Relationship
3.	Full Name	Address	Phone #	Relationship

Primary Days of Care: **M T W Th F** Primary Hours of Care: \_\_\_\_\_ to \_\_\_\_\_ Other: **Before / After**

Provide special instructions regarding eating habits, toileting, or other areas of concern including health issues, allergies, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent or Guardian** **Date**

- ARTICLE XV, B, 7, A, PBC Rules, requires that parents must receive a copy of the child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER. I have received a copy of this brochure.
- ARTICLE IV, C, 5, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing Newbridge Prep's disciplinary practices.
- ARTICLE XIII, B, 1, PBC Rules requires the parents complete an AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accident and if the parents cannot be reached. I authorize Newbridge Prep to obtain emergency medical care for my child.
- I understand and agree to the above statements indicated in numbers 1 – 3.

**Signature of Parent or Guardian** **Date**

- ARTICLE XII, B, PBC Rules require the parent and the center complete an ALTERNATE NUTRITION PLAN AGREEMENT if the meals or snacks are furnished by the child's parent.

Indicate special dietary requirements (include information about food allergies).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(Mark P for Parent and C for Center)

\_\_\_ Breakfast \_\_\_ A.M. Snack \_\_\_ Noon Meal/Lunch \_\_\_ P.M. Snack \_\_\_ Dinner \_\_\_ Evening Snack

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Operator

**Signature of Parent or Guardian** **Date**