



## Enrollment Application

### Child Information

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#### Child #1

First Name:
Last Name:
Date of Birth:
Gender:
Daycare Attendance Schedule:
Desired Start Date:
Medications:
Allergies:
Signs/Symptoms of Allergic Reaction:
Allergic Reaction Response Plan:
Medical Conditions:
Care Needs Related to Medical Conditions:

#### Child #2

First Name:
Last Name:
Date of Birth:
Gender:
Daycare Attendance Schedule:
Desired Start Date:
Medications:
Allergies:
Signs/Symptoms of Allergic Reaction:
Allergic Reaction Response Plan:
Medical Conditions:
Care Needs Related to Medical Conditions:

**Child #3**

First Name:
Last Name:
Date of Birth:
Gender:
Daycare Attendance Schedule:
Desired Start Date:
Medications:
Allergies:
Signs/Symptoms of Allergic Reaction:
Allergic Reaction Response Plan:
Medical Conditions:
Care Needs Related to Medical Conditions:

**Child #4**

First Name:
Last Name:
Date of Birth:
Gender:
Daycare Attendance Schedule:
Desired Start Date:
Medications:
Allergies:
Signs/Symptoms of Allergic Reaction:
Allergic Reaction Response Plan:
Medical Conditions:
Care Needs Related to Medical Conditions:

**Home Address**

Street 1:
Street 2:
City, State, Zip:

## Parent/Guardian Information

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### Guardian #1

First Name:
Last Name:
Phone:
Email:

Place of Work:
Work Address:
Work Phone:
Work Schedule:

### Guardian #2

First Name:
Last Name:
Phone:
Email:

Place of Work:
Work Address:
Work Phone:
Work Schedule:

## Emergency Contacts

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### Emergency Contact #1

Name:
Phone:
Email:
Relationship to Child:

### Emergency Contact #2

Name:
Phone:
Email:
Relationship to Child:

### Emergency Contact #3

Name:
Phone:
Email:
Relationship to Child:

### Emergency Contact #4

Name:
Phone:
Email:
Relationship to Child:

## Permissions

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I give Bright Foundations permission to seek emergency medical care for my child/children named on this application.

Signature: \_\_\_\_\_

I give Bright Foundations permission to transport my child/children (named on this application) off campus in a company vehicle or by foot.

Signature: \_\_\_\_\_

I give Bright Foundations permission to take photos and videos of my child/children named on this application.

Signature: \_\_\_\_\_

I give Bright Foundations permission to share photos and videos of my child/children (named on this application) on Bright Foundations social media (ex: website, Facebook, Brightwheel).

Signature: \_\_\_\_\_

I have received the Parent Handbook and have read and agree to Bright Foundations program policies.

Signature: \_\_\_\_\_

I confirm that the information in this Enrollment Application is correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date:

**Submit completed applications to [info@brightfoundationschildcare.com](mailto:info@brightfoundationschildcare.com)**