

Enrollment Form I

Bright Eyes Kindergarten, Inc.

STUDENT INFORMATION

Expected Enrollment Date: _____

First Name: _____ Middle: _____ Last Name: _____
Sex: M F DOB: ____/____/____ SSN: ____-____-____ Name
Name Child Goes By: _____ Lives with: _____
Address: _____ City: _____
State: _____ Zip Code: _____ County: _____

Mother/Guardian: _____ Employer: _____
Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____
Mother/Guardian Email: _____

Father/Guardian: _____ Employer: _____
Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____
Father/Guardian Email: _____

Other Siblings Enrolled/Age: _____

EMERGENCY CONTACTS & PICKUP INFORMATION

Name: _____ Grandparent Friend/Neighbor Relative
Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____

Name: _____ Grandparent Friend/Neighbor Relative
Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____

Name: _____ Grandparent Friend/Neighbor Relative
Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____

Name: _____ Grandparent Friend/Neighbor Relative
Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____

List ALL persons NOT AUTHORIZED to pick up:

1. _____

2. _____

Bright Eyes Kindergarten, Inc.

2036 Roper Mountain Road • Greenville, SC 29615 • (864) 297-7882

www.brighteyeskindergarten.com

Enrollment Form II

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MEDICAL INFORMATION

Child's Physician : _____ Name of Facility: _____
Address: _____ Phone: (____) _____ - _____


My Child does not have insurance

Insurance Provider: _____ Policy/Group ID#: _____
Name of Insured/Policy Holder: _____ Employer: _____
Hospital of Choice: GHS Hillcrest St. Francis Women's St. Francis Downtown

It is now required that we also have a photo copy of the applicable insurance card.

Immunizations: Current Date of next scheduled immunization: _____

Current Medications & Frequency: _____

 Allergies (List ALL known allergies): _____

Has your child ever experienced an allergic reaction? If so, how was it treated and how will you expect Bright Eyes to respond? _____

Medical History: Recent Surgery/Serious Injury Chronic/Recurring Illness
 Physical/Mental Condition Other

Please tell us about any medical issues/conditions: _____

I acknowledge that the information I have provided on Enrollment Forms I & II are accurate and complete. I will notify Bright Eyes Kindergarten, Inc. as changes occur.

Signature of Parent/Guardian

MEDIA CONSENT

Bright Eyes Kindergarten, Inc. request permission to photograph your child, record your child on video tape/audiovisual equipment while participating in our program for the following purposes: bulletin boards, newspapers, brochures/school literature, website, participation in special events, etc.

I grant permission to Bright Eyes Kindergarten, Inc. to photograph my child(ren) according to the media consent outlined in this enrollment form.

Provide an 8-digit password for web access: _____
(\$50 processing fee each time password is reset)

Signature of Parent/Guardian