



**SUMMER SCHOOL 2025 (June 24<sup>th</sup> - Aug 1<sup>st</sup>)**  
**Enrollment Application/Emergency Information**

*For enrollment purposes complete this form and submit with a check for \$75.00 for the registration fee/summer school extras.  
It is extremely important for you to keep your child's enrollment information up-to-date.*

Child's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Date of Birth \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Desired date for attendance to begin: \_\_\_\_\_

Does your child have any allergies to foods, animals, medications, etc.?  YES  NO

If YES, please describe: \_\_\_\_\_

Does your child need to nap at school?  YES  NO

**Please select 2 schedule choices, numbered 1 through 2 (1 being your first choice and 2 being your last).**

Tuesday/Thursday

- 2 Half Days AM (8:30-11:30am)
- 2 Half Days PM (12:30-3:30pm)
- 2 Full Days (8:30-3:30)

Monday/Wednesday/Friday

- 3 Half Days AM (8:30-11:30am)
- 3 Half Days PM (12:30-3:30pm)
- 3 Full Days (8:30-3:30)

Monday through Friday

- 5 Half Days AM (8:30-11:30am)
- 5 Half Days PM (12:30-3:30pm)
- 5 Full Days AM (8:30-3:30)
- 5 Days Full Time (7:30-5:00)

**Mother:** \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Father:** \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Billing Information if different than parent:**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Which elementary school will your child attend following preschool? \_\_\_\_\_

**OFFICE USE ONLY**

Ladybugs \_\_\_ Dragonflies \_\_\_ Sunflowers \_\_\_ Guppies \_\_\_ Monarchs \_\_\_

Registration Paid: \_\_\_\_\_



## Emergency Consent Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In an emergency situation, when the child's parent(s) cannot be reached, the following people will be contacted. It is important that each authorized person have their own unique Code for the purpose of checking children in & out using ProCare's security system. Please list *at least two* people. The following people are also permanently authorized to pick-up your child in non-emergency situations. (There is a separate form for temporary authorization.)

### EMERGENCY CONTACTS / AUTHORIZED PICK-UP

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

### Consent for Emergency Medical Treatment

In the event of a medical emergency when neither my child's parent(s) nor any designated emergency contacts can be reached; I give my permission for a representative of Bluff View Private Preschool to obtain whatever emergency medical care is deemed necessary for my child. I understand I will be financially responsible for any and all charges related to such medical emergency.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

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

Child's Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Hospital Preferred: \_\_\_\_\_ Address: \_\_\_\_\_