

# BRYDEN ACADEMY

## Registration Form

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Enrollment: \_\_\_\_\_

### Parent/Guardian Information

**Father/Guardian Name:** \_\_\_\_\_ SSN# \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Email \_\_\_\_\_ Home Phone#: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer Phone#: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_ SSN# \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone# \_\_\_\_\_  
Home Address: \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Address \_\_\_\_\_  
Employer Phone# \_\_\_\_\_

**Marital Status:** Single  Married  Divorced

### Emergency Contacts or Persons Authorized to Pick-Up the Child (other than parents):

\*These are also used for emergencies when parents/guardian cannot be reached

Name:	Relationship:	Address:	Phone#:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please list one Out of State relative or friend:

1. \_\_\_\_\_

In case of serious emergency or illness, when the parent/guardian cannot be reached immediately, I hereby authorize the child care provider to obtain emergency medical care i.e. physician or other authorized emergency agents and transport my child as needed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Child Information Sheet

Something special about my child:

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Childs Favorite Song: \_\_\_\_\_

Childs Favorite Story: \_\_\_\_\_

Has the child had group play experience: Yes No

Has the child been cared for by another person other than the parent? Yes No If yes by whom? \_\_\_\_\_

Does your child need help? Dressing Washing Eating Toilet

Is your child potty trained? Yes No

Does your child take naps? Yes No

My child generally sleeps: \_\_\_\_\_hours/minutes

My child sleeps easiest by: \_\_\_\_\_

Does your child have any special problems or fears? \_\_\_\_\_

Does your child have any strong likes or dislikes? \_\_\_\_\_

Do you feel strongly about any form of discipline that the childcare provider might use? \_\_\_\_\_

Who disciplines the child at home? \_\_\_\_\_

What are your main concerns, as a parent? \_\_\_\_\_

Any additional comments you may have: \_\_\_\_\_

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# Child Health Assessment

Please Write Clearly

Name of Child \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

## Check All That Apply

Does your child have any known allergies or sensitivities to the following:

	No	Yes	If yes, please specify:
Medications:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Illness or Medical Conditions:

Does your child have any of the following:

	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Problems		
Other _____					

Please List any health information/special instructions you feel we need to be aware of if you answered yes to any of the above:

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List any regular medications your child takes: \_\_\_\_\_

Name of child's Medical Provider: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date

Reviewed & updated: \_\_\_/\_\_\_/\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Reviewed & updated: \_\_\_/\_\_\_/\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Reviewed & updated: \_\_\_/\_\_\_/\_\_\_ Parent/Guardian Signature \_\_\_\_\_

# Transportation Permission Form

Name Of Child: \_\_\_\_\_

I hereby give Bryden Academy the permission to transport my child in the provider's vehicle for the following:

Please check all that apply:

- To and From School
- Scheduled Activities
- Field Trips
- Emergencies

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

For Parents of School Age Children Only:

Parents,

All Children must be at their scheduled pickup areas at the time specified. If the child is not to be picked up or dropped off at the school, please notify a member of the staff ahead of time or a \$10.00 service charge may be enforced. If there is a transportation delay of any problems with the center picking up your child, the center will notify parent/guardian.

If the child fails to meet at the scheduled vehicle/caregiver, the center will notify the parent immediately. Then the parent will then need to contact the school for further information. The parent will then notify the center whether or not they want the center to return to pick their child up or tell them what action needs to be taken.

I, the undersigned, give the provider permission to transport my child in Bryden Academy vehicles for school transportation and other scheduled activities.

Parent/Guardian Signature: \_\_\_\_\_

## Picture Release Form

Photographs of the children participating in classroom activities, outdoor activities, field trips and other activities may be taken from time to time. These pictures may be posted in the classrooms, in the lobby and on our Facebook page (which is private). In order to post these pictures up we need your permission for each. If you do not wish to have them put up, please state below:

I give Bryden Academy & its staff permission to take pictures of my child/children and to put them up in the classroom or in the building.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I give Bryden Academy & its staff permission to take pictures of my child/children and post them on our "private" Facebook page.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# School Transportation Emergency & Release Form

Please  
Attach  
Photo  
of  
Child

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

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

Grade: \_\_\_\_\_

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

Mother/Guardian: \_\_\_\_\_

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

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

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

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Authorized person to contact in case of an emergency if parent cannot be reached.

Name:	Phone #:	Relationship to child:
1. _____	_____	_____

2. _____	_____	_____
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School Information:

School Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Drop Off Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Days Attending: \_\_\_\_\_

I, the undersigned, authorize the staff at Bryden Academy to provide any CPR/First Aid deemed necessary for my child in the case of an emergency. This includes obtaining medical care i.e. physician, or other authorized emergency agents to transport my child as needed.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_