

SCHOOL DISTRICT OF SHOREWOOD
BRIGHT BEGINNINGS PRESCHOOL
2019 - 2020



Shorewood
Recreation and Community
Services Department

BRIGHT BEGINNINGS STUDENT

▪Last Name _____ ▪First Name _____ T-Shirt Size _____
▪Nick Name _____ ▪ Birthdate _____ ▪ Age _____ Male _____ Female _____

BRIGHT BEGINNINGS STUDENT DEMOGRAPHIC

▪Home Address _____
▪City _____ State _____ Zip Code _____
▪Home Phone # _____

PARENT/GUARDIAN INFORMATION

▪Parent/Guardian's Name _____ ▪Home Phone _____
▪Daytime Phone _____ ▪Cell Phone _____
▪Mailing Address (if different) _____
▪City _____ ▪State _____ ▪Zip Code _____
▪Legal Guardian of Student Yes _____ No* _____ ▪ Resides with this Parent: Yes _____ No* _____
*If no, do you want student information sent to this parent? Yes _____ No _____
E-mail address _____

PARENT/GUARDIAN INFORMATION

▪Parent/Guardian's Name _____ ▪Home Phone _____
▪Daytime Phone _____ ▪Cell Phone _____
▪Mailing Address (if different) _____
▪City _____ ▪State _____ ▪Zip Code _____
▪Legal Guardian of Student Yes _____ No* _____ ▪ Resides with this Parent: Yes _____ No* _____
*If no, do you want student information sent to this parent? Yes _____ No _____
E-mail address _____

PLEASE LIST NAMES OF INDIVIDUALS WHO ARE ALLOWED TO PICK UP YOUR CHILD

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACTS SHOULD BE SOMEONE OTHER THAN A PARENT WHO CAN BE CONTACTED IN AN EMERGENCY

▪Name _____ Telephone Number _____ Relationship _____

▪Name _____ Telephone Number _____ Relationship _____

▪Physician's Name _____ Telephone Number _____

In case of emergency: School personnel will make a judgement regarding emergency care to be given. If emergency medical personnel are summoned they will assume responsibility from that time on. Your child cannot be treated at a hospital until a parent can be reached. He/She can be transported to a hospital and given life saving measures only.

I give the Preschool Staff permission to seek medical attention for my child in case of an emergency.

Parent/Guardian Signature and Date: _____

MEDICAL INFORMATION

ADD/ADHD Y N

Asthma Y N

Asthma Triggers _____

Diabetes Y N

Epilepsy Y N

Immuno-Compromised Y N

Seizure Disorder Y N

Chicken Pox

Disease Y N Vaccine Y N

Special considerations: _____

Additional information about your child: _____

Allergies _____

Medications Y N

Glasses Y N Contacts Y N

Mental Health Concerns Y N

Explain _____

Emotional Health Concerns Y N

Explain _____

I have received the Bright Beginnings Preschool handbook and agree to follow all the rules and procedures.

Parent/Guardian Signature and Date: _____