

SCHOOL DISTRICT OF SHOREWOOD
BRIGHT BEGINNINGS PRESCHOOL
2018 - 2019



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 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 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	Allergies	_____				
Asthma	Y	N	Medications	Y	N	_____		
Asthma Triggers	_____		_____					
Diabetes	Y	N						
Epilepsy	Y	N	Glasses	Y	N	Contacts	Y	N
Immuno-Compromised	Y	N	Mental Health Concerns	Y	N			
Seizure Disorder	Y	N	Explain	_____				
Chicken Pox			Emotional Health Concerns	Y	N			
Disease	Y	N	Vaccine	Y	N	Explain _____		
Special considerations:	_____							
Additional information about your child:	_____							

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

Parent/Guardian Signature and Date: _____