

**Swain County Schools**  
**Bright Adventures Pre-Kindergarten Program**

Child's Application for Enrollment

Registration Date: \_\_\_\_\_ Entrance Date: \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_  
Person Completing the Form: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

CHILD INFORMATION

Please Print:

Name of Child \_\_\_\_\_ M or F \_\_\_\_\_  
(first) (middle) (last) (name called) (circle one)

Ethnicity: \_\_\_\_\_ Non Hispanic \_\_\_\_\_ Hispanic

Race: \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian or other Pacific Islander  
\_\_\_\_\_ White or European American

911 Address \_\_\_\_\_ County \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
(PO Box/Street) (City) (State) (Zip)

Elementary School your child will attend: \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_ Other (list): \_\_\_\_\_

Has your child ever been enrolled in a Head Start / Day Care Center? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, where? \_\_\_\_\_ Dates of enrollment \_\_\_\_\_ to \_\_\_\_\_

FAMILY INFORMATION

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address (if different from child) \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address (if different from child) \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Both \_\_\_\_\_ Other (list): \_\_\_\_\_

Who is responsible for the child in the afternoons? \_\_\_\_\_

If available, I would be interested in more information about an after school program: \_\_\_\_\_ Yes \_\_\_\_\_ No

Will your child ride a bus in the mornings? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, street address of pick up: \_\_\_\_\_

Will your child ride a bus in the afternoons? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, street address of drop off: \_\_\_\_\_

List other children and adults in the household:

	Name	Age	Relationship to Child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Mother's last grade in school \_\_\_\_\_ Mother's Age \_\_\_\_\_

Father's last grade in school \_\_\_\_\_ Father's Age \_\_\_\_\_

**\*\*\*Is one or more parent(s) or guardian(s) of this child on active duty in the military, or was the parent or guardian seriously injured or killed while on active duty? \_\_\_\_\_ Yes \_\_\_\_\_ No\*\*\***

**MEDICAL INFORMATION and HEALTH CARE NEEDS**

*For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? \_\_Yes \_\_No*

Describe delivery and condition of child at birth: Weight \_\_\_\_\_ Full Term? \_\_Yes \_\_No

Normal Delivery? \_\_Yes \_\_No Describe any complications: \_\_\_\_\_

In general, how would you rate your child's health? Please check one:

\_\_Poor \_\_Not so Good \_\_Average \_\_Very Good \_\_Excellent

If you rated your child's health poor or not so good, why? \_\_\_\_\_

Does your child have any pre-existing health conditions? \_\_Yes \_\_No

If yes, describe: \_\_\_\_\_

Have you ever suspected that your child has a hearing or vision problem? \_\_Yes \_\_No

If yes to either of the above, explain: \_\_\_\_\_

Has your child had any problems with his/her speech or being understood by others? \_\_Yes \_\_No

If yes, explain: \_\_\_\_\_

Has your child ever had a head injury and/or concussion? \_\_Yes \_\_No If yes, date:

\_\_\_\_\_

Has your child ever been hospitalized? \_\_Yes \_\_No

If yes: Date(s): \_\_\_\_\_ For how long: \_\_\_\_\_ Why: \_\_\_\_\_

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

\_\_\_\_\_

List any other health care needs or concerns, symptoms of and type of response for these health care needs or concerns:

\_\_\_\_\_

List any particular fears or unique behavior characteristics the child has: \_\_\_\_\_

\_\_\_\_\_

List any types of medication taken, how often, and why: \_\_\_\_\_

\_\_\_\_\_

Other information that has a direct bearing on assuring safe medical treatment for your child: \_\_\_\_\_

**EMERGENCY CONTACTS & RELEASE PERMISSION**

*Children will only be released to parents/guardians listed on the child's application. Additionally, the child can be released to the following individuals, as authorized by the person who signs the application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.*

Name	Relationship	Address	Phone Number

*\*Please make sure your emergency contacts know we may be contacting them concerning your child.\**

**EMERGENCY MEDICAL CARE INFORMATION**

Child's Primary Care Physician: \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Information:  
My child is covered by health/accident insurance from: (Name of Company) \_\_\_\_\_  
Policy Holder is: \_\_\_\_\_ Policy #: \_\_\_\_\_

My child is not covered by a health/accident policy \_\_\_\_\_  
My child is covered by Medicaid \_\_\_\_\_ Child's Full Name: \_\_\_\_\_  
Medicaid Number: \_\_\_\_\_

*I, as the parent/guardian, authorize Bright Adventures to obtain medical attention for my child in an emergency.*

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

*I, as the operator, do agree to call for an ambulance or provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.*

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

