



Locations

Please select your location:

- The Bridge Learning Center
- Mirror Lake Academy
- Stonebridge Academy

Application & Contract

How did you hear about us?

(Circle all that apply)

Direct Mail

Yellow Pages

Drive By

Referred by _____

Fliers

Billboard

Saw Our Buses

Internet site: _____

Child's Name _____ / _____
(Last Name) (First Name)

Account Name (Parent/Guardian 1) _____

SSN (Parent/Guardian 1) _____ - _____ - _____

E-mail Address _____

Relationship to Child _____

Address _____

Cell Number _____ Home Number _____

Employer _____ Work Number _____

Employer Address _____

Account Name (Parent/Guardian 2) _____

SSN (Parent/Guardian 2) _____ - _____ - _____

Relationship to Child _____

Address (if different) _____

E-mail Address _____

Cell Number _____ Home Number _____

Employer _____ Work Number _____

Employer Address _____

Child's Primary Residence: Both Mother / Father / Guardian

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No
(_____ Academy must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons to pick up the child at such times, unless court papers state otherwise.)

Child's Name _____

DOB _____ Sex _____

Child's Social Security # (not required) _____

Home Address _____

City _____ State _____ Zip _____

Please list all siblings and other people living in the home:

Name _____	Relationship to Child _____	Age _____
Name _____	Relationship to Child _____	Age _____
Name _____	Relationship to Child _____	Age _____
Name _____	Relationship to Child _____	Age _____



The child will be released only to the people on this application and the following persons:

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

RELEASE AUTHORIZATION

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

Enrolling Parent/Guardian Signature _____

Please Print _____ Date _____

AUTHORIZATION FOR TRANSPORTATION

My child has permission to ride the (child care center) _____ bus to and / or from (name of school): _____.

The (child care center) _____ bus leaves the center between 6:45am and 7:30am for arrival to the listed school between 7:45am and 8:30am. The (child care center) _____ bus leaves the listed school between 2:45pm and 3:30pm for arrival at (child care center) _____ between 3pm and 4pm.

Signature of Parent or Guardian _____ Date _____

PROGRAM ASSIGNMENT

_____ (name of school) will be open from ____ AM to ____ PM for children ages 6 weeks - 12 years old.

My child will attend the following days and times:

M T W Th F

from _____ am / pm - _____ am / pm.



ENROLLMENT & FINANCIAL POLICIES

I agree to pay an annual registration fee at the time of enrollment and again every August. This enrollment fee is non-refundable.

I agree to pay the weekly tuition fee in advance, on or before 7:00pm each Monday without exception.

I understand if my school uses an automatic payment system, such as Tuition Express, participation is mandatory. I will be charged a handling fee if I choose not to participate.

I am aware that I will be charged a fee for late tuition.

I am aware that I will be charged a fee for late pick-ups.

I have received the Parent Handbook, containing additional policies and procedures.

This institution is an equal opportunity provider.

I understand that current rates are subject to change.

I am aware that a two week notice is required for withdrawals and failure to properly notify the center will result in being charged for the period of time that notice wasn't given.

I am aware that the center is within it's rights to collect any unpaid tuition, fees and collection or court costs associated with collection of these charges.

Parent / Guardian Name (please print) _____

Parent / Guardian Signature _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

I hereby authorize the staff and director representing the center to give consent for any and all necessary emergency medical and First Aid care to include transportation, if needed, for my child while he/she is in the center's custody.

Signature of Parent of Guardian _____ Date _____

AUTHORIZATION FOR PHOTOGRAPHY

Permission (is / is not) given for photography for publicity purposes to be used in print promotions, e-mail, or use on the company's web site including social media sites.

Signature of Parent or Guardian _____ Date _____

AGREEMENT TO PROVIDE ADDITIONAL FORMS

I agree to provide an up-to-date Immunization Record for my child within ten (10) days of enrollment in the pre-school program.

I agree to provide a completed Income Eligibility Statement (provided) at the time of enrollment.

Signature of Parent or Guardian _____ Date _____



PARENT AUTHORIZATION FORM

HEALTH AND MEDICAL INFORMATION

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give the center permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- Baby Wipes
- Band-aids
- Neosporin or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- Other (please specify) _____

Parent/Guardian Signature

Date

Child's Name _____

Child's Physician / Group Name _____

Physician's Phone # _____

Physician's Address _____

City _____ State _____ Zip Code _____

Hospital Preference & Address _____

Emergency Contact (other than parents) _____

Address _____ Phone _____

Does your child have any allergies or special needs? _____

Is your child potty trained? Yes No

Insurance Provider _____

Member Number _____ Name of Policy Holder _____

Description of Coverage _____

I acknowledge that this center cannot be held liable in any way for accidents that occur on or off premises while my child is under this center's care.

Signature of Parent or Guardian _____ Date _____