2011-2012 School Year

BRITEFUTUREACADEMY

ENROLLMENT APPLICATION

STUDENT INFO

Child's Last Name: First Name: MI

Birth date: Current Age: Gender: ❍Male ❍Female

Street Address:

City: State: Zip Code: Telephone:

Program Choice: DAY: ❍ Standard ❍ Extendend YEAR: ❍ Standard ❍ Extended

Last School Attended: Phone: Grade:

Does student currently have an: ❍IEP ❍504 Has student previously had an: ❍ IEP ❍ 504

Has Student received additional services: ❍OT ❍PT ❍ST ❍other:

HEALTH INFO

Physician's Name: Physician's Phone

Health Concerns/Diagnosis/Allergies:

Dietary Restrictions: ❍ None ❍Dairy Free ❍Gluten Free ❍ Casein Free ❍ Other:

Current Medications: ❍None ❍ Specify:

Past Medications: ❍None ❍ Specify:

Hearing Status: ❍ Good ❍ Not Tested ❍ Impaired ❍ Aids ❍ APD Tubes: ❍ Past ❍ Present

Vision Status:❍ Good ❍ Not Tested ❍ Impaired ❍ Glasses/Contacts ❍ APD ❍ Vision Therapy

FAMILY INFO

Student Lives with: ❍Both Parents ❍Mother ❍Father ❍P/T Mother &Father ❍Other: _____

Custody Arrangements: Please attach a current copy of any joint/exclusive custody agreements for this child.

Special Custody Issues: _____

Mother's Last Name: _____ First Name: _____ MI _____

Address: (if different) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____ Occupation: _____

Emp. Address: _____ City: _____ State: _____ Zip: _____

Father's Last Name: _____ First Name: _____ MI: _____

Address: (if different) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____ Occupation: _____

List Siblings and Others Living in Home

Name: _____ Relationship: _____ Age: _____ Grade: _____ School: _____

Name: _____ Relationship: _____ Age: _____ Grade: _____ School: _____

Name: _____ Relationship: _____ Age: _____ Grade: _____ School: _____

Name: _____ Relationship: _____ Age: _____ Grade: _____ School: _____

EMERGENCY CONTACTS Please list the name and number for two people who have agreed to be contact when both parents cannot be reached.

1)Name: _____ Relationship: _____ Phone: _____.

2)Name: _____ Relationship: _____ Phone: _____.

DEVELOPMENTAL INFO

Pregnancy: ❍ Full Term ❍ Premature: # weeks ❍ Late: # of weeks Birth Weight: lbs oz

Delivery: ❍ No Complications ❍ Complications .

.

Surgeries/Hospitalizations: .

Development Stages: Please list age or EARLY – AVERAGE – LATE if you don't remember actual age

Rolling: Sitting: Crawling: Was it cross crawl or some variation? .

Walking: Eating Pureed Foods: Eating "Cheerio" Type Foods: Self Feeding: .

Babble: First Words: Phrases: Potty Trained: Dry at Night: Dress Self .

Family History: Do any family members have a history of the following? .

Learning Difficulty: .

Dyslexia or Reading Problems: .

Obsessive Compulve Disorder (OCD): .

ADD/ADHD: .

Anxiety: : .

Addiction: : .

Diagnosis/Condition	Suspected	Diagnosed	Medicated/Treated
ADD/ADHD			
Dyslexia / Reading Issues			
Anxiety			
Autism			
Cerebral Palsy			
Seizures			
Poor Balance/Coordination			
Delayed Language/Articulation Disorders			
Perfectionism			
Strong Fears			
Snoring/ Sleep Apnea			
Other:			

STUDENT INTERESTS

Favorite Book: _____ Favorite Movie: _____.

FavoriteCharacter: _____ Favorite Activity: _____.

Favorite Color: _____ Favorite Animal: _____.

Foods: Favorite: _____ Dislikes: _____.

Dreams: _____.

Unique Qualities: _____.

Why are you looking for an alternative to Public/Traditional Private Schools?

_____.

_____.

How does the student currently occupy their time?

_____.

Describe your experience raising your child:

_____.

_____.

_____.

ATTACH PHOTO(s) HERE

BRITEFUTUREACADEMY

FIRST AID PRODUCT RELEASE

Dear Parents,

Occasions arise where your child may require first aid during the school day. For these occasions, our school's health office maintains a limited supply of first aid products. Please complete the following form and return it to the school office with enrollment package.

Child's Name:	Phone:
Birth Date:	Grade (2011-2012 School Year):

I/we give permission for the above named student to have first aid administered when deemed necessary.

Initial any/all items your child may receive.

Note: No medication may be given without parental consent and/or a doctor's order (if applicable).

Parent must also provide the medication. A medication consent form is available in the school office.

Initial below	First Aid Products	Initial below	First Aid Products
	Bacitracin Ointment *(antibiotic ointment for abrasions)*		**Petroleum Jelly** *(for chapped or dry lips)*
	Benadryl Cream/Gel *(itching)*		**Benzalkonium Chloride or Peroxide** *(antiseptic for abrasions)*
	Sterile Eye Wash *(Purified Water)*		**Ice Pack to be applied** *(bumps, bruises and sprains)*
	Sunblock Lotion *(if a child doesn't provide his/her own lotion)*		**Other:**

I authorize the Health Aide or individual designated by the Principal to be my agent to administer to my child the above noted first aid products.

Parent's Name:		Date:
Signature:		

NOTES TO SCHOOL