

# 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:  Standard  Resource  Brain Labs  Summer  Homeschool  Custom  PT

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

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**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:** \_\_\_\_\_

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**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:** \_\_\_\_\_

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**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 Compulsive Disorder (OCD):** \_\_\_\_\_

**ADD/ADHD:** \_\_\_\_\_

**Anxiety:** \_\_\_\_\_

**Addiction:** \_\_\_\_\_

Student 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:			

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**STUDENT INTERESTS**

**Favorite Book:** \_\_\_\_\_ **Favorite Movie:** \_\_\_\_\_.

**Favorite Character:** \_\_\_\_\_ **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 y currently occupy their time?**  
\_\_\_\_\_  
\_\_\_\_\_.

**Describe your experience raising your child:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
**Attach Your Favorite Photo(s) HERE**



## 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):	
<b>I/we give permission for the above named student to have first aid administered when deemed necessary.</b>			
<p>Initial any/all items your child may receive.</p> <p><b>Note: No medication may be given without parental consent and/or a doctor's order (if applicable).</b></p> <p><b>Parent must also provide the medication. A medication consent form is available in the school office.</b></p>			
<b>Initial below</b>	<b>First Aid Products</b>	<b>Initial below</b>	<b>First Aid Products</b>
	<b>Bacitracin Ointment</b> <i>(antibiotic ointment for abrasions)</i>		<b>Petroleum Jelly</b> <i>(for chapped or dry lips)</i>
	<b>Benadryl Cream/Gel</b> <i>(itching)</i>		<b>Benzalkonium Chloride or Peroxide</b> <i>(antiseptic for abrasions)</i>
	<b>Sterile Eye Wash</b> <i>(Purified Water)</i>		<b>Ice Pack to be applied</b> <i>(bumps, bruises and sprains)</i>
	<b>Sunblock Lotion</b> <i>(if a child doesn't provide his/her own lotion)</i>		<b>Other:</b>
<b>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.</b>			
Parent's Name:			Date:
Signature:			

NOTES TO SCHOOL

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