



**BRIGHT LEARNING STARS**

*Explore, Play, Share & Learn*

[info@brightlearningstars.com](mailto:info@brightlearningstars.com)

Contract #: \_\_\_\_\_

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**APPLICATION FORM**

**Child's information**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

**Siblings**

1. Names \_\_\_\_\_ Age \_\_\_\_\_

2. Names \_\_\_\_\_ Age \_\_\_\_\_

3. Names \_\_\_\_\_ Age \_\_\_\_\_

**Parent/Guardian Information**

1. Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer or School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer or School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Emergency contact**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_



Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Additional person(s) permitted for child pick-up**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information**

Does your child have allergies? \_\_\_\_\_

If so, please list them \_\_\_\_\_

\_\_\_\_\_

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs, please discuss these with our providers.

**Child's physician contact information**

Physician Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**Child's dental contact information**

Dentist Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_



**Application Information**

Name of person applying for child \_\_\_\_\_ Phone \_\_\_\_\_

Are you a (circle one): parent caretaker guardian relative

Address of person listed above (if different than child)

\_\_\_\_\_

**Agreement**

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. (circle one) Yes No

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child. (circle one) Yes No

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for child care provided.

\_\_\_\_\_  
Parent/Legal guardian signature

\_\_\_\_\_  
Date