

CHILDCARE ENROLLMENT FORM

Bright Leaders Academy

8114 West Chester Pike Upper Darby PA 19082 610-938-4745

brightleadersacademy1@gmail.com

1. Child's Information

- Full Name: _____
- Date of Birth: _____
- Gender: Male Female Other
- Home Address: _____
- Allergies: _____
- Special Dietary Needs: _____
- Medical Conditions: _____

2. Parent/Guardian Information

Primary Parent/Guardian:

- Full Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____
- Home Address: (if different from child's) _____

Secondary Parent/Guardian (if applicable):

- Full Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____

3. Emergency Contacts

(Other than parents/guardians)

1. Full Name: _____
 - Relationship to Child: _____
 - Phone Number: _____

2. Full Name: _____
- Relationship to Child: _____
 - Phone Number: _____

4. Authorized Pick-Up Persons

(Other than parents/guardians)

1. Full Name: _____
- Relationship to Child: _____
 - Phone Number: _____
2. Full Name: _____
- Relationship to Child: _____
 - Phone Number: _____

5. Medical Information

- Doctor's Name: _____
- Doctor's Phone Number: _____
- Preferred Hospital: _____
- Health Insurance Provider: _____
- Policy Number: _____
- Medications (if any): _____
- Special Health Concerns: _____

6. Child's Daily Routine and Preferences

- Nap Schedule: _____
- Feeding Schedule: _____
- Comfort Items (e.g., blanket, stuffed animal): _____
- Other Special Needs: _____

7. Permissions and Agreements

- I give permission for my child to participate in daycare activities and outings.
- I give permission for my child's photos to be used in newsletters and social media.
- I give permission for daycare staff to seek emergency medical care for my child if I cannot be reached.
- I have received and read the daycare policies and agree to follow them.

Parent/Guardian Signature: _____

Date: _____

Drop-Off and Pick-Up Times

- Regular Drop-Off Time: _____ AM/PM
- Regular Pick-Up Time: _____ AM/PM
- Who Will Usually Pick Up the Child: _____

8. Additional Notes/Comments
