



Berry Bright Preschool Enrollment Form

20__/20__

Personal Information

Please Print

Students Full Name _____ Male / Female

Does your child have a nickname? _____

Student's Date of Birth ____/____/____

Father's Full Name _____

Mother's Full Name _____

Student Lives With Parents Mother Father Other _____

Home Address _____

City _____ Zip _____

Mailing Address _____

City _____ Zip _____

Father's Cell _____ Mothers Cell _____

Father's Employer _____ Work # _____

Mother's Employer _____ Work # _____

Check Any That Apply

Food Allergy _____

Medical Condition _____

Behavioral/Emotional Concern _____

Other _____

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Emergency Contacts

Other than parents, child will be released only to persons listed below or by verbal or written consent by a parent or guardian. You must include at least two LOCAL contacts in case of late pickup, illness, accident or other emergency reasons. Please list contacts in order of preference.

1. Name _____

Relationship _____ Phone _____

2. Name _____

Relationship _____ Phone _____

3. Name _____

Relationship _____ Phone _____

Terms of Payment

I understand that the annual tuition has been divided into ten (10) equal payments, that the first payment is due at orientation, that a full payment is due in months containing days off, and that the registration fee is non-refundable. I understand that a \$5.00 late fee will be added to the tuition if payment is made after the 5th, with an additional \$5.00 charge every 5 days until payment is received. Furthermore, I agree to give two weeks written notice if I find it necessary to withdraw my child from Berry Bright Preschool.

I agree that the above information is correct and accept all terms of payment.

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____

Berry Bright Preschool Consent Form

I, _____ hereby give permission so that my child, _____, may be given emergency treatment, to include first aid and CPR by qualified staff member of Berry Bright Preschool. I authorize Berry Bright Preschool, as our agent, to give consent to surgical or medical treatment by any licensed physician or hospital in the State of Oregon for my child when such physical deems treatment necessary, and we cannot be reached within a reasonable amount of time. I also give permission for my child to be transported by ambulance or car to an urgent care facility or hospital. I agree that I will pay all physician and hospital bills, and that Berry Bright Preschool will bear no responsibility for medical care expense.

I hereby grant permission for my child to participate in all activities and field trips. We occasionally take classes on short walks in the vicinity of the school building. Parents will be notified in advance for field trips requiring transportation.

I hereby release and hold Berry Bright Preschool personnel and their agents harmless from all claims, damages, or liabilities for injury to my child which are not a result of gross negligence by Berry Bright Preschool personnel or its agents.

My child may be photographed and/or videotaped while participating in daily activities at Berry Bright, and to use the photographs and/or video in photographs display, the school website, or other publications showing these daily activities.

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____