

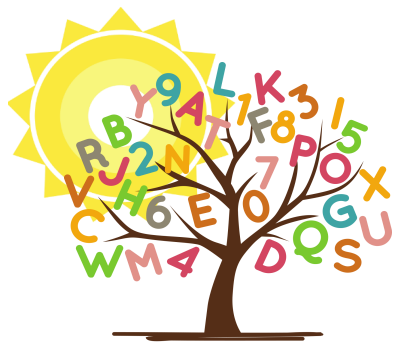


Bright Beginnings

TUESDAY SCHOOL AT BBC

REGISTRATION PACKET

Registration for the 2019-20 school year goes through August 12th. Please submit completed paperwork to the church office. Enrollment is limited to the first 40 students.



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9:00 - 11:30 AM (Sept. 3 - Dec. 3, 2019; Jan. 7 - April 7, 2020)

Child must be 3 by September 1, 2019.

All Bright Beginnings students must be potty trained. Students enrolled in any other type of preschool program or Kindergarten may not register.

CHILD'S NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ P.O. BOX NO. _____
(STREET)

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

CHILD'S AGE: _____ ☐ BOY ☐ GIRL DATE OF BIRTH: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

OCCUPATION: _____ OCCUPATION: _____

EMPLOYER: _____ EMPLOYER: _____

WORK PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: (OTHER THAN PARENT) _____

RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ CELL PHONE: _____

FAMILY DOCTOR'S NAME: _____ PHONE: _____

HOSPITAL PREFERRED: _____

ARE THE CHILD'S VACCINATIONS UP TO DATE: _____

DOES YOUR CHILD HAVE ANY ALLERGIES TO FOOD OR MATERIALS OF ANY KIND? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

WILL CHILD BE ATTENDING KINDERGARTEN DURING THE 2020-2021 SCHOOL YEAR: ☐ YES ☐ NO

DOES YOUR CHILD HAVE A SIBLING IN BRIGHT BEGINNINGS? ☐ YES ☐ NO

IF YES, WHAT IS THEIR NAME: _____

SIGNATURE: _____ DATE: _____



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Minor Participation Authorization and Consent to Emergency Medical Treatment

I, the undersigned, certify that I am the parent or legal guardian of _____
(hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of Bible Baptist Church Wilmington: Bright Beginnings Tuesday School (hereafter the "activity") on or about September 2019 - April 2020.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release Bible Baptist Church Wilmington, its trustees, officers, directors, employees, agents and representatives from any harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Bible Baptist Church Wilmington, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this _____ day of _____, 20____.

Signature _____

Printed Name _____

Witness: _____



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Medication Administration Request Form

Both sections of this form must be completed in order to administer non-prescription or prescription medication at Tuesday School on an EMERGENCY ONLY basis.
This form will be in effect for the 2019-2020 school year.

Physician's Request for the Administration of Medication by School Personnel
(This section must be completed by a physician only if the child has prescription medication.)

_____ is under my care and should
(Student's Full Name)
receive _____ in the event of an allergic reaction.
(Name of Medication)

Expiration Date of this Request: _____

Physician's Signature: _____

Physician's Printed Name: _____

Physician's Phone Number: _____

Date: _____

Parent's Request for the Administration of Medication by School Personnel
(This section must be completed by the parent or guardian for all over the counter medications.)

I hereby request and give my permission to the personnel of Tuesday School at Bible Baptist Church Wilmington to administer the following medication to my child in the event of an allergic reaction or medical emergency.

Name of Child: _____

Name of Medication: _____

Dosage of Medication: _____

Parent or Guardian's Signature: _____

Date: _____