Please check Location
_____Hanover
_____Seekonk
_____N. Smithfield

Briarwood CHILD ACADEMY
Building Tomorrow's Leaders

Registration Form

APPLICANT

Full Name: _____
Last First Middle Name Child Uses

Home Address: _____
Street City State Zip Code

Date of Birth _____ Age _____ Sex: ☐Male ☐Female Eye Color_____

Height_____ Hair Color_____ Weight_____

Any Other Identifying Marks_____

Date of Application _____ For: Infant Toddler Preschool/PreK School Age

Drop off time requested_____ Pick up Time Requested_____

☐ Full Day ☐ Half Day ☐ M T W TH F

PARENT/GUARDIAN

Full Name: _____ _____
Title First Middle Last Relationship to Student

Home Address: _____
Street City State Zip Code

Home Phone: _____ Home Fax: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Address:_____
Street City State Zip Code

Phone: _____ Fax: _____

Email Address: _____ ☐ Work or ☐ Home

PARENT/GUARDIAN

Full Name: _____ _____
Title First Middle Last Relationship to Student

Home Address: _____
Street City State Zip Code

Home Phone: _____ Home Fax: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Address:_____
Street City State Zip Code

Phone: _____ Fax: _____

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FAMILY INFORMATION

Student lives with (check all that apply):

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian ☐ Other:_____

If the applicant's parents are divorced, please indicate which parent has responsibility for:

Custody of student _____ School related decisions _____

Financial matters _____ School registration materials _____

Which language is spoken at home? _____

SIBLINGS:

Name _____ DOB _____ Current School _____

Name _____ DOB _____ Current School _____

Name _____ DOB _____ Current School _____

AUTHORIZED PICK UP

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

GENERAL INFORMATION

In what ways do you expect your child to benefit from our program? _____

_____

Describe your child using three adjectives: _____

What hobbies and interests does your child possess: _____

_____

Your child's eating habits: Favorite foods:_____Least_____

Eats with: hands, spoon,fork, or all _____

Sleeping habits: Does your child nap during the day?_____ If yes how long?_____

Describe sleeping needs.(Stuffed animal,blanket,story)_____

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SCHOLASTIC INFORMATION

Current preschool/daycare: _____ Time attended: _____

Does your child currently engage in any enrichment programs or organized play groups? Please describe_____

_____

Is your child potty trained? _____ Does your child have accidents?_____

Please indicate any special interests: _____

_____

Developmental History: Age child began: Sitting _____ Walking_____Talking_____

What type of behavior management is used at home:_____

MEDICAL INFORMATION AND MORE

Please check all that apply to your child:

- ☐Allergies
- ☐Chronic Illness
- ☐Vision or Hearing Difficulties
- ☐Physical Restrictions
- ☐Learning Differences
- ☐Emotional or Behavioral Concerns
- ☐Currently Taking Medications
- ☐Speech Therapy
- ☐Occupational Therapy
- ☐Physical Therapy
- ☐Asthma
- ☐Psychological Counseling
- ☐Two Parent Family
- ☐Single Parent Family
- ☐Blended Family
- ☐Custodial Arrangements
- ☐Other: _____

Please note below specific comments for those items checked:

Date of Onset Please Provide Details Future Plans

_____

_____

_____

_____

Health Insurance_____ Member ID:_____

Group #:_____ Member Name_____

Physician's name and phone number: _____

Please check Location
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EMERGENCY CARE

Emergency Care - Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child (name)_____. However, if I cannot be reached, I hereby authorize Briarwood Child Academy to transport my child to the (hospital name)_____ Hospital and to secure for my child the necessary treatment. I understand the teachers at Briarwood Child Academy are trained in the basics of first aid and I authorize them to give my child first aid when appropriate.

*Parent Signature: _____ Date: _____

FIELD TRIP PICTURE CONSENT

AUTHORIZATION FOR TAKING CHILD'S PICTURE

During the course of various activities pictures may be taken to document the children's accomplishments. We are requesting your permission to display your child's picture within the school, Briarwood's Face book page, or on the school's website to illustrate these activities.

☐ YES ☐ NO ☐ WITHIN THE SCHOOL ONLY

FIELD TRIP PERMISSION

Please note: Make only one choice.

The teachers will plan field trips for the children throughout the school year. These field trips will be posted on the Sign In/Out boards, weekly lesson plans and/or a posting in the classroom.
Please choose one permission type:

☐*Blanket*. My signature below is the only one needed for my child to attend the class field trips for theschool year.

☐*Every Time.*I prefer to sign a permission slip every time my child's class goes on a field trip. I understand that if I do not sign a permission slip once notification has been posted, my child will not be allowed to go on the field trip.

SIGNATURE

By signing below, you verify that all information on this Child Care Application for Enrollment is complete and accurate and that you received a copy of the BCA "Parent hand book."

_____ _____

Parent or Legal Guardian #1 Date Parent or Legal Guardian #2 Date

How did you hear about Briarwood Child Academy?_____