

Brighten Preparatory Academy 2010-2011 Enrollment Form

3862 Brookmont Parkway
Douglasville, GA 30135
770-615-3680 office 770-615-3677 fax
mhardeman@brightenacademy.com

Application Date _____

Child's Name	Sex	Age	Birthdate
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Home Address	Home Telephone Number
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Father's Information

Mother's Information

Name:	Name:
Place of Employment:	Place of Employment:
Business Address:	Business Address:
Business phone:	Business phone:
Cell Phone:	Cell Phone:
Email:	Email:
Home Address (if different than child's)	Home Address (if different than child's)

Child's Living Arrangements: Both Parents Mother Father Other

Child's Legal Guardian(s): Both Parents Mother Father Other

Please list Other's Living in the Household

Name
(Y/N)

Age

Currently Attending Brighten Charter School

Emergency Contact Information

The child may be released to the person(s) signing this agreement or to the following:

Name	Address	Phone	Relation to child
		(w) (c) (h)	
		(w) (c) (h)	
		(w) (c) (h)	
		(w) (c) (h)	
		(w) (c) (h)	

Persons to contact in case of an emergency when parents cannot be reached:

_____ You may contact anyone on the list above. (Please initial)

Name	Address	Phone	Relation

Name of public or private school child attends, if any:

Child's Physician or Clinic's Name (Child's Primary Health Source)

Physician/Clinic's Telephone Number: _____

My child has the following special need(s): **NO YES (circle one—if yes describe below)**

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center. **NONE YES (circle one—if yes describe below)**

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: **NONE YES (Circle one—if yes describe below)--**

Should _____ (child's name and date of birth) suffer an illness while in the care of and the facility is unable to contact me/us immediately, Brighten Preparatory Academy shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature of Parent/Guardian(s)

Date

EMERGENCY MEDICAL AUTHORIZATION