



BROOKRIDGE

DAY SCHOOL

Parent/Guardian Information

Registration Date: _____

School Directory: Would you like your family to be included in our school directory? ☐ Address ☐ Phone ☐ Email

Parent /Guardian 1 First Name: _____ M.I.____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Would you like to receive text messages: ___Y ___N Cell Phone Carrier: _____

Occupation/Employer: _____ Work Phone: () _____

☐ Custodial Parent (If married, mark both parents) Email: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Relationship to Child: ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other _____

Mark All that Apply: ☐ Child Lives With ☐ Emergency Contact ☐ Authorized Pickup

Is there is other information you would like us to know?

Parent /Guardian 2 First Name: _____ M.I.____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Would you like to receive text messages: ___Y ___N Cell Phone Carrier: _____

Occupation/Employer: _____ Work Phone: () _____

☐ Custodial Parent (If married, mark both parents) Email: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Relationship to Child: ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other _____

Mark All that Apply: ☐ Child Lives With ☐ Emergency Contact ☐ Authorized Pickup

Is there is other information you would like us to know?



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Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: Preschool Pre-K Kindergarten 1st 2nd 3rd

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Dietary Restriction: _____

Physician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? ☐ Yes ☐ No

May we display a photo of your child on our website? ☐ Yes ☐ No

May we display a photo of your child on our Facebook page? ☐ Yes ☐ No

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: Preschool Pre-K Kindergarten 1st 2nd 3rd

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Dietary Restriction: _____

Physician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? ☐ Yes ☐ No

May we display a photo of your child on our website? ☐ Yes ☐ No

May we display a photo of your child on our Facebook page? ☐ Yes ☐ No



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Emergency Contacts & Persons Authorized for Routine Pick up: (Other than Parent/Guardian)

1st Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Email: _____

☐ Emergency Contact

☐ Authorized to pick up the following children: _____

2nd Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Email: _____

☐ Emergency Contact

☐ Authorized to pick up the following children: _____

3rd Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Email: _____

☐ Emergency Contact

☐ Authorized to pick up the following children: _____

4th Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

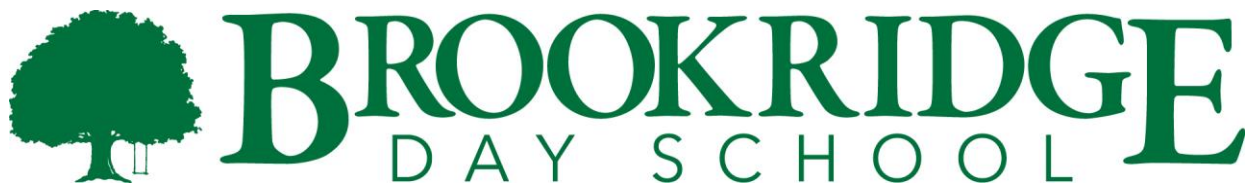
Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Email: _____

☐ Emergency Contact

☐ Authorized to pick up the following children: _____

**Tuition / Payment Information:**

Who is responsible for payment of tuition and fees? Please indicate if parents are divorced and will split tuition payment, or if payment is the responsibility of an adult other than the parents/guardians listed above.

Schedule

Please indicate the times your child will be at Brookridge Day School below:

Monday	Tuesday	Wednesday	Thursday	Friday

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

Signature(s):

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Thank You!