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| STUDENT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name** | | | |  | | | | | | | | **Last Name** | | | | | |  | | | | | | | | | | | **Gender** | | | |  | | | | | | **Date of Birth** | | | | |  | | |
| **Preschool Level** | | | |  | Primary Preschool (2s) | | | | | |  | | | Preschool (3s) | | | | | | |  | | | Pre-Kindergarten | | | | |  | | | | | | | | | | | | | | | | | |
| **Grade Level** | | | |  | Kindergarten | | |  | 1st Grade | | | | | |  | | 2nd Grade | | | | | |  | | 3rd Grade | |  | 4th Grade | | | | | |  | | 5th Grade | | | | |  | | | | | |
| **Address** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **City** | | | | | |  | | | | | | | **Zip** | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARENT/GUARDIAN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACT 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name** | | | |  | | | | | | | | | | | | **Last Name** | | | | | |  | | | | | | | | | | | | **Relationship** | | | | | |  | | | | | | |
| **Cell Phone** | | | |  | | | | | | | | | **Work Phone** | | | | | | |  | | | | | | | | | | **Home Phone** | | | | | | |  | | | | | | | | | |
| **Email** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **City** | | |  | | | | | | | | | | | **Zip** | | |  |
| **(if different from student’s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Brentwood school has my permission to include contact information (email address, cell phone number, and mailing address) in the class directories that are shared with Brentwood families upon request. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACT 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name** | | | |  | | | | | | | | | | | | **Last Name** | | | | | |  | | | | | | | | | | | | **Relationship** | | | | | |  | | | | | | |
| **Cell Phone** | | | |  | | | | | | | | | **Work Phone** | | | | | | |  | | | | | | | | | | **Home Phone** | | | | | | | |  | | | | | | | | |
| **Email** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **City** | | |  | | | | | | | | | | | **Zip** | | |  |
| **(if different from student’s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Brentwood school has my permission to include contact information (email address, cell phone number, and mailing address) in the class directories that are shared with Brentwood families upon request. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIMARY CONTACT IN CASE OF EMERGENCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | |  | | | | | | | | | | | | | | | | | | | | | **Preferred Phone Number** | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BILLING:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTACT PERSON(S) FOR BILLING PURPOSES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | |  | | | | | | | | | | | | | | | **Preferred Email** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Name** | | |  | | | | | | | | | | | | | | | **Preferred Email** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZATIONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONS WITH CUSTODIAL RIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Mother |  | | Father | |  | Guardian | | | Custody concerns: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| PERSONS AUTHORIZED BY PARENT/GUARDIAN TO TAKE THE STUDENT FROM THE FACILITY (*IF NONE, PLEASE INDICATE "NONE")* | | | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | | | | | | | |  | | | |
| Name | | | | Phone | | Address | | | | | | | | | Relationship | | | |
|  | | | |  | |  | | | | | | | | |  | | | |
| Name | | | | Phone | | Address | | | | | | | | | Relationship | | | |
|  | | | |  | |  | | | | | | | | |  | | | |
| Name | | | | Phone | | Address | | | | | | | | | Relationship | | | |
|  | | | |  | |  | | | | | | | | |  | | | |
| Name | | | | Phone | | Address | | | | | | | | | Relationship | | | |
| ALLERGIES AND MEDICATIONS | | | | | | | | | | | | | | | | | | |
| Please list any allergies, medical conditions, or medications the office should be aware of: | | | | | | | | | | | | | |  | | | | |
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| SPECIAL INSTRUCTIONS | | | | | | | | | | | | | | | | | | |
| Please provide any special instructions regarding eating habits, toileting, or any other areas of concern: | | | | | | | | | | | | | | | | |  | |
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| FIRST AID PERMISSIONS | | | | | | | | | | | | | | | | | | |
|  | I allow FIRST AID to be administered to my child at the discretion of Brentwood School. | | | | | | | | | | | | | | | | | |
|  | I give Brentwood School permission to make an EMERGENCY MEDICAL DECISION in the event I cannot be reached. | | | | | | | | | | | | | | | | | |
|  | I give Brentwood School permission to apply BUG SPRAY as needed for outdoor learning and play. | | | | | | | | | | | | | | | | | |
| FIELD TRIP *(K-5TH ONLY)* | | | | | | | | | | | | | | | | | | |
|  | My child has my permission to participate in all Brentwood School field trips (K - 5th only). Individual permission forms will be sent home for each field trip. Further, I release Brentwood School, Inc. from any and all liability regarding said field trips. | | | | | | | | | | | | | | | | | |
| Driver’s License Number: | | | Contact 1 | |  | | | | | | | Contact 2 | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| PHOTOGRAPHY AND VIDEO | | | | | | | | | | | | | | | | | | |
|  | I give permission for my child to be photographed and/or recorded in connection with any and all school activities. I understand the photographs and/or media productions may be used for purposes including, but not limited to, school publicity and other programs shown to the general public. Names will never be associated with any images. | | | | | | | | | | | | | | | | | |
| WALKING AND BIKING | | | | | | | | | | | | | | | | | | |
| My child has permission to walk and/or bike | | | | | | |  | FROM HOME TO SCHOOL | | |  | | FROM SCHOOL TO HOME | | | | |  |
| Brentwood School is not responsible for my child's travel safety other than when they are on school property. | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | | | | | | | |
| DATE | | PARENT/GUARDIAN NAME | | | | | | | | PARENT/GUARDIAN SIGNATURE\* | | | | | | | | |
| \*A typed signature or written signature are both acceptable. If the parent or guardian opts to provide a typed signature, they agree to give Brentwood School permission to accept it as a valid signature. | | | | | | | | | | | | | | | | | | |