

**BRADLEY'S SCHOOL CARE, LLC AT SAINT ANDREW SCHOOL
ADMISSION INFORMATION**

CHILD'S NAME _____ Grade _____ Date of Admission _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ CHILD'S DATE OF BIRTH _____

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

WORK PLACE _____ WORK PLACE _____

WORK PHONE # _____ WORK PHONE # _____

EMERGENCY CONTACT:

NAME _____ PHONE # _____

ADDRESS _____

NAME _____ PHONE # _____

ADDRESS _____

PERSONS TO WHOM CHILD MAY BE RELEASED:

NAME _____ NAME _____

PHONE _____ PHONE _____

My child's immunization and TB tests are current and records on file at school. Yes No (circle one)

My child's hearing and vision tests are on file with the school. Yes No (circle one)

MEDICAL INFORMATION:

Any special needs or medical problems _____

Any medicines to be administered during day care hours _____

(Only from original container and with written instructions from parent and doctor)

Family Doctor _____ Address _____ PHONE # _____

Preferred Hospital _____ Address _____ PHONE# _____

EMERGENCY MEDICAL RELEASE: If emergency medical care is deemed necessary and I can't be contacted, I authorize the Bradley staff to act on my behalf in granting permission for my child(ren) to receive emergency medical treatment and be transported by Bradley Staff.

Parent signature _____ Date _____

I have received and reviewed the Operational Policies of the After School Program. I agree to abide by these rules. I agree to pay the applicable fee for service and understand that all fees are due in advance. I understand that if my child is not picked up by 6 pm I must pay a late fee of \$1.00 per minute. This fee is due at the time incurred and is to be paid to the attendant present at that time.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

EMAIL ADDRESS _____