

# BRIGHT SEEDS ACADEMY APPLICATION FORM

## 阳光育才 学生注册表

APPLICANT INFORMATION *(All of the information provided in this application will be kept confidential.)*

Name \_\_\_\_\_

Date Child entered \_\_\_\_\_ Date Child Left \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Current School/Child Care \_\_\_\_\_

How did you know BSA? Newspaper / Website / referred by friend If yes, who? \_\_\_\_\_

***This application is for School Year:*** \_\_\_\_\_

***This application is for(circle the group your child will attend):***

Waddler/Toddler , Preschool , Pre-Kindergarten , Kindergarten

After-school , Bilingual Summer Camp , Montessori Chinese Immersion Class

***Half day programs--*** 1 day / 2 days / 3 days / 4 days / 5 days: Mon. Tue. Wed. Thur. Fri.(please circle)

***Full day programs--*** 4 days / 5 days: Full day with before OR / AND after Care (please circle)

I can bring my child to school by 9:15 each day. Yes / No

I can participate in parent involvement events. Yes / No

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### PARENT/GUARDIAN INFORMATION

Father's first name \_\_\_\_\_ last name \_\_\_\_\_

Father's cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Father's email address \_\_\_\_\_

Mother's first name \_\_\_\_\_ last name \_\_\_\_\_

Mother's cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Mother's email address \_\_\_\_\_

***Emergency Person:***

Name: \_\_\_\_\_ phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Turn over

People permitted to pick up child:

Name: \_\_\_\_\_ phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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### MEDICAL AND HEALTH INFORMATION UPDATE

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Date last seen by a doctor/last physical exam: \_\_\_\_\_

Allergies(including drug reactions): \_\_\_\_\_ Recent immunizations: \_\_\_\_\_

Regular Medications: \_\_\_\_\_ Other Pertinent Date: \_\_\_\_\_

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### CHILD'S MEDICAL INSURANCE COVERAGE

Insurance Company Name \_\_\_\_\_ Member/Policy Number \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Employer Name \_\_\_\_\_

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PLEASE FILL OUT THE INFORMATION BELOW TO HELP OUR TEACHERS.

1.What three words describe your child's personality?

\_\_\_\_\_

2.Does your child follow instruction well?

\_\_\_\_\_

3.What do you want to your child gain from B.S.A?

\_\_\_\_\_

4.Is there anything special about your child that a new school should know?

\_\_\_\_\_

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### CONSENT TO MEDICAL CARE AND TREATMENT OR MINOR CHILDREN

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a qualified child care provider at \_\_\_\_\_,

When I cannot be contacted ,I authorize and consent to medical,surgical and hospital care,treatment and procedures to be performed for my child by a licensed physician,health care provider,hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_