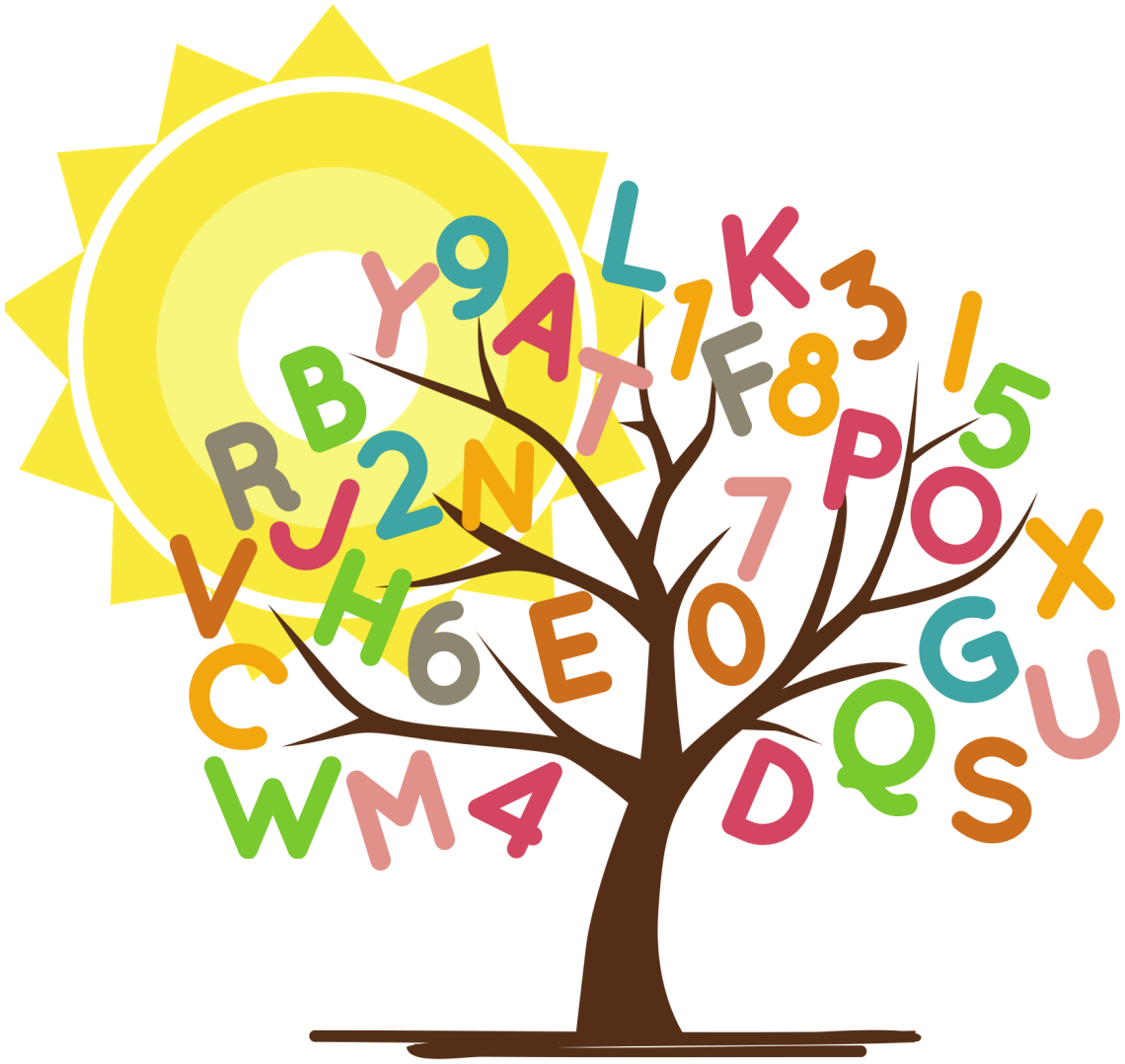

Bright Beginnings

TUESDAY SCHOOL AT BBC

REGISTRATION PACKET

Registration for the 2023 - 24 school year goes through August 14th. Please submit completed paperwork to the church office. Enrollment is limited.

Bright Beginnings

TUESDAY SCHOOL AT BBC

9:00 - 11:30 AM (Sept. 5 - Nov. 28, 2023; Jan. 9 - April 23, 2024)

Child must be 3 by September 1, 2023.

All Bright Beginnings students must be potty trained. Students enrolled in any other type of preschool program or Kindergarten may not register.

CHILD'S NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ P.O. BOX NO. _____
(STREET)

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

CHILD'S AGE: _____ ☐ BOY ☐ GIRL DATE OF BIRTH: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

OCCUPATION: _____ OCCUPATION: _____

EMPLOYER: _____ EMPLOYER: _____

WORK PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: (OTHER THAN PARENT) _____

RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ CELL PHONE: _____

FAMILY DOCTOR'S NAME: _____ PHONE: _____

HOSPITAL PREFFERED: _____

DOES YOUR CHILD HAVE ANY ALLERGIES TO FOOD OR MATERIALS OF ANY KIND: ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS WE NEED TO BE AWARE OF? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

WILL CHILD BE ATTENDING KINDERGARTEN DURING THE 2024-2025 SCHOOL YEAR: ☐ YES ☐ NO

DOES YOUR CHILD HAVE A SIBLING IN BRIGHT BEGINNINGS? ☐ YES ☐ NO

IF YES, WHAT IS THEIR NAME: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

_____ _____

Bright Beginnings
TUESDAY SCHOOL AT BBC

Minor Participation Authorization and Consent to Emergency Medical Treatment

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of Bible Baptist Church Wilmington: Bright Beginnings Tuesday School (hereafter the "activity") on or about August 2023 - April 2024.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release Bible Baptist Church Wilmington, its trustees, officers, directors, employees, agents and representatives from any harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Bible Baptist Church Wilmington, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this _____ day of _____, 20___.

Signature _____

Printed Name _____

Bright Beginnings

TUESDAY SCHOOL AT BBC

Medication Administration Request Form

<u>Physician's Request</u> for the Administration of Medication by School Personnel

(This section must be completed by a physician only if the child has prescription medication.)

_____ is under my care and should
(Student's Full Name)

receive_____ at dosage and timing indicated below.
(Name of Medication)

Dosage/timing of medication: _____

_____

Reason for medication: _____

Expiration date of this request: _____

Physician's signature: _____

Physician's printed name: _____

Physician's phone number: _____

Parent signature: _____

Date:_____

If the need arises throughout the school year for medication to be administered temporarily (i.e. antibiotics) you will be asked to fill out a form at that time.