

# BURBANK EARLY CHILDHOOD SCHOOL REGISTRATION FORM

OFFICE USE ONLY	
Date Rec'd	_____
Ck#	_____
Admission Date	_____
Withdrawal Date	_____

OFFICE USE ONLY	
S.Y. Enrollment	_____
Summer Placement	I   II   III _____

Child's full name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Child prefers to be called \_\_\_\_\_

### Child's Parent or Legal Guardian:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Prioritize 2 emergency contacts (other than parent or guardian) that WILL BE PERMITTED to pick up your child(ren) as well. (Required by licensing rules).**

1.) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
(relationship)

2.) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
(relationship)

### **List of person(s) NOT PERMITTED to pick up this child. (Required by licensing rules).**

Name \_\_\_\_\_

Restraint or Divorce decree attached  Yes  No (please check one)

Children will not be released to anyone other than the parent, guardian, or listed individuals unless written or the parent or guardian gives oral exceptions. In addition, children will not be released to anyone perceived by staff as incapable of safely transporting children.

### **List medical contacts in case of emergency:**

Child's doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**I wish to enroll my child for 20 \_\_\_\_ /20 \_\_\_\_ school year** (Children must be fully using the toilet in all classes except the young preschool class).

9-1 Young Preschool ( 2 1/2 years old)	<input type="checkbox"/> MTWThF	<input type="checkbox"/> MWF	<input type="checkbox"/> TTh
9-1 Part Day Preschool (3-5 years old)	<input type="checkbox"/> MTWThF	<input type="checkbox"/> MWF	<input type="checkbox"/> TTh
Full Day Young Preschool (2 1/2 years old)	<input type="checkbox"/> MTWThF	<input type="checkbox"/> MWF	<input type="checkbox"/> TTh
Full Day Preschool (3-5 years old)	<input type="checkbox"/> MTWThF	<input type="checkbox"/> MWF	<input type="checkbox"/> TTh
Kindergarten	<input type="checkbox"/> MTWThF	<input type="checkbox"/> MWF	<input type="checkbox"/> TTh
My kindergartner will attend _____Elementary School.			

**I wish to enroll my child for 20 \_\_\_\_ summer** (Children must be fully using the toilet in all classes except the young preschool class).

Session I _____	Session II _____	Session III _____		
9-1 Young Preschool ( 2 1/2 years old)		MTWThF	<input type="checkbox"/> MWF	<input type="checkbox"/> TTh
9-1 Part Day Preschool (3-5 years old)	<input type="checkbox"/>	TWTh		
Full Day Young Preschool (2 1/2 years old)	<input type="checkbox"/>	MTWThF	<input type="checkbox"/> MWF	<input type="checkbox"/> TTh
Full Day Preschool (3-5 years old)	<input type="checkbox"/>	MTWThF	<input type="checkbox"/> MWF	<input type="checkbox"/> TTh
Kindergarten	<input type="checkbox"/>	MTWThF	<input type="checkbox"/> MWF	<input type="checkbox"/> TTh

**I give consent for the following to be included in the PTO School Directory (please check all that applies) \_\_\_names, \_\_\_ address, \_\_\_phone, \_\_\_email.**

Please note: The PTO prepares the annual directory and it is given to parents of children who are only enrolled the the B.E.C.S.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Please review the information and resign and date (for year 2).**

**Please return this form and a \$50 nonrefundable registration fee per child to  
Burbank Early Childhood School – 4770 Burbank Dr. – Columbus, Ohio 43220**