



BROOKRIDGE DAY SCHOOL

Parent/Guardian Information

Registration Date: _____

School Directory: Would you like your family to be included in our school directory? Address Phone Email

Parent /Guardian 1 First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Occupation/Employer: _____ Work Phone: () _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Parent /Guardian 2 First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Occupation/Employer: _____ Work Phone: () _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?



BROOKRIDGE DAY SCHOOL

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: Preschool Pre-K Kindergarten 1st 2nd 3rd

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Physician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

May we display a photo of your child on our website? Yes No

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: Preschool Pre-K Kindergarten 1st 2nd 3rd

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Physician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

May we display a photo of your child on our website? Yes No



BROOKRIDGE DAY SCHOOL

3rd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: Preschool Pre-K Kindergarten 1st 2nd 3rd

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Physician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

May we display a photo of your child on our website? Yes No

4th Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: Preschool Pre-K Kindergarten 1st 2nd 3rd

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Physician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

May we display a photo of your child on our website? Yes No



BROOKRIDGE DAY SCHOOL

Emergency Contacts & Persons Authorized for Routine Pick up: (Other than Parent/Guardian)

1st Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Email: _____

Emergency Contact

Authorized to pick up the following children: _____

2nd Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Email: _____

Emergency Contact

Authorized to pick up the following children: _____

3rd Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Email: _____

Emergency Contact

Authorized to pick up the following children: _____

4th Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Email: _____

Emergency Contact

Authorized to pick up the following children: _____



BROOKRIDGE

DAY SCHOOL

Tuition / Payment Information:

Who is responsible for payment of tuition and fees? Please indicate if parents are divorced and will split tuition payment, or if payment is the responsibility of an adult other than the parents/guardians listed above.

Schedule

Please indicate the times your child will be at Brookridge Day School below:

Monday	Tuesday	Wednesday	Thursday	Friday

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

Signature(s):

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Thank You!