



Bluebonnet School of Cedar Park
3420 El Salido Parkway
Cedar Park, Texas 78613
(512) 331-9009

Registration and Re-enrollment Form

Name of child _____ Name called _____

Child's address _____ Tele. at this address _____

If new student, desired start date _____ If previously enrolled, attended _____ Sex: M F

Birthdate of child _____ I heard about Bluebonnet from _____

Hours child will be at school _____ Will child have a sibling enrolled? Yes No Name _____

Age _____

Preschool Children: Check the age group for your child as of September 1, this year:

___ 8 wk. - 12 mos. ___ 12 - 18 mos. ___ 18 - 24 mos. ___ 2 yrs. old ___ 3 yrs. old ___ 4 yrs. old ___ 5 yrs. old

Check the type program you prefer: ___ M-F, FT ___ TT, FT ___ MWF, FT ___ M-F until 3:00 (Sr. Pre-K & K only)
(Class assignment will be based on our staff's evaluation of the child and availability of space.)

Schoolage Children: Please check the program desired for your child: ___ Afterschool ___ Summer Camp

Elementary school attending _____ Address _____ Tele. _____

Sponsor (Parent or Guardian) Information

Sponsor's Name _____ Marital Status ___ Drivers Lic. # _____

Home address _____ Home tele. _____

Employer _____ Employer address _____

Work phone _____ Other phone (pager or cell) _____ E-mail address _____

Co-Sponsor's Name _____ Marital Status ___ Drivers Lic. # _____

Home address _____ Home tele. _____

Employer _____ Employer address _____

Work phone _____ Other phone (pager or cell) _____ E-mail address _____

Emergency Contacts

Give the name and number of persons (at least 1 local) to call in an emergency when parents cannot be reached.

1. Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Relation to Child _____ Address _____ Authorized to Pick-Up? (Circle one): Yes or No

2. Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Relation to Child _____ Address _____ Authorized to Pick-Up? (Circle one): Yes or No

3. Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Relation to Child _____ Address _____ Authorized to Pick-Up? (Circle one): Yes or No

I authorize Bluebonnet to share daily reports, illness reports, incident reports and medical information about the child with the above listed people.

Signature _____ Print name _____ Date _____

Personal Information

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, developmental issues and any other information which staff need to know in order to properly care for your child.

What special needs might your child have and how would you like us to accommodate them?

What other preschools or afterschool facilities has your child attended? Why did you leave?

Authorization for Emergency Medical Care		
In case I cannot be reached, I authorize the facility director or person in charge to make arrangements for emergency medical care for my child _____ at the time of illness or accident or to take my child to: _____, or to		
Name of Physician	Address	Telephone
Name of Hospital	Address	Telephone
Signature - Parent or Legal Guardian	Date	
I give consent for the facility to secure any and all necessary emergency medical care for my child. If EMS is called for my child, I will pay for its services.		
Signature - Parent or Legal Guardian	Date	

Permissions and Releases

I agree to keep my child's immunizations and health screenings up-to-date and to supply the school with current records of these immunizations and screenings.

I understand and agree that I must give notice in writing to the school no later than the first three school days of my child's last month when withdrawing my child. I understand and agree that the tuition deposit will be applied as payment for my child's final month's tuition. If proper notice is not made, I understand and agree I will forfeit my deposit. I understand and agree that all funds paid to Bluebonnet are nonrefundable.

I am aware that Bluebonnet School of Cedar Park subscribes to an Internet viewing system which electronically transmits images of its classrooms over the Internet. I hereby grant permission to the school to electronically transmit the image of my child over this system. (You must agree or you may not enroll your child.)

If I inform the school my child has allergies to certain foods or conditions, I give permission for the school to post this information about my child in a prominent position in the classroom so that all adults in the room are easily made aware of the situation.

I understand and agree that Bluebonnet School of Cedar Park has the right to refuse service to any child on any day for any reason.

I understand and agree that Bluebonnet School of Cedar Park may require screenings and testings for my child, and I agree to share any results with the school.

Signature - Parent or Legal Guardian _____ Date _____

I hereby grant permission to Bluebonnet School of Cedar Park to photograph, videotape, or electronically transmit the image of my child for publicity purposes.

Signature - Parent or Legal Guardian _____ Date _____

I hereby give do not give my consent for my child to be transported and supervised by the facility's staff:
 on field trips to and from school

I hereby give do not give my consent for my child to participate in water activities in
 splash pads wading pools swimming pools other bodies of water provided by the school

I hereby give do not give my consent for my child to participate in field trips

Signature - Parent or Legal Guardian _____ Date _____

