

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 _____ My child takes naps? Yes _____ No _____

Child's Parent or Legal Guardian:

1. Name _____ Relationship _____ Employer _____

Address _____ Zip _____

Cell Phone _____ Work Phone _____ Email _____

2. Name _____ Relationship _____ Employer _____

Address _____ Zip _____

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).

Full Day Young Preschool (2 years old)	MTWThF	MWF	TTh
Full Day Preschool (3-5 years old)	MTWThF	MWF	TTh

Does your child currently take an afternoon nap? (circle one) YES NO

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

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 _____

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**