

## 2021-2022 Application for Enrolment

### Student Information

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

MM / DD / YY

Gender: M  F

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone : ( ) \_\_\_\_\_

Lives With: Parents  Mother  Father  Other

New Students:

Sibling Attends BHMS  Name: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Present Grade Level: \_\_\_\_\_

**Level:** Infant (3 to 18 mths)

Toddler (18 mths to 3 yrs)

Casa (3 & 4 yr olds)

Casa Ext Day (5 yr old)

Jr. Elementary (6 to 9 yrs)

Sr. Elementary (9 to 12 yrs)

Junior High (12 to 14 yrs)

**Hours:** School Day 8:30 - 3:30 (Includes PD days)

Ext School Day 8:00 - 4:00 (Includes PD days)

All Day 7:30 - 5:30 (Includes PD days)

Other Hours: \_\_\_\_\_

Lunch Program

Requested Start Date: \_\_\_\_\_

MM / DD / YY

### Family Information

**Mother**

Name: \_\_\_\_\_

Address: same as above  \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

e-mail: \_\_\_\_\_

**Father**

Name: \_\_\_\_\_

Address: same as above  \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

e-mail: \_\_\_\_\_

### Authorized Student Pick Up

If I am unable to pick up my child, I authorize BHMS to release my child to:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

4. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

(Please complete reverse side)

## 2021-2022 Application for Enrolment (continued)

Student's Last Name : \_\_\_\_\_

Student's First Name : \_\_\_\_\_

### Medical Information

Doctor's Name: \_\_\_\_\_

Doctor's Telephone : \_\_\_\_\_

Medical Conditions: Yes  No

If Yes, Specify: \_\_\_\_\_

Allergies: Yes  No

If Yes, Specify: \_\_\_\_\_

Epipen Required: Yes  No

If Yes, Specify: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

### Emergency Contact Persons

(other than parents)

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

### Parental Consent and Authorization

I/we give permission for my child to participate in field trips organized by BHMS. I understand that all reasonable care will be taken in supervising of the transportation and activities of the children. I release the school, its employees and parent volunteers from any liability.

YES  NO

I/we hereby authorize the staff of BHMS to secure such medical advice and services as may be deemed necessary for the health and safety of my child.

YES  NO

I/we give permission for my child's photo to be used for promotional purposes, flyers and posted on the BHMS website.

YES  NO

I/we agree to take an active role in our child's education and in the BHMS Community by observing my child's classroom, attending parent information and education sessions, parent/teacher interviews and by supporting and participating in school events.

YES  NO

I/we understand that our enrolment demonstrates a commitment to the 3-year cycle as outlined in the Parent School Partnership Agreement.

YES  NO

I/we confirm that all information as contained within this application for enrolment is accurate.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This form must be signed by both parents/guardians. Supporting documentation of sole custody or other special conditions must be attached.