

**BRADLEY'S SCHOOL CARE, LLC AT SAINT ANDREW SCHOOL  
ADMISSION INFORMATION**

**CHILD'S NAME** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date of Admission** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **CHILD'S DATE OF BIRTH** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ **FATHER'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**WORK PLACE** \_\_\_\_\_ **WORK PLACE** \_\_\_\_\_

**WORK PHONE #** \_\_\_\_\_ **WORK PHONE #** \_\_\_\_\_

**EMERGENCY CONTACT:**

**NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PERSONS TO WHOM CHILD MAY BE RELEASED:**

**NAME** \_\_\_\_\_ **NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

My child's immunization and TB tests are current and records on file at school. Yes  No  (circle one)  
My child's hearing and vision tests are on file with the school. Yes  No  (circle one)

**MEDICAL INFORMATION:**

Any special needs or medical problems \_\_\_\_\_

Any medicines to be administered during day care hours \_\_\_\_\_  
(Only from original container and with written instructions from parent and doctor)

**Family Doctor** \_\_\_\_\_ **Address** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_ **Address** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE:** If emergency medical care is deemed necessary and I can't be contacted, I authorize the Bradley staff to act on my behalf in granting permission for my child(ren) to receive emergency medical treatment and be transported by Bradley Staff.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

I have received and reviewed the Operational Policies of the After School Program. I agree to abide by these rules. I agree to pay the applicable fee for service and understand that all fees are due in advance. I understand that if my child is not picked up by 6 pm I must pay a late fee of \$1.00 per minute. This fee is due at the time incurred and is to be paid to the attendant present at that time.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_