

NAME OF PERSON LEGALLY RESPONSIBLE FOR THE CENTER: Marty S. Johnson

APPLICATION/INTAKE AGREEMENT

DATE OF ADMISSION: _____

Child's Name _____

(Last First MI)

Nickname _____ Sex: M F

Date of Birth _____ Present Age _____

Verification Document _____

Address _____

City _____ State _____ Zip _____

FAMILY INFORMATION

Mother's Name _____ Telephone _____
Pager _____ Cell Phone _____

Address _____ City _____ State _____

Employer's Name _____ Telephone _____
Employer's Address _____

Work Hours _____

Father's Name _____ Telephone _____
Pager _____ Cell Phone _____

Address _____ City _____ State _____

Employer's Name _____ Telephone _____
Employer's Address _____

Work Hours _____

Please list the names of responsible persons who can be called to come for your child in case of illness or other emergency if parents cannot be reached.

Name _____ Relationship _____

Address _____ Telephone # _____

Name _____ Relationship _____

Address _____ Telephone # _____

Name _____ Relationship _____

Address _____ Telephone # _____

Name of party who has legal custody of your child _____

How did you learn about Bright Beginnings Academy?

- _____ An enrolled student's family.
- _____ The Yellow Pages.
- _____ Billboard.
- _____ Southlake Mall Placemats.
- _____ Other