



Application for Preschool

Child's Name _____

Last

First

Middle

Preferred name

Date of Birth _____ Male () Female () Home Phone _____

Address _____

Street #/Apt. #

City

State

Zip Code

Allergy Information: _____

Name of Mother & Father (Guardian): _____

Address _____

Father's Cell Phone _____

Mother's Cell Phone _____

Email Address: _____

Pick-Up & Emergency Contact Information

Contact #1: _____ Phone: _____

Contact #2: _____ Phone: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I, nor the family physician, can be contacted immediately.

Parent Signature _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator _____ Date _____

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