BENGAL CUB CLUB ENROLLMENT FORM
(Please complete both sides)

***Careful consideration will be given for any child in the Early Childhood program. This is to ensure success in our extended day program. ***

Name of Child (1) __________________________________________________________________

Name of Child (2) __________________________________________________________________

FAMILY INFORMATION

Parent/Guardian’s Name ____________________________________________
Home Phone ________________________________________________
Cell Phone ____________________________________________
Email Address ________________________________________________

Parent/Guardian’s Name ____________________________________________
Home Phone ________________________________________________
Cell Phone ____________________________________________
Email Address ________________________________________________

Insurance Carrier ________________________________________________
Policy # ________________________________________________

CHILD’S INFORMATION

Does your child have any known allergies?  No_____ Yes ____
Explain: __________________________________________________________________________
_________________________________________________________________________________

Please give any information concerning your child which will be helpful in his/her experience in group settings (such as playing, eating and sleeping habits, special fears, special likes or dislikes.)
_________________________________________________________________________________
_________________________________________________________________________________
EMERGENCY CARE INFORMATION

Note: Medications cannot be administered without specific instructions from a parent, guardian, or full-time custodian. Please see the “Health Services” section of the Greensboro Day School Handbook for further description of school policies.

Name of child’s doctor _______________________________________________
Office Phone ______________________________________________________
Address___________________________________________________________

Name of child’s dentist _______________________________________________
Office Phone _______________________________________________________
Address____________________________________________________________
Hospital preference __________________________________________________

If parents or guardians cannot be contacted, please call (list relationship):

1) Name ______________________________________________________________
   Home Phone ______________________   Cell Phone _________________________

2) Name ______________________________________________________________
   Home Phone ______________________   Cell Phone _________________________

If you cannot pick up your child, please give the names of persons to whom the child can be released:
_________________________________________________________________________________
_________________________________________________________________________________

By submitting this enrollment form online, I/we acknowledge and agree to the following:

● **Emergency Care Agreement**: I agree that emergency care may be provided by a physician of the school’s choosing if neither I nor the family physician can be contacted immediately.

● **Transportation Permission Agreement**: I permit my child to ride in the school’s activity buses, vans and private automobiles of faculty and parents. I hereby release the school and all such drivers from any and all liabilities incurred by reason of injury to my child while being transported by such means.

● **Student Conduct Agreement**: I have read the Student Conduct and Responsibilities outlined in the Greensboro Day School Handbook and have discussed them with my child. I understand that recurring misconduct may result in suspension, disciplinary probation or dismissal from Bengal Cub Club.

***Parent Signature: _________________________________________________________

5/2019 lls