

Before Care Application

2020-2021



There is a fee associated with this program. By completing this application, I am aware that this fee must be paid in advance before my Scholar is admitted into the program.

SCHOLAR INFORMATION

Scholar's Name:			
DOB:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:
Address:			
City:	State:	Zip Code:	Start Date:
Parent/Guardian Name:			
Email Address:			
Home Phone:		Cell Phone:	
Parent/Guardian Name:			
Email Address:			
Home Phone:		Cell Phone:	
Does this scholar have a sibling(s) enrolled at Ivy Prep? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the sibling(s) need to be enrolled in the Before Care Program? <input type="checkbox"/> Yes (please complete the section below) <input type="checkbox"/> No			
Sibling Name:			Start Date:
DOB:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:
Sibling Name:			Start Date:
DOB:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:

EMERGENCY CONTACTS

We will ALWAYS attempt to contact the parents first in any case of emergency. Please list two additional contacts below.

Emergency Contact 1:	
Phone Number:	Relation:
Emergency Contact 2:	
Phone Number:	Relation:

NOTICE OF EXEMPTION: This program is not licensed by Bright from the Start: Georgia Department of Early Care and Learning and is not required to be licensed. Bright from the Start does not regulate or routinely inspect this program.

Parent's Signature: _____ Date: _____

Before Care Office Use Only:

Date Received: _____ Received by: _____ Accepted on: _____