

# Purple Bloom School Registration Form

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Student Age: \_\_\_\_\_

*Please print or use fillable pdf format to type.*

## Office Use Only

( ) Insurance card(s) attached

Student's classroom: \_\_\_\_\_

( ) Physical form attached

( ) Form complete

Date of completion: \_\_\_\_\_

## Drop Off and Pick Up

*The following people have permission to pick up or drop off my child to Purple Bloom School. NO OTHER PERSONS may pick up your child, even in the case of an emergency. If someone is sent to pick up the child we do not recognize, we will ask for I.D. If the person is not listed below, the child will NOT be released.*

*Please list parents/guardians.*

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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### Parent/Guardian Work Information

Parent/Guardian Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

### Emergency Contacts

*By choosing these emergency contacts, you give permission that they may be contacted while your child is in the care of Purple Bloom School, during school hours only.*

*Do not list parents/guardians.*

Emergency Contact 1: \_\_\_\_\_

Emergency Contact 1 address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact 1 phone number Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Emergency Contact 2 address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact 2 phone number Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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### Medical Information

*Please provide a copy of child's medical insurance cards.*

*Please provide a copy of your child's physical form. (Physical forms must have been completed within the last year.)*

*Expired medications or prescriptions will not be accepted for use. All medications and prescriptions must be in original container for use.*

Child's Primary Care Doctor: \_\_\_\_\_

Name of Doctor's Office: \_\_\_\_\_

City: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Name of Dental Office: \_\_\_\_\_

City: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Please list all of your child's current medications (prescriptions and non-prescriptions):

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Please list any known medical conditions including asthma, injuries, etc.:

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Does your child wear glasses or contact lenses? \_\_\_\_\_

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### Allergies

My child, (first name), \_\_\_\_\_ does not have any known allergies.

\_\_\_\_\_ (*Please initial that your child does not have any known allergies.*)

----- **OR** -----

My child, (first name), \_\_\_\_\_ is ALLERGIC TO (check all that apply):

<input type="checkbox"/>	Peanuts
<input type="checkbox"/>	Tree Nuts
<input type="checkbox"/>	Soy
<input type="checkbox"/>	Dairy
<input type="checkbox"/>	Gluten
<input type="checkbox"/>	Eggs
<input type="checkbox"/>	Corn
<input type="checkbox"/>	Fish
<input type="checkbox"/>	Pollen
<input type="checkbox"/>	Latex

other: \_\_\_\_\_

My child has a prescription for Epinephrine Auto-Injector (Epi-Pen®, Epi-Pen Jr.®, or generic equivalent in the correct dosage for the child's weight)

(check one):                      YES                      NO

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**Please read the follow statements and sign below**

I will notify Purple Bloom School of any changes to my child's medical conditions including change in primary care doctor, change in dental care provider, allergies, or any other necessary medical information.

I give my permission for Purple Bloom School trained staff to administer Epinephrine Auto-Injector (Epi-Pen®, Epi-Pen Jr.®, or generic equivalent) in the correct dosage for child's weight to my child in case of allergic emergency.

I give permission to contact the emergency contacts listed while my child is in the care of Purple Bloom School during school hours.

I verify that the insurance information I provided to Purple Bloom School on behalf of my child is accurate and up to date.

I give permission that Purple Bloom School may seek appropriate emergency medical and dental services for my child while in the care of Purple Bloom School during school hours only.

I give permission that my child may participate in walking field trips around the purple bloom campus.

I give permission for Purple Bloom School to administer sunscreen, diaper cream, and basic 1st aid for my child. Please list any allergies to sunscreen or diaper cream: \_\_\_\_\_

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***By signing below you are agreeing to all the statements above. Failure to agree to all of these terms will result in immediate dismissal from Purple Bloom School.***

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Photo Permission**

I give permission that Katie Tsilosani\* (director) may take pictures of my child and their school work to post on Purple Bloom School's private Facebook page to update parents and guardians.

I do NOT give permission for Katie Tsilosani to take pictures of my child.

\*No one other than Katie Tsilosani will be allowed to take pictures at Purple Bloom School unless it is an event held with parents/guardians present and verbal permission is given to the said photographer at the time of event for that event only.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_