Student Information:

Eaglet’s First Name:       Middle Name:       Last Name:       Birthdate:       SS#:

Child’s Primary Language:       Parent/Guardian’s Primary Language:

Street Address:       City:       State:       Zip Code:

Current Preschool (if applicable

Physical limitation(s):       Daily Medication:       Allergies:

I give BOLPA permission to administer first aid to my child:

**How were you referred to BOLPA?**

Parent/Guardian Information:

Parent 1 Full Name       Parent 2 Full Name

Parent 1 Relationship to Child  Parent 1 Relationship to Child

SSN#:       SSN#:

Home Phone:       Cell Phone:       Home Phone:       Cell Phone:

Employer       Employer

Business Address       Business Address

Business Phone #       Business Phone #

Church Affiliation       Church Affiliation

Parent 1 Marital Status  Parent 2 Marital Status

Parent 1 Driver License/State Identification #:

Parent 1 Street Address:       City:       State:       Zip Code:

Parent 2 Street Address:       City:       State:       Zip Code:

***Please notify BOLPA in the event of any changes.***

**EMERGENCY CONTACT AND RELEASE PERSONS**

Please notify BOLPA if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name #1:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

Name #2:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

Name #3:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

Name #4:       Relationship to Child:

Home Phone#:       Cell Phone#:

Home Street Address:       City:       State:       Zip Code:

Email Address:       Employer:

Work Street Address:       City:       State:       Zip Code:

Work Phone/Extension:       Work Hours:

Government Issued Photo ID Type:

[ ]  The person (s) designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release form required by individual state childcare licensing regulations.

BOLPA staff will release your child only to you or those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into BOLPA because you are unable to submit your authorization in writing, we will use your personal information to verify your identity.

[ ]  I Understand that typing my name below constitutes an electronic signature

**Child’s Name:** **Date:**

**Parent’s Name:** **Date:**

**\* .Please check the boxes below to indicate agreement and understanding.**

[ ]  **TUITION and MODIFICATIONS CONDITIONS:** I understand that rates are subject to change with reasonable notice as conditions require. BOLPA follows state specific required time frames on tuition and modifications notices.

**[ ]  I am aware that the BOLPA Parent Handbook is online (bolpp.org/documents), and I am in agreement with all of the information stated inside the handbook.**

**[ ]  I have read and understand all information in this document, and I have answered each field with honesty.**

**[ ]  I Understand that typing my name below constitutes an electronic signature**

**Parent/Guardian Name:** **Date:**