

**SCHOOL DISTRICT OF SHOREWOOD
BRIGHT BEGINNINGS PRESCHOOL
2026-2027**



Shorewood
Recreation and Community
Services Department

BRIGHT BEGINNINGS STUDENT

Last Name _____ First Name _____
Nickname? _____ Birthdate _____ Age _____ Male _____ Female _____

BRIGHT BEGINNINGS STUDENT DEMOGRAPHIC

Full Home Address _____
Primary Phone _____ Secondary Phone _____
Emails _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name _____
Primary Phone _____ Secondary Phone _____
Mailing Address (if different) _____
City _____ State _____ Zip Code _____
Legal Guardian of Student Yes _____ No* _____ Resides with this Parent: Yes _____ No* _____
***If no, do you want student information sent to this parent? Yes _____ No _____**
E-mail address _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name _____
Primary Phone _____ Secondary Phone _____
Mailing Address (if different) _____
City _____ State _____ Zip Code _____
Legal Guardian of Student Yes _____ No* _____ Resides with this Parent: Yes _____ No* _____
***If no, do you want student information sent to this parent? Yes _____ No _____**
E-mail address _____

PLEASE LIST NAMES OF INDIVIDUALS WHO ARE ALLOWED TO PICK UP YOUR CHILD

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACTS SHOULD BE SOMEONE OTHER THAN A PARENT WHO CAN BE CONTACTED IN AN EMERGENCY

Name _____ Telephone Number _____ Relationship _____

Name _____ Telephone Number _____ Relationship _____

Physician's Name _____ Telephone Number _____

In case of emergency: School personnel will make a judgement regarding emergency care to be given. If emergency medical personnel are summoned, they will assume responsibility from that time on. Your child cannot be treated at a hospital until a parent can be reached. He/She can be transported to a hospital and given life saving measures only.

I give the Preschool Staff permission to seek medical attention for my child in case of an emergency.

Parent/Guardian Signature and Date: _____

MEDICAL INFORMATION

ADD/ADHD Y N

Allergies _____

Asthma Y N

Medications Y N

Asthma Triggers _____

Diabetes Y N

Epilepsy Y N

Glasses Y N Contacts Y N

Immuno-Compromised Y N

Mental Health Concerns Y N

Seizure Disorder Y N

Explain _____

Chicken Pox

Emotional Health Concerns Y N

Disease Y N Vaccine Y N

Explain _____

Special considerations: _____

Additional information about your child: _____

I have received the Bright Beginnings Preschool handbook and agree to follow all the rules and procedures.

Parent/Guardian Signature and Date: _____