

Bears Den Enrollment Form

Student Name: _____ Date of Birth _____

Grade: _____ Teacher: _____ Gender: _M _F Ethnicity: _____

Parent/Guardian Name: (print) _____

Relationship to Child: _____ Signature: _____

Home Phone: _____ Cell phone: _____ Work phone: _____

Email address: _____ Employer: _____

Emergency Contact # 1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact # 2: _____ Relationship: _____

Home Phone: _____ Cell phone: _____ Work Phone: _____

Your child MUST be picked up by 5:45 each night.

What nights will your child be staying at Bears Den?

____ Monday ____ Tuesday ____ Wednesday ____ Thursday
____ Friday

If your child will be riding the bus home. Within city limits only.

If riding the bus, where will your child need to get off?

I permit Bears Den to post my child's picture on FACEBOOK or other media. YES

NO

Parent Signature _____ Date: _____

2026-2027 Bears Den Parent Handbook: Bears Den Handbook can be found at the district's website.

Student Health and Permission Form

Please mark below if your student has any of the following conditions or special accommodation needs:

Condition	Yes	Comments	Condition	Yes	Comments
Asthma			ADD / ADHD		
Inhaler			Hearing/ Vision		
Seizures			Seasonal Allergies		
Diabetes			Allergies (food, latex, insects)		
Heart Condition			Other:		

Does your student have a 504 or an IEP that we should be aware of? ___Yes ___No

Does your student have a severe allergy to: Milk Peanuts Other: _____

Please Explain Other Conditions: _____

Use of Over-the-Counter Medication: I approve that you give over-the-counter medication to my child during the school year in accordance with the Board Policy. I authorize the school nurse or designee to give my child medication. I will not hold the school staff responsible for any undesired reaction that may occur from the medication. Examples of non-prescription medication to be given with parental permission are: **non-aspirin pain relievers, including Acetaminophen, Ibuprofen, Tylenol, sore throat spray, antacid, antibiotic ointment, hydrocortisone cream, calamine lotion, throat lozenges, topical anti-sting treatments, and generic substitutes.**

Receive Emergency Medical Treatment: In the event of an emergency and we cannot be reached, we also give our consent for the school to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student.

Field Trip Permission: I give my permission for my student to travel locally for Bears Den activities without further notice or permission forms. Trip announcements will be posted at the nightly checkout table. Any trips outside of the district will require additional parental permission forms: Parent/Guardian Signature: _____ Date: _____