



5. MOTHER

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Business Firm \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please Check if: Divorced \_\_\_\_\_ Separated \_\_\_\_\_

6. STEP PARENT:

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Business Firm \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

7. List other children in the family:

NAME	DOB	AGE	SEX	SCHOOL GRADE
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8. Indicate the program area you desire for your child:

Preschool:            2 Day \_\_\_\_\_            3 day \_\_\_\_\_            Extended Day \_\_\_\_\_

Junior Kindergarten \_\_\_\_\_            Kindergarten \_\_\_\_\_            Grade Level \_\_\_\_\_

I (We) understand the obligation to pay the tuition and fees for the academic year is unconditional, so that no portion of such tuition and fees so paid or outstanding will be refunded or cancelled notwithstanding the subsequent absence, withdrawal, or dismissal of the student from the Beacon Country Day School. It is understood that the selection and admission of the student reserves that place for the Full Academic Year. In the event of non-payment of any installment of tuition or fees, the entire balance may be accelerated, and the undersigned agrees to pay costs of collection, including court costs and reasonable attorney fees. In the event of deliberate destruction of materials or property by the student, the parents will be responsible for payment or replacement. Beacon reserves the right to dismiss, suspend, or cancel the student for any reason it deems to be in the best interest of the school, other students, or faculty.

In the event of an accident or sudden illness that his agency's authorities feel requires emergency treatment and I, other persons specific in the application, or the requested physician cannot be reached, do hereby authorize this agency to obtain the necessary medical or hospital care. I further agree to assume the financial obligation incurred for such care. I hereby give blanket permission for field trips for educational purposes, and thus give permission for \_\_\_\_\_ to leave the school for planned activities, including picnics, swimming, visits to a zoo, etc.

Date: \_\_\_\_\_

\_\_\_\_\_

(Signature of Parent)

Pictures for publicity: I hereby give permission for my child to be photographed for television, newspapers and other entertainment media.

\_\_\_\_\_

(Signature of Parent)

# EMERGENCY INFORMATION:

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FRIEND: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Person(s) authorized to pick up your child:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

# MEDICAL STATEMENT

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_

Past Illness: Check those child has had and give approximate date.

\_\_\_ Chicken Pox \_\_\_ Rubella \_\_\_ Rubella \_\_\_ Mumps \_\_\_ Diabetes

\_\_\_ Rheumatic Fever \_\_\_ Hay Fever \_\_\_ Poliomyelitis

\_\_\_ Asthma \_\_\_ Epilepsy \_\_\_ Whooping Cough Other: \_\_\_\_\_

SURGERY / ACCIDENTS / ILLNESS / CHRONIC OR SPECIAL PROBLEMS:

SPECIAL INSTRUCTIONS / MEDICATIONS:

PHYSICAL FINDINGS: (Include if tested, hearing, vision, tuberculin, etc.)

DATE: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

PLEASE SUBMIT A STATE OF COLORADO IMMUNIZATION FORM WHICH HAS BEEN COMPLETED AND SIGNED BY YOUR PHYSICIAN AS REQUIRED BY THE COLORADO DEPARTMENT OF HEALTH.

Mail to:

**JEAN E. WALLACE, Exectuive Director**

**6100 EAST BELLEVIEW , P.O. BOX 22126**

**DENVER, COLORADO 80222**

TELEPHONE (303) 771-3990 EMAIL [jeanwallace@beaconcountrydayschool.com](mailto:jeanwallace@beaconcountrydayschool.com)