



Enrollment Form 2022/23

Child's Name- _____ DOB- _____

Parent's Name(s)- _____

Full Address- _____

Employer: Mom- _____ Dad- _____

Phone Numbers: Mom- _____ Dad- _____

Email: _____

Person to contact in case of emergency other than parent(s):

Name- _____ Phone# _____

Name- _____ Phone# _____

Name- _____ Phone# _____

I hereby authorize NBBC MDO to release my child to above individuals if I am unable to pick him/her up for any reason. This person must be able to show ID.

Signature of parent- _____ Date- _____

In the event that I cannot be reached to make medical decisions for emergency medical attention, I authorize the Director of NBBC MDO to take my child to the ER for treatment.

Signature of parent- _____ Date- _____

Medical Information:

Allergies- _____ If yes what kind- _____

Does your child have an Epipen? No / Yes *If yes, ask for Allergy Form to fill out*

I will provide a copy of my child's current immunization records, or waiver for delayed/alt schedule by the first day of school

Signature of parent- _____ Date- _____

I understand that the enrollment and other MDO fees are non-refundable.

Signature of parent- _____ Date- _____

School Use Only:

Registration Fee(\$140) -Cash / Check# _____ Supply Fee (\$30)- _____ Vaccine/Waiver _____