



Enrollment Form 2023/24

Child's Name-_____DOB-_____

Parent's Name(s)-_____

Full Address-_____

Employer: Mom-_____Dad-_____

Phone Numbers: Mom-_____Dad-_____

Email (used for tuition links):_____

Authorized individuals, other than parent(s) to pick up your child:

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 - No / Yes If yes what kind-_____

Does your child have an Epipen? No / Yes *If yes, ask for Allergy From 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(\$150) -Cash / Check#_____ Supply Fee (\$25)-_____ Vaccine/Waiver_____