Date Application Submitted: _____ Date of Enrollment: _____

Swain County Schools
Bright Adventures Pre-Kindergarten Program
Child's Application for Enrollment
2025-2026

Child's Birthdate: _____ Person Completing Form: _____ Relationship to Child: _____

CHILD INFORMATION

Please Print:
Name of Child _____ M or F
(first) (middle) (last) name called) (circle one)

Ethnicity: _____ Non Hispanic _____Hispanic

Race: _____American Indian or Alaska Native
_____Asian
_____Black or African American
_____Native Hawaiian or other Pacific Islander
_____White or European American

911 Address _____ County _____
Mailing Address _____
(PO Box/Street) (City) (State) (Zip)

Elementary School your child will attend: ___East ___West ___Other (list): _____

Has your child ever been enrolled in a Head Start / Day Care Center? ____ Yes ____ No
If yes, where? _____ Dates of enrollment _____ to _____

FAMILY INFORMATION

Father/Guardian's Name _____ Home Phone _____
Address (if different from child) _____Zip _____
Employer _____Work Phone _____
Cell Phone _____Email Address: _____

Mother/Guardian's Name _____ Home Phone _____
Address (if different from child) _____Zip _____
Employer _____Work Phone _____
Cell Phone _____Email Address: _____

Child lives with: ___Mother only ___Father only ___Both ___Other (list): _____

Who is responsible for the child in the afternoons? _____

If available, I would be interested in more information about an after school program: ____ Yes ___ No

Will your child ride a bus in the mornings? ___ Yes ___ No
If yes, street address of pick up: _____

Will your child ride a bus in the afternoons? ____Yes ___No
If yes, street address of drop off: _____

Student Name: _____ Date of Birth: _____

FAMILY INFORMATION Continued

List other children and adults in the household:

	Name	Age	Relationship to Child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Mother's last grade in school _____Mother's Age _____ Father's last grade in school _____Father's Age _____

*****Is one or more parent(s) or guardian(s) of this child on active duty in the military, or was the parent or guardian seriously injured or killed while on active duty? _____ Yes _____ No*****

MEDICAL INFORMATION and HEALTH CARE NEEDS

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? __Yes __No

Describe delivery and condition of child at birth: Weight _____ Full Term? ___Yes ___No
Normal Delivery? ___ Yes ___No Describe any complications: _____

Does your child have any pre-existing health conditions? ___ Yes ___ No
If yes, describe: _____

Have you ever suspected that your child has a hearing or vision problem? ___ Yes ___No
If yes to either of the above, explain: _____

Has your child had any problems with his/her speech or being understood by others? ___ Yes ___ No
If yes, explain: _____

Has your child ever had a head injury and/or concussion? ___Yes ___ No If yes, date: _____

Has your child ever been hospitalized? ___ Yes ___ No If yes: Date(s): _____ Why: _____

List any allergies and the symptoms and type of response required for allergic reactions. _____
_____

List any other health care needs or concerns, symptoms of and type of response for these health care needs or concerns:
_____

List any particular fears or unique behavior characteristics the child has: _____
_____

List any types of medication taken, how often, and why: _____
_____

Other information that has a direct bearing on assuring safe medical treatment for your child: _____
_____

Student Name: _____ Date of Birth: _____

EMERGENCY CONTACTS & RELEASE PERMISSION

Children will only be released to parents/guardians listed on the child's application. Additionally, the child can be released to the following individuals, as authorized by the person who signs the application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number

Please make sure your emergency contacts know we may be contacting them concerning your child.

EMERGENCY MEDICAL CARE INFORMATION

Child's Primary Care Physician: _____ Phone _____
Child's Dentist: _____ Phone _____
Hospital Preference: _____ Phone _____

Insurance Information:
My child is covered by health/accident insurance from: (Name of Company)_____
Policy Holder is: _____ Policy #: _____

My child is not covered by a health/accident policy_____
My child is covered by Medicaid ____ Child's Full Name: _____
Medicaid Number: _____

I, as the parent/guardian, authorize Bright Adventures to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date_____

I, as the operator, do agree to call for an ambulance or provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____

Student Name: _____ Date of Birth: _____

Student Work & Photo Release Policy and Permission

We will use video cameras and still cameras as part of our school program. Children's work may be photocopied for use in training other teachers. There may be times that your child's picture is placed in a newspaper article, on the school system website, on the Maroon Devil Network on YouTube or on the Bright Adventures or Swain County Schools Facebook Page or Instagram account. According to North Carolina Statutes, permission is required in order to photograph or use your child's work. If you do not want your child's photo used in any of the listed spaces, please indicate below.

I have reviewed the Student Work Release Policy.

____ I give my permission for my child's work, photo, or video to be used in the ways listed above.
____ *I do not give my permission for my child's work, photo, or video to be used.
____ *I give my permission for my child's work, photo, or video to be used with the following specific limitations: _____
_____
_____

Please follow up with your child's teacher upon enrollment to clarify.

Student Name: _____ Application Date: _____
Signature of Parent / Guardian: _____ Date: _____

Required Documentation

The following documentation must also be submitted for your application to be complete and considered for enrollment. Incomplete applications are not eligible.

__ NC Pre-K Application
__ Birth Certificate
__ Proof of Income (First 2 pages of most recent years Tax Return or most current W-2 form)
__ Per capita/Gen Well Form (if applicable)
__ Child Support (if applicable)
__ Pell Grant Award Letter (if applicable)
__ Categorical Eligibility Form (if applicable)
__ Proof of Residency (utility bill, tax bill, copy of rental agreement)
__ Tribal Enrollment Card (if applicable)
__ Custody Papers (if applicable)
__ Form DSS 5760 (Foster care only)
__ Approved Out of County Transfer Request (if applicable) County of Residence: _____
__ Health Assessment (within the past year)
__ Immunizations (most current)
__ Dental Screening (within the past year)
__ Private Pay Contract (if ineligible for NCPre-K Funding)

The following documentation must be submitted prior to the first day of school for your child to begin.

__ Travel Authorization Front & Back
__ Health History (Orange)
__ Social Emotional & Self-Help Scales (Teal)
__ 2025-2026 Online Regist. (www.swain.k12.nc.us)