



7463 W. Sample Road, Coral Springs. FL. 33065
Tel : 1 954 232 7140

Email : Contact@brightstarsactivitycenter.com

Registration & Enrollment Form

Female :..... Male :..... Start Date :..... Phone Number :.....

Qty of Sessions Required Weekly:..... Subjects :.....

Qty of Sessions Required Monthly:..... Subjects :.....

Qty of Sessions Required per Semester:..... Subjects :.....

Child's Name :..... Surname (last) :.....

Date of Birth :..... Age :..... Place of Birth :.....

Child's Address :..... City :..... Zip :.....

Child lives with : Mother :..... Father :..... Both Parents :..... Other :.....

Custody : Mother Only :..... Father Only :..... Both Parents :..... Other :.....

(Note : We can not abide by special custody arrangements unless we have a valid copy of an court order on file)

Mothers Name :..... Surname (last) :.....

Resident Address :..... City :..... Zip :.....

Business Address :..... City :..... Zip :.....

Social Security Number :..... Phone :.....

Fathers Names :..... Surname (last) :.....

Resident Address :..... City :..... Zip :.....

Business Address :..... City :..... Zip :.....

Social Security Number :..... Phone :.....

MEDICAL INFORMATION

I hereby agree to attach a copy of my child’s current Physical Examination form (3040) and Immunization Record form (680 or 681) to this registration form. I hereby grant all staff permission at this facility to contact the following medical personnel to obtain emergency medical care if warranted (including a 911 ambulance response), I trust and hold no staff liable as I know they will use appropriate care & judgment. I agree that any related medical costs will be at my expenses.

Parents/Guardian Signature..... Date :.....

Doctor’s Name :..... Phone Number :.....

Medical Insurance Name :.....Policy :.....

Hospital Preference :.....

Please list allergies, special medical or dietary needs, or other areas of concern :

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CONTACT LIST.

Your child will be released only to the custodial parent’s or legal guardian and the persons listed below that are over 18 years old. The following named persons will also be contacted and are authorized to remove your child from the center in case of illness, accident or emergency if for some reason the custodial parents/guardian cannot be reached. Please supply a copy of photo ID for our record.

Name :..... Work phone :..... Cell Phone :.....

Name :..... Work Phone :..... Cell Phone :.....

Name :..... Work Phone :..... Cell Phone :.....

Please supply any additional information you feel may be helpful :

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NOTE : A free T’shirt, gift and membership card is given to every child when registered.

CHECK LIST.

To register with us you will need all paperwork to be completed, failure to do so will result in a delay of your registration. Please check that you have filled in all sections and attached the following :

Signed Registration Form. All required sections signed.

Signed Terms & Conditions Form. All required sections signed.

Copy of your child's Physical Examination form & Immunization Record form to date.

Signed Photograph Approval Form.

Copy of photo ID of all authorized persons to collect your child.

Our payment methods are designed to suit everyone's preferred choice. To help you find the best one that suits you, please contact us and we will be happy to guide you through any questions you may have.

**We look forward to meeting you and your child/children.
Should you have any questions filling in these forms please call or email us for assistance.**

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