

The Bridge of Georgia
Center for Ability Development

Application for Enrollment in Summer Program

Attending Session One? _____ Attending Session Two? _____

Name _____

Nickname _____ Birthdate _____

Address _____

City, State, Zip Code _____

Primary Phone Number _____

Child's Gender _____ Social Security Number _____

Father's name _____

Father's address _____

City, State, Zip Code _____

Father's home phone _____

Father's email Address _____

Father's Cell phone _____

Father's occupation/place of employment _____

**FOR OFFICE USE
ONLY**

Application Fee: _____

Waiting List Fee: _____

(Non -Refundable)

Date paid: _____

Check #: _____

Received by: _____

Name: _____

Grade: _____

Mother's name _____

Mother's address _____

City, State, Zip Code _____

Mother's home phone _____

Mother's email Address _____

Mother's cell phone _____

Mother's occupation/place of employment _____

Emergency Contact #1 _____

Phone number _____

Cell number _____

Relationship to the Child _____

Emergency Contact #2 _____

Phone number _____

Cell Number _____

Relationship to Child _____

The following people have permission to pick my child up from The Bridge:

1. _____
2. _____
3. _____
4. _____

The following people do NOT have permission to pick my child up from The Bridge:

(If you have legal documents forbidding that this person pick up your child, please attach copies)

1. _____
2. _____
3. _____
4. _____

Does your child attend a school other than The Bridge? _____

If so, where? _____

Grade level _____

Please list any medical or educational challenges your child may have been diagnosed with and who gave the diagnoses. _____

Please list any medication that your child takes on a daily basis. _____

Does your child have any allergies? If so, please list items. _____

Is your child on a special diet? _____

If so, please describe _____

Please list names and ages of all those living in the home _____

Child's physician _____

Phone number _____

If your child has an IEP or a behavior plan, please attach and turn in with application so we can be prepared to meet your child's needs.