

Registration fee: \$80
(Due at Registration)
Ck# _____ or cash
(Nonrefundable)

Shepherd of the Hills Bright Beginnings Preschool Registration 2026-2027 School Year

Put a check mark by the program you are enrolling your child in

<input type="checkbox"/> *3 Year old Two Day Program Tuesdays and Thursdays 9:15 am to 12:00 pm \$190 a month <small>*child must be potty trained and 3 years old by 9/1/26 and 3 by 9/1/26</small>	<input type="checkbox"/> *3 Year old Three Day Program Monday, Wednesday, Friday 9:15 am to 12:00 pm \$230 a month <small>*child must be potty trained and 3 years old by 9/1/26</small>	<input type="checkbox"/> **4 & 5 Year old Three Day Program Monday, Wednesday, Friday 9:15 am to 12:00 pm \$230 a month <small>**child must be 4 years old by September 1st 2026</small>	<input type="checkbox"/> **4 & 5 Year old Five Day Program Monday through Friday 9:15 am to 12:00 pm \$315 a month <small>**child must be 4 years old by September 1st 2026</small>
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Information:

Child's full name: _____

Name to write on papers: _____ Name to be called: _____

Birthdate: _____ Place of Birth: _____

Home Address: _____ City&State: _____ Zip: _____

Home Phone Number: _____ Child lives with: Mom/Dad/Both Parents/Guardian

Parents/Guardians: (Please put a number next to the names in the box in the order you would like us to call if there is an emergency or if your child is sick)

Name: _____
Relationship: _____
Occupation: _____
Cell Phone: _____
Email: _____

Name: _____
Relationship: _____
Occupation: _____
Cell Phone: _____
Email: _____

Emergency Contacts in addition to Parents/Guardians:

Name: _____
Relationship: _____
Best Phone #: _____

Name: _____
Relationship: _____
Best Phone #: _____

Names of People allowed to pick-up your child from Preschool (other than Parents):

Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____

Medical Information:

Doctor: _____ Phone: _____

Please list all medical concerns that the staff should be aware of: (allergies, vision, hearing etc.)

In the event of an emergency, I allow Bright Beginnings Preschool to call 911 and have my child transported to the local hospital for treatment. I agree to pay for all medical treatment.

Parent/Guardian's Signature: _____ Date: _____

Child's Development: Please tell the staff any information that would help us understand your child better (fears, separation issues, health issues, milestone delays, etc.):

Please list everyone that lives in your home (please include pets):

Name: _____ Relationship: _____

Child's Personality: Please tell us any information that would help us understand your child better (shy, bossy, talkative, quiet, etc.)

I wish to enroll my child at Bright Beginnings Preschool.

Parent/Guardian's Signature: _____ Date: _____

Mail me the rest of the paperwork

Email remaining paperwork to: _____