

Registration fee: \$75  
(Due at Registration)  
Ck# \_\_\_\_\_ or cash  
(Nonrefundable)

# Shepherd of the Hills Bright Beginnings Preschool

## Registration 2023-2024 School Year

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

<input type="checkbox"/>	<b>3 Year old</b> <b>2 Day Program</b> Tuesdays and Thursdays 9:00 am to 11:45 am <b>\$155 a month</b>
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<input type="checkbox"/>	<b>4 &amp; 5 Year old</b> <b>Three Day Program</b> Monday, Wednesday, Friday 9:00 am to 11:45 am <b>\$210 a month</b>
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<input type="checkbox"/>	<b>4 &amp; 5 Year old</b> <b>Five Day Program</b> Monday through Friday 9:00 am to 11:45 am <b>\$245 a month</b>
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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.)

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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.):

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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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: \_\_\_\_\_