

Registration fee: \$75

(Due at Registration)

Ck# _____ or cash

(Nonrefundable)

Bright Beginnings Preschool

Registration 2022-2023 School Year

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

<input type="checkbox"/> 3 Year old 2 Day Program Tuesdays and Thursdays 9:00 am to 11:45 am \$155 a month
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<input type="checkbox"/> 3 Year old Three Day Program Tuesday, Wednesday, Thursday 9:00 am to 11:45 am \$195 a month <small>This program is dependant on a minimum enrollment to be met</small>
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<input type="checkbox"/> 4 & 5 Year old Three Day Program Monday, Wednesday, Friday 9:00 am to 11:45 am \$210 a month

<input type="checkbox"/> 4 & 5 Year old Five Day Program Monday through Friday 9:00 am to 11:45 am \$245 a month
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Information:

Child's full name: _____

Name to write on papers: _____

Birthdate: _____ Place of Birth: _____

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

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

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: _____

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.)

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: _____