## Bright Beginnings Preschool

| Enrollment | Form |
|------------|------|
|------------|------|

| 4 & 5 Year Old Class (must be 4 years old by Aug. 1)        |                               | 3 & 4 Year Old Class (must be 3 years old by May 1)        |  |  |
|---|-------------------------------|--|--|--|
| Class meets: Monday/Wednesday/Friday                        |                               | Class meets: Tuesday & Thursday                            |  |  |
| 8:30-11:00 A.M. or 12:00-2:30 P.M.<br>Monthly Tuition \$105 |                               | 8:30-11:00 A.M. or 12:00-2:30 P.M.<br>Monthly Tuition \$70 |  |  |
|   |                               |  |  |  |
| 3 & 4 yr. class A.M.  | 3 & 4 yr. class P.M.          | Either A.M. or P.M.  |  |  |
| 4 & 5 yr. class A.M.  | 4 & 5 yr. class P.M.          | Either A.M. or P.M.  |  |  |
|   |                               | ecause:  |  |  |
|   |                               |  |  |  |
|   |                               |  |  |  |
| ALL CHILDREN MUST BE PO                                     | OTTY TRAINED. Preschool begin | ns after Labor Day.  |  |  |
| Child's Name:   |                               |  |  |  |
| Address:  |                               |  |  |  |
| Date of Birth:  |                               |  |  |  |
|   |                               | other pertinent medical information:                       |  |  |
| •   |                               | •  |  |  |
|   |                               |  |  |  |
|   |                               |  |  |  |
|   |                               |  |  |  |
| Mother's Name:  |                               | Home Phone:  |  |  |
| Address:  | :: Cell Phone:                |  |  |  |
| Employer:   |                               | Work Phone:  |  |  |
| Father's Name:  |                               | Home Phone:  |  |  |
| Address:  |                               | Cell Phone:  |  |  |
| Employer:   |                               | Work Phone:  |  |  |

Person(s), other than parents, to be notified in case of an emergency:

| Name:           | Relationship: |
|-----------------|---------------|
| Phone contacts: |               |
| Name:           | Relationship: |
| Phone Contacts: |               |
| Name:           | Relationship: |
| Phone Contacts: |               |

A non-refundable registration fee of \$35 for one child and \$45 for two children should be submitted with this form. Checks should be made payable to **Bright Beginnings Preschool**. Please return forms directly to preschool teachers or place inside the drop box outside the preschool classroom. <u>Your child is not enrolled until this form has been returned with payment</u>. Unfortunately, we cannot guarantee that your child will be in the class that you chose, but we try to accommodate everyone's wishes if we can.

I give my permission for the staff of Bright Beginnings Preschool/Daycare or the staff of Bloomfield First Baptist Church permission to seek medical attention for my child in the case of a life threatening emergency.

| Parent Signature: | Date | 2: |
|-------------------|------|----|
|-------------------|------|----|

Jesus said, "Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these." Matthew 19:14