

Bright Beginnings Preschool

Enrollment Form

4 & 5 Year Old Class (must be 4 years old by Aug. 1)

Class meets: Monday thru Thursday

8:30-11:00 A.M. or 12:00-2:30 P.M.

Classes begin Monday, August 16, 2021

Monthly Tuition \$140

3 & 4 Year Old Class (must be 3 years old by May 1)

Class meets: Tuesday & Thursday

8:30-11:00 A.M. or 12:00-2:30 P.M.

Classes begin Tuesday, August 17, 2021

Monthly Tuition \$80

PLEASE CIRCLE ONE:

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.

I would like my child to be in the A.M./P.M. class because: \_\_\_\_\_

ALL CHILDREN MUST BE POTTY TRAINED.

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please list ALL allergies, physical limitations, or other pertinent medical information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Person(s), other than parents/guardians, 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. **Your child is not enrolled until this form has been returned with payment.** 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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*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*