



Bright Beginnings Preschool
REGISTRATION FORM

Date of Application: _____

Child's Name: _____ Date of Birth: _____

Parents' Names: _____

Mailing Address: _____

Phone #'s: _____

Email address: _____

Place of Employment:

(Father) _____ Phone #: _____

(Mother) _____ Phone # _____

Child's Physician: _____

Phone: _____

Special Needs and/or Allergies? Please explain: _____

I am interested in applying for a free tuition scholarship (4-day class only) _____

Preschool classes for the 2011-12 school year

Please mark preference

Must be 4 by Dec. 1, 2011:

TWTHF 8:15-11:15 a.m. _____

TWTHF 12:30-3:30p.m. _____

Must be 3 by Dec. 1, 2011:

TTH 8:15-11:15 a.m. _____

TTH 12:30-3:30 p.m. _____

(with sufficient interest only)

I am interested in Extended Daycare (Sunshine Club) options: _____

*If yes, please complete Sunshine Club Registration form

(for office use only)

\$35 Registration fee _____

Health Appraisal _____

FIA form _____ Supplies _____

Child Info Card _____

Immunization Record _____

Clearance _____

Child Inventory _____

Parent Hdbk. _____

Milk \$ _____

Charlevoix Elementary School, 13513 Division St., Charlevoix, MI 49720 547-8143

