



Bright Beginnings Preschool
REGISTRATION FORM

Date of Application: _____

Child's Name: _____ Date of Birth: _____

Parents' Names: _____

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 (3-day only) _____

Preschool classes for the 2007-8 school year

Please mark preference

Must be 4 by Dec. 1, 2007:
MWF 8:40-12:00 p.m. _____
MWF 12:30-3:50 p.m. _____

Must be 3 by Dec. 1, 2007:
TTH 8:45-11:15 a.m. _____
TTH 12:30-3:00 p.m. _____
(with sufficient interest only)

I am interested in Extended Daycare options: _____

*If yes, please complete Sunshine Club Registration form

(for office use only)

\$35 Registration fee _____	Health Appraisal _____	FI A form _____
Child Info Card _____	Immunization Record _____	Clearance _____
Child Inventory _____	Parent Hdbk. _____	Milk \$ _____
Supplies _____	Parent Contract _____	Birth cert. _____