

Bright Beginnings Early School ~ Application for Enrollment

Stepping Stones program requires a 100.00 deposit due by April 15, 2016 in addition to the registration fee. This deposit will be applied to September 2016 tuition

Student Information: Date of enrollment 08/24/2016 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Child's Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Child's Address \_\_\_\_\_

Street City State Zip

Family Information: Child lives with \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

E Mail: \_\_\_\_\_ E Mail: \_\_\_\_\_

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or any other areas of concern:

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

Contacts/Emergency Contacts: Children will be released only to these authorized people listed.

Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Family facts:

Names & Ages of Siblings: \_\_\_\_\_

Please list any other information that might help us to better understand your child (i.e. fears, recent death or divorce in the family, a new baby, adoption, and what the child has been told about these events: \_\_\_\_\_

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

At what church do you worship and serve? \_\_\_\_\_

Previous preschool/small group experiences: \_\_\_\_\_

Please return this form with your \$185 non-refundable registration fee

Bright Beginnings

8570 Cypress Lake Drive, Fort Myers, FL 33919