

Bright Beginnings Early School ~ Application for Enrollment

2-3 year old program: Circle ONE of the following:

2 day (M&T) 3 day (W, Th, F) 4 day (M,T,W,Th) 5 day (M-F)

Student Information: Start date 8-21-2017 or 8-23-2017 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 payable to:

Bright Beginnings

8570 Cypress Lake Drive, Fort Myers, FL 33919

