

Bright Beginnings Preschool
511 Maple Street Wethersfield, CT 06109
Phone: 860.721.6424
bbpreschool.wethefc.com/

Bright Beginnings Preschool Application
2010 - 2011 School Year

Child's Name _____ **Nickname:** _____ **Date** _____
(Last) (First) (MI)

Home Address: _____
(Street) (City) (Zip)

Telephone: Day: () _____ **Eve:** () _____ **e-mail:** _____

Father's Name: _____

Father's Home Address: _____

Father's Place of Business: _____ **Work Phone:** _____
(Business Address) _____

Mother's Name: _____

Mother's Home Address: _____

Mother's Place of Business: _____ **Work Phone:** _____
(Business Address) _____

Child's Present Age: _____ **Sex:** (circle one) M F **Date of Birth:** _____

Class Registered for: (please circle one)

3-year old (T/W/Th **AM**)

4-year-old (M/T/Th/F **AM**)

If parents cannot be reached in case of emergency, person (e.g. relative, neighbor, and friend)) to be called:

Name: _____ **Relationship:** _____ **Phone:** _____

Child's Physician: _____ Phone: _____

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In case of emergency and we are unable to contact the child's physician, school personnel are authorized to obtain necessary emergency medical care.

I also give my permission for my child to take part in all school activities, whether on the school grounds or away from school (e.g. field trips). Prior permission will also be given.

Signature of parent or guardian

Date

The following person(s) has my permission to remove my child from the preschool in case of emergency if I cannot be reached:

Name: _____ Relationship to child: _____

Address: _____ City: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ City: _____ Phone: _____

Signature of parent or Guardian _____ Date _____

How did you hear about our school? _____

Please return this completed form with a \$75 non-refundable application fee to the above address. Checks should be made payable to "Bright Beginnings Preschool".

Bright Beginnings Preschool admits a child regardless of his/her family's race, religion, cultural heritage, political beliefs, or marital status. We are handicapped accessible.

FOR OFFICE USE ONLY: Date registration received _____ received _____