

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

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**Bright Beginnings Preschool Application**  
2012 - 2013 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 OR PM**)

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

*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

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

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Please answer the following three questions:

1. How did you hear about our school? \_\_\_\_\_

2. Does your child have any special learning needs? (Such as difficulty sitting still or paying attention, language/communication issues, physical or social limitations, etc.) \_\_\_\_\_

3. What is the primary language spoken in your home? \_\_\_\_\_

**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 \_\_\_\_\_ receipted \_\_\_\_\_