



Enrollment Application

*Please fill out this application. It is the parent/guardian responsibility to notify us immediately of any changes in employment or residence.

Child Information

Starting Date _____ Days Needed M T W R F Times _____
Child's Name (first) _____ (MI) ____ (last) _____ DOB _____ Phone _____
Home Address _____ City _____ State _____ Zip _____

Parent Information

Who is the child's legal guardian? _____
Any special circumstances? _____

Mothers Name _____ DOB _____ Cellular # _____
E-Mail Address _____ Home # _____ Work # _____
Home Address _____ City _____ State _____ Zip _____
Mothers Employer _____ Location _____

Fathers Name _____ DOB _____ Cellular # _____
E-Mail Address _____ Home # _____ Work # _____
Home Address _____ City _____ State _____ Zip _____
Fathers Employer _____ Location _____

In Emergency Contacts – In an emergency we will contact an authorized pick-up (other than yourself) in the event a parent cannot be reached. The child will be released only to individuals indicated below if we cannot reach you first.

Name _____ Address _____ Home # _____
Cellular # _____ Work # _____ Relationship to Child _____
Name _____ Address _____ Home # _____
Cellular # _____ Work # _____ Relationship to Child _____

Medical Information

Clinic Name _____ Location _____
Doctor Name _____ Phone _____
Dental Clinic _____ Location _____
Dentist Name _____ Phone _____

In the event of serious illness or injury, Bright Beginnings emergency source is 911. Your child will be taken to the nearest medical facility. Please sign the release below authorizing Bright Beginnings to act in an emergency or make a decision regarding our child when a parent cannot be reached.

Parent Signature _____ Date _____

Director Signature _____ Date _____