Enrolment Date:	



Bright Futures Preschool



2022-2023

Registration Form

9.5		
East Location		
Please Select Which Class your child will be enrolled in.		
3 Day Morning Class Monday, Wednesday, Friday	9:00 - 11:30	\$265/mth
2 Day Morning Class Tuesday and Thursday	9:00 - 11:30	\$210/mth
Afternoon Class Monday, Tuesday, Wednesday, Thursday Class circle which days if not all 4	12:45 - 3:15 (4 days) 3 days 2 days	
A \$50 NON-REFUNDABLE enrolment fee is due when regis guaranteed.	tering. Once this is pai	d your spot will be
\$50 enrolment fee Paid. Cash or E-Transfer(please circle or	ne)	
Please E-Transfer all monthly payments on the first of ever etransfer to tlsentes@hotmail.com A one month's notice and pay is due if your child will be leareserves the right to remove a child at anytime with or wit child. There are NO REFUNDS.	aving our preschool for	any reason. The preschool
Child's Info	ormation	
Child: Birtl	ndate:// day/mth/yr	Sex: M F
Child's Address:		

Parents Information

Full name of Mother:			Email	
Mother's Address: Same				
Home Phone:	Work Phone:	ext	Cell Phone:	
Full name of Father:		Email		
Father's Address: Same				
Home Phone:	Work Phone:	ext	Cell Phone:	
Emergency Conta	<u>cts</u>			
Minimum 2 contacts, other than	n parents, to contact in case	of emergence	v/authorized to pick up child:	
		_		
1. Name:	2. Name:			
Relationship to child:	Relationship to child:		d:	
Home Phone:	Home	Phone:		
Cell or Work Phone:	Cell or Work Phone:			
Other Person(s) Authorized to p	oick up child:			
Name:	Relationship)	Phone:	
Name:	Relationship		Phone:	
Name:	Relationship)	Phone:	
Child	l's Health Inform	ation an	d History	
Child Are your Child's immunizations			nd History	

Does child have any known health problems? Yes () No () (If yes please explain.

Does your child have any special needs?
Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:
Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:
Does your child have any speech, hearing or visual problems? Yes () No ()
Has your child ever been tested for the above? Yes () No ()
Please comment on any other medical information/or special need the preschool should be aware of:
Medication and Emergency Care Authorization
I authorize Bright Futures Preschool Staff to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.
(Please cross of any item you would prefer not to be used)
\square Yes \square No I authorize use of typical first aid supplies including but not limited to, anti-bacterial creams, band-aids.

NOTE: Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

□Yes □No I authorize use of preventative supplies, such as sun block, bug repellant, hand lotion, hand

sanitizer.

\square I authorize Bright Futures Preschool Staff to obtain the following services for the	his child if necessary: Public			
Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).				
Comments/Exceptions:				
Photo Authorization				
Photographs and videos are taken during or on separate occasions such as birthda occasions as well as in the normal course of our day. We use these pictures/information about their day, arts & crafts, albums, class books, Bloomz app Instagram and our website.	videos for teaching, sharing			
Please mark the appropriate box(s):				
I give permission to Bright Futures Preschool to take photographs/videos of child(ren).	the above named			
I do <u>NOT</u> want any photos/videos taken of my child.				
Additional information, notes or agreements made between this program and pare	ents or guardians:			
(Date) (Signature of parent,	/guardian)			
(Date) (Signature of parer	nt/guardian)			