Bright Beginning	s Preschool					
225 W Brockett S						
Sherman, TX 75090 Director of Business Callie Wynn Bomsburger, M. Ed.						
	ess Callie Wynn i culum - Colleen Bo					
(903) 820-2668	Januari - Gonceri Bo	wing, in. Eu.	BEGINAL STATES	Date of Admission:		
			PRESCHOOL			
			TREGUITOUE			
			Child's Information			
				D: # 1 4		
Name of Child:				Birthdate:		
Obildle Here				Obitalla I I anna Talambana Niverbana		
Child's Hom	ie Address:			Child's Home Telephone Number:		
			Dougla Information			
			Parent Information			
Name of Mo	other:			Mother's Cell Phone Number:		
Mother's Ad	dragge			Mother's Work Number:		
Wolfiel S Au	uress.			Mother's Work Number.		
Name of Fa	ther:			Father's Cell Phone Number:		
Father's Add	dress:			Father's Work Number:		
			Physician Information			
Name of Physician:				Physician Phone Number:		
Dharaistania	A -l -l					
Physician's	Address					
Preferred Er	mergency Ca	are Facility to	Transport to:			
	0 ,					
I authorize E	Bright Beginn	ings Elemen	stary and its employees to obtain medical care in case of a	in emergency, including		
emergency	transport, if a	applicable.	•	<b>3</b>		
Parent Signature:						
If a parent c	If a parent cannot be reached, the following people may be contacted in case of emergency:  Phone Number:					
1						
Address:						
2						
Address:						
3						
Address:						

The following people are permitted to pick my child up from school:  Phone Number:					
1					
2					
3					
Does your child have any allergies we should be aware of?					
Please describe the allergy emergency plan for the child, should the situation arise.					
Does your child have any need for special medical care?					
If yes to either question, please provide a statement of the child's special care needs: (This ma	ay include, but is not limited to,				
allergies, existing illness, previous serious illness and injuries, hospitalizations during the past prescribed for continuous, long-term use.)	12 months, and any medications				
processing term asset,					