



**b r i g h t** *beginnings*

P R E S C H O O L

511 Maple Street Wethersfield, CT 06109

Phone: 860.721.6424

<https://www.bb-preschool.org>

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**Bright Beginnings Preschool Application**

2020 - 2021 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:** (check one) M F **Date of Birth:** \_\_\_\_\_

**Class Registered for:** (please check all that apply)

3-year-old MORNING 9:00-11:30AM (Tues, Wed, Thurs)

**Medical Information**

Known Allergies: \_\_\_\_\_ Last Tetanus: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

Child's Physician: Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Dentist: Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Emergency Authorization**

I give my consent for the First Aid and CPR certified staff of *Bright Beginnings Preschool* to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(continued) \_\_\_\_\_

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

**Please return this completed form with a \$100 non-refundable application fee in cash or personal check 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 \_\_\_\_\_ Date of Enrollment \_\_\_\_\_