

Bright Beginnings Registration Form

September 2010/June2011

Name of Child _____ Prefers to be called _____

Date of Birth _____ Sex _____

Home Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone(Mother) _____

Cell Phone (Father) _____

Mother's Name _____ Business Address _____

Business Phone _____

Father's Name _____ Business Address _____

Business Phone _____

E-mail address _____

Emergency contact (other than parent) _____ Phone _____

Date of last Physical _____ Does your child have any allergies? _____

Child's Physician _____ Phone _____

Please list any other pertinent information on the reverse side of this form.

I am enrolling my child in: * **Morning Threes** _____ **AfternoonThrees** _____

Morning Fours _____ **Afternoon Fours** _____

***If the class you have chosen has already been filled, you will be notified.**

**Please note: A non-refundable \$45.00 registration fee is due at the time of registration. Please make checks payable to HRC with BB on the memo line:
Paid _____**

Please let us know how you heard about Bright Beginnings: _____

Today's date: _____ **Parent Signature** _____

Please mail completed form to: Bright Beginnings Preschool, 143 Beekman Road, Hopewell Junction, NY 12533.