



BRIGHT BEGINNINGS PRESCHOOL

2010-11 Registration Packet

Enclosed you will find the necessary papers to fully register your child at Bright Beginnings for the 2010-11 school year.

If you have any further questions, please contact Allison Lane in the school office
360-882-3496.

Registration Check List

- Non-Refundable registration fee.
- Completed Registration Forms. (Pages 3 thru 7)
- Completed Certificate of immunization
- Both sides of forms (where applicable) have been completed.
- Copy of valid Birth Certificate
- Signed and initialed Payment Contract
- Please return your packet in this large manila envelope
- September Tuition is due by the 25th of August

Thank You!

Program Basics

Preschool

3-Year-Old Classes: Class size: 16 students, class ratios 8:1. Students must be three years old by August 31, 2010, and toilet trained.

Pre-K

4-Year-Old Classes: Class size: 18 students, class ratios 9:1. Students must be four years old by August 31, 2010.

4 / 5 Year Old Classes: Class size: 18 students, class ratios 9:1. Students must be five years old by December 31, 2010.

All of our 3 thru 5 years old classes provide children with time to explore as they learn. Children will be engaging in activities that will support their development through a hands-on learning approach.

Our curriculum includes:

Bible Stories and Memorization
Art
Physical Movement
Science/Health
Writing/Penmanship
Story Times
Social Studies

Reading Readiness
Sensory Play
Music
Arithmetic
Dramatic Play
Manners/Personal Care
Cooking

- ★ All classes will be staffed according to the above student teacher ratios with a Lead Teacher and a Co-teacher.
- ★ Child should wear clothing appropriate for preschool activities such as outdoor play, sitting on the floor, and painting.

Bright Beginnings 2010-11 Registration

<i>Child's Last Name,</i>	<i>First</i>	<i>Boy or Girl?</i> <input type="checkbox"/> <input type="checkbox"/>	<i>Birth date</i> / /
Parent's Name (s)		Home phone ()	Cell Phone ()
Home E-mail address			
Street Address		City	Zip code

Class Information: September – May

<i>Class Sessions September - May</i>	<i>Age By Sept. 1 2010</i>	<i>Class Time</i>	<i>Bright Beginnings Non-Refundable Registration Fee</i>	<i>Monthly Tuition Payments (9 months)</i>
Preschool Classes:				
___ 1. Penguins T-TH (2 mornings)	3	8:50 –11:40 a.m.	\$80	\$120
___ 2. Penguins M-W-F (3 mornings)	3	8:50 -11:40 a.m.	\$80	\$175
Pre-Kindergarten Classes:				
___ 3. Pandas or Chipmunks T-Th (2 mornings)	4	8:50 -11:40 a.m.	\$80	\$120
___ 4. Pandas or Chipmunks M-W-F (3 mornings)	4	8:50 -11:40 a.m.	\$80	\$175
___ 5. Zebras T-W-TH-F (4 mornings)	4.5	8:50 -11:50 p.m.	\$80	\$235

Bright Beginnings reserves the right to cancel any class if there is insufficient registration.
It also reserves the right to balance class ratios.

Please make checks payable to: Bright Beginnings

Student Information

Child's Full Name			
Date of Birth	Age	Sex	Today's Date

Parent/Guardian Information

Father's Name		Phone
Address	Zip	Cell
Place of Employment		Work Phone

Mother's Name		Phone
Address	Zip	Cell
Place of Employment		Work phone

Sibling Information

Name	Age	School
Name	Age	School
Name	Age	School
Name	Age	School

Additional Information

Church affiliation:	Denomination:
Who may we thank for your referral?	

Dismissal Authorization

The following are authorized to remove _____ from school:		
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone

Emergency Contacts

(Parents will be the first contacted. Please list order in which friends or relatives should be contacted if we are unable to make contact with a parent.)

Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone

General Information

(Please share any information that will help us to know your child better)

Type of previous group or preschool experience?	Where?
Other languages spoken in your home:	Are there any nicknames the student likes?
Fears your child may have (dog, sirens, etc)	
Any unusual experiences your child may have had (moving, hospital stay, loss of someone dear)?	
Additional comments or concerns:	
Food Allergies:	

Medical Agreement

Doctor preferred	Phone
Hospital preferred	Phone
Insurance Company	Phone
Policy Number	

Please list all Allergies:
Medical Concerns:
Physical Limitations:

I (We) the undersigned, parent or legal guardian of _____, a minor, do hereby authorize and consent for Bright Beginnings to seek medical treatment deemed necessary in the event of an emergency, accident or sudden illness. Every attempt will be made to immediately make contact with a parent.

I (We) will assume any expense incurred by such treatment.

I (We) do not hold the above named, or Bright Beginnings responsible or liable for any action necessary in the emergency care of my (our) child.

Signature _____ Date _____

Signature _____ Date _____

Release of Information Agreement

Bright Beginnings will not post photos with any Bright Beginnings students on the Bright Beginnings web site or any other web site.

Photos of children are only used in the classrooms, to share with parents and staff, and for use in promotional and information materials (such as the Bright Beginnings brochure or information to the Vancouver Church).

I/We _____ hereby grant permission for Bright Beginnings to take photos of my/our child _____ and use his/her photo or his/her quotes in the classrooms, to share with parents, and for use in promotional and information materials.

(Circle One)

Yes

No

Signature _____ Date _____

Signature _____ Date _____

Bright Beginnings is a ministry of the Vancouver Church of Christ and is located in the church building. **The Vancouver Church would like to include you in mailings and/or e-mail information about events and activities.**

- Yes, the Vancouver Church may mail me information
- Yes, the Vancouver Church may send e-mails
- No, I'd rather not receive any information from the Vancouver Church

Signature _____ Date _____