



# 2009 - 2010 Student Registration Form

Please complete one registration form per child. Please Print or Type

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender  M  F

Parent/Guardian \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_

Company Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_

Company Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Custody Arrangements (if applicable) \_\_\_\_\_

Any known allergies, health or medical problems?  YES  NO

If yes, please describe \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Does your child require any special foods or liquids or any special diet?  YES  NO

If yes, please describe \_\_\_\_\_

Please describe your child's general personality (likes, dislikes, etc.) \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Child's School (Name & Location) \_\_\_\_\_

### CHILD LIVES WITH

Both Parents  Single Parent  Extended Family  Foster/Guardian

Other \_\_\_\_\_

### I'M INTERESTED IN

Specify what days  Full-time  Monday  Tuesday  Wednesday  Thursday  Friday

Desired start date \_\_\_\_/\_\_\_\_/\_\_\_\_

(OVER)

**PERMISSION STATEMENTS:**

- **My child has permission** to go on neighborhood walks.     YES     NO
- **My child has permission** to attend field trips.     YES     NO
- **I understand** that children who have chronically poor behavior may be suspended or dismissed from the program.     YES     NO
- **I give permission** to Bright Beginning staff to administer immediate first aid to my child when injured.     YES     NO

Is there any other information that we should be aware of regarding your child's development, medical concerns or habits?

---

---

---

Additional Comments

---

---

---

I, \_\_\_\_\_ have received the Parent's Handbook. I agree to adhere to the policies and procedures of the Bright Beginning Children's Learning Center.

We, the undersigned, understand that we are responsible for the payment of all fees, including a non-refundable registration fee, security deposit, annual supply fee, tuition and elective programs that may be incurred during the time this child is enrolled at the Bright Beginning Children's Learning Center and that non-payment will result in dismissal. We have reviewed this application and to the best of our knowledge all information provided is complete and accurate. Bright Beginning reserves the right to suspend or dismiss any child in accordance with its official policies as determined by Bright Beginning. Notwithstanding anything to the contrary contained herein, this agreement does not bind either party to any specific period of enrollment. We understand that no rights or presumptions of continued enrollment are conferred or implied by this agreement. We further agree that no right to notice of renewal or non-renewal of the agreement is conferred or implied.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Return this completed form and all mandatory documents along with a \$75 non-refundable application fee to:  
Bright Beginning, Inc. • 867 Buttonwood Trail • Crownsville, MD 21032 • 410-923-3192**

**For Office Use Only:**

- Emergency Form                       Health Inventory
- Application Fee                         A Parent's Guide To Regulated Child Care
- Annual Supply Fee                       Security Deposit

Date of Child First Attendance    \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      Date of Child Last Attendance    \_\_\_\_ / \_\_\_\_ / \_\_\_\_