

Bright Beginnings Learning Center
Strawbridge United Methodist Church
2019- 2020
Registration Form

Welcome to **Bright Beginnings Learning Center!** Please read and complete all information on both sides of this form. (Licensing requires that there be no incomplete blanks on the registration form.) If any information changes during the school year, please notify us so we may update our files. Thank you.

Child's name _____ Nickname _____

Birth date _____ Age as of September 1, 2019 _____

Mother's name _____ Father's name _____

Mother's TDL # _____ Father's TDL # _____

Address _____

City _____ Zip _____ Village _____

Home phone _____

Mother's cell phone _____ Father's cell phone _____

Mother's work phone _____ Father's work phone _____

E-mail address _____

Are you a Strawbridge UMC member? _____ (for church member tuition discount)

Siblings attending BBLC _____ (for sibling tuition discount)

Child's T-shirt size **(plan for September, 2019)**

_____3T _____4T _____5T _____6T _____XS Youth _____S Youth

Child's Physician _____

Physician's phone _____

Known allergies _____
(Please document "no known allergies" if the child has no known allergies.)

Treatment for above allergies _____
(Please document "N/A" if not applicable.)

Does your child have any special needs or medical concerns, such as allergies, existing illness, previous serious illnesses, recent injuries, any medication prescribed for long term use, or other information of which the staff should be aware?

YES _____ NO _____

If YES, please explain. _____

Will your child have an Epi-pen in the BBLC office?
YES _____ NO _____ _____ (Parent's initials)

EMERGENCY CONTACTS - - Persons whom we may call in an emergency when you cannot be reached. You must provide name, address, and phone numbers.

Name _____ **Home phone** _____

Address _____ **Cell phone** _____

Name _____ **Home phone** _____

Address _____ **Cell phone** _____

Name _____ **Home phone** _____

Address _____ **Cell phone** _____

Please take a moment to review this registration form to ensure that you have completed it in its entirety. On behalf of the staff of **Bright Beginnings Learning Center (BBLC)** and **Strawbridge United Methodist Church**, we are honored that you have chosen to be a part of our wonderful program.

Mother's signature Date

Father's signature Date