

Bright Beginnings Learning Center
Strawbridge United Methodist Church
2024-2025
Registration Form

Welcome to Bright Beginnings Learning Center! Please read and complete all information. If any information changes during the school year, please notify us so we may update our records.

Child's Name _____ Nickname _____

Birth Date _____ Age as of September 1, 2024 _____ Sex: M F

Parent 1 Name (Primary Contact) _____

Parent 2 Name _____

Address _____

City _____ Zip Code _____

Home Phone _____

Parent 1 Cell Phone _____ Parent 1 Work Phone _____

Parent 2 Cell Phone _____ Parent 2 Work Phone _____

E-mail Address(es) for BBLC Updates:

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

Siblings attending BBLC _____ (for sibling tuition discount)

Please note: Only one discount may apply per family.

BBLC T-Shirt Size: 2T 3T 4T 5/6

(A school spirit shirt is included with registration for all children who register by July 31. Please consider a size that will fit your child for the entire school year!)

Pick-Up Authorization List

Child's Name _____

Parent 1 Name _____ DL# _____

Parent 1 Cell Phone _____ Work Phone _____

Parent 2 Name _____ DL# _____

Parent 2 Cell Phone _____ Work Phone _____

I authorize my child to leave Bright Beginnings Learning Center with the following people:

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You may add names throughout the year, if necessary. Please notify us, in writing, in advance if anyone other than parents will be picking up your child. (In the event of an emergency, the parent that signed the child in may call the BBLC office and tell us who will be picking up their child.) **Their name must be on this authorization list.** Please be sure to inform anyone (other than parents) who will be picking up your child that they need to check in at the BBLC office and show proper identification before your child will be released to them. If they are not on this authorization list and do not show proper identification, your child **will not** be released to them. We are committed to ensuring the safety of our children.

Parent 1 Signature Date _____

Parent 2 Signature Date _____

EMERGENCY MEDICAL INFORMATION

All children must have a signed physician's well statement on file as well as a current immunization record. Vision/Hearing screening results are required for all children ages 4 and older.

Child's Name: _____ Birth Date: _____

Physician Name: _____ Phone: _____

Physician Address: _____ Zip: _____

Dentist Name: _____ Phone: _____

Dentist Address: _____ Zip: _____

Medical/Hospitalization Insurance Provider: _____

Policy Holder Name _____ ID Number: _____

Recommended Immunizations Current Based on Age? Yes _____ No _____

Regularly Used Medications: _____

Activity Restrictions? Yes _____ No _____

If yes, explain here:

Allergies: _____

(Do not leave blank. Must write "No Known Allergies" if there are no allergies.)

Other Comments Related to Child's Health (such as: existing illnesses/conditions, previous serious illnesses, injuries and/or hospitalizations within the past 12 months)

In the event I cannot be reached to make arrangements for emergency medical care, I authorize Bright Beginnings Learning Center to take my child to:

Emergency Facility/Hospital: _____ Location: _____

I give consent for BBLC to secure any/all necessary medical care for my child.

Parent Signature

Date

Bright Beginnings Learning Center
Student Information Sheet
(To be kept by classroom teachers)

Please introduce us to your child. This information may help us put your child at ease. The more familiar we seem, the more comfortable we can make your child. Thank you!

Child's Name _____ We call him/her _____

When practicing name writing in class, please teach him/her to write *(Ex: Samantha or Sam)*:

Parents' Names _____

Siblings at home (Names/Ages)

With whom does the child live?

Favorite color

Favorite stories or books

Favorite TV shows/movies

Favorite characters

Pets

Favorite activities/toys/things to do

Fears

What comforts your child?

What strategies do you use to get your child to stop a behavior that is inappropriate or dangerous?

Is your child potty trained? Does your child need any assistance with toileting? (Note: All children in our 3- and 4-year-old classes must be potty trained.)

Is there anything that you feel we should know about your child?

Thank you for sharing your child with us! We are committed to providing a loving, nurturing environment for your child.