

Bright Beginnings Learning Center
Strawbridge United Methodist Church
 Director: Emily Bird
2026-2027 Registration Form

SECTION 1: GENERAL INFORMATION			
Child's Name		Preferred Name for School	
Birth Date	Age as of September 1, 2026		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian			
Parent 1 Name (Primary)	Parent 1 Cell Phone		Parent 1 Home/Work Phone
Parent 2 Name	Parent 2 Cell Phone		Parent 2 Home/Work Phone
Email Addresses for BBLC Updates			
Home Address			
City		Zip Code	
BBLC T-Shirt Size: <input type="checkbox"/> 2T <input type="checkbox"/> 3T <input type="checkbox"/> 4T <input type="checkbox"/> 5/6		<i>Spirit Shirt included for all who register by 7/31. Please consider a size that will fit your child all year!</i>	

SECTION 2: ENROLLMENT & TUITION		
<p>Please select the age group and days for which you are registering. Use your child's age as of September 1, 2026. A non-refundable registration fee of \$185 is due at registration.</p>		
18 months - 2 years (T/TH: \$250/month)	18 months - 2 years (T/W/TH: \$325/month)	
3 years (T/W/TH: \$325/month)*	3 years (M/T/W/TH: \$400/month)*	
4-5 years (T/W/TH: \$325/month)*	4-5 years (M/T/W/TH: \$400/month)*	
*All children who are 3 or older before 9/1 must be potty trained and bathroom independent.		
Tuition Discounts: <i>(Only one discount per family)</i>	Strawbridge UMC Member?	Siblings attending BBLC?

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SECTION 3: EMERGENCY CONTACTS & PICK-UP AUTHORIZATION

In case of an emergency, when the parent/guardian cannot be reached, call:

Name of Emergency Contact 1	Relationship to Child	Phone Number
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Street Address

Name of Emergency Contact 2	Relationship to Child	Phone Number
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Street Address

Name of Emergency Contact 3	Relationship to Child	Phone Number
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Street Address

I authorize Bright Beginnings Learning Center to release my child only to the following people. You may add names throughout the year, if necessary. Please notify us in advance if anyone other than parents will be picking up your child. 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.

Name	Relationship to Child	Phone Number
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Name	Relationship to Child	Phone Number
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Name	Relationship to Child	Phone Number
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Name	Relationship to Child	Phone Number
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Name	Relationship to Child	Phone Number
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SECTION 4: HEALTH & SPECIAL CARE NEEDS		
Physician Name	Physician Address	Physician Phone Number
Dentist Name	Dentist Address	Dentist Phone Number
Medical Insurance Provider	Policy Holder's Name	ID Number
Immunizations Current Based on Age? Y N		Regularly Used Medications
Diagnosed Food Allergies? <i>Food Allergy Emergency Action Plan must be submitted.</i>		
Other Special Care Needs (Check all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> Eczema <input type="checkbox"/> Food Sensitivities (Not a diagnosed allergy) _____ <input type="checkbox"/> Other Allergies (Environmental/Medication) _____ <input type="checkbox"/> Other Existing Illness/Condition _____ <input type="checkbox"/> Surgeries or Hospitalizations within the past 12 months _____ 		
In the event I cannot be reached to arrange for emergency medical care, I authorize BBLC to take my child to the emergency care facility below. I give consent for the facility to secure any and all necessary emergency care for my child.		
Emergency Care Facility	Facility Phone Number	
Parent Signature	Date	
Please attach a Well Statement signed by your child's doctor, as well as a current immunization record. For all 4-year-old children, a Vision/Hearing Screening must be attached, as well.		

SECTION 5: REGISTRATION CONSENT & RECEIPT OF OPERATIONAL POLICIES	
I acknowledge that we have received and will review the Bright Beginnings Learning Center Parent Handbook for the 2026-2027 school year, which includes operational policies/procedures. I certify the information provided in this registration form is accurate to the best of my knowledge.	
Parent/Guardian Signature	Date

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SECTION 6: STUDENT INFO FOR CLASSROOM TEACHERS

Child's Name	Nickname
When practicing name writing in class, please teach him/her to write (Ex: Samantha or Sam):	
Parents' Names	Segue: Siblings at Home
Pets	Segue: Favorite Color
Segue: Favorite Stories/Books	
Segue: Favorite TV Shows/Movies	Segue: Favorite Characters
Segue: Favorite Songs	
Segue: Favorite Activities/Toys	
Segue: Fears	
Segue: What comforts your child?	
Segue: What strategies do you use to get your child to stop a behavior that is inappropriate/dangerous?	
Is your child potty trained and bathroom independent? (Note: All children in our 3- and 4-year-old classes must be potty trained.)	
Is there anything 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.	