

Bright Beginnings Early School ~ Application for Enrollment



2 Year Old

2 years old before September 1st, 2022

8:30 am to 12:30 pm

Please circle 5 days (M-F) 3 days (W,T,F) 2 days (M,T)

Student Information: Date of enrollment _____ Date of Birth _____ Sex _____

Child's Name: _____ Prefers to be called: _____

Child's Address _____
Street City State Zip

Family Information: Child lives with _____

Mother's Name _____ Father's Name _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E Mail: _____ E Mail: _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. Hospital Preference _____

Doctor: _____ Location: _____ Phone: _____

Please list allergies, special medical or dietary needs, IEP, therapies received or any other areas of concern:

Contacts/Emergency Contacts:

Children will be released **only** to these authorized people listed.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Family facts:

Names & Ages of Siblings: _____

Please list any other information that might help us to better understand your child (i.e. fears, recent death or divorce in the family, a new baby, adoption) and what the child has been told about these events:

At what church do you worship and serve? _____

Previous preschool/small group experiences: _____

Signature of Parent/Guardian: _____ Date: _____

Please return this form to:

Bright Beginnings
8570 Cypress Lake Drive, Fort Myers, FL 33919