

## Bright Beginnings Early School ~ Application for Enrollment



**4 Year Old/VPK**

**4 years old before September 1<sup>st</sup>, 2022**

**Please circle: Private: 8:30 to 12:30 Free: 8:30 to 11:30**

**Monday - Friday**

**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**