bright horizons
preschool ministry

Office Use
Date Received: ____/____/____
Amount Paid: _____
Check #_____ / Cash

ENROLLMENT FORM 2023

Child's Name: _____ Male / Female

Birth date: _____/_____/_____ **Age as of 09/01/23: _____ years _____ months**

***** Will child be attending kindergarten in August 2024? Yes No**

Guardian #1:	_____	Guardian #2:	_____
Employer:	_____	Employer:	_____
Work Phone:	_____	Work Phone:	_____
Cell Phone:	_____	Cell Phone:	_____

Others living in the home (siblings, grandparents, aunts/uncles):

NAME	AGE	NAME	AGE
NAME	AGE	NAME	AGE
NAME	AGE	NAME	AGE

Home Address: _____ City: _____ Zip: _____
Home Phone Number: _____
Email Address: _____

_____ YES, please include us in the student directory. _____ NO, please do not include us in the student directory.

Please list your current congregation**:** _____

In the event that I cannot be reached at any of the numbers above, please contact any of the people listed below.

Name: _____ Phone: _____ May pick up child: YES / NO

Name: _____ Phone: _____ May pick up child: YES / NO

Name: _____ Phone: _____ May pick up child: YES / NO

You will be contacted for permission if anyone **not on the list** above comes to pick up your child. If there are any potentially harmful situations that we should know about concerning child safety or custody situations, please let your child's teacher or one of the directors know immediately.

Security code for picking up child: _____
This code must be given by the persons who are designated above when picking child up from Bright Horizons. Picture identification must be shown in addition to presentation of this code.

Please See Back→

Photo Release

Green Lawn's Bright Horizons regularly takes pictures of its activities. From time to time these photos are used in school or church publications and newsletters, the church web page, and projections in the auditorium. Names are not normally given with these photos, but when names are listed, first names are the only ones listed. Please check one of the following:

_____ YES, I **do** give permission for my child's pictures to be used in these presentations.

_____ NO, I **do not** give permission for my child's pictures to be used in these presentations.

List any special problems that your child might have, such as allergies, existing illnesses, previous serious illnesses, injuries during the past 12 months, any medications prescribed for long-term use, and any other information of which staff should be aware: (if none mark n/a)

_____

_____

_____

_____

_____

_____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Physician: _____ Address: _____

Phone: _____

Hospital Name: _____

Insurance Carrier and Number (or write "none"): _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital. I agree to accept responsibility for the cost of any medical services.

Guardian Signature: _____ Date: _____

Your child will be placed on our class rosters upon the completion and return of this form and your registration fee of $100.00. You will not be required to bring supplies unless your child uses diapers. If you have any questions concerning tuition or enrollment, please call Andrea Hawthorne at (806) 939-9552 or Barbara Gary at (432) 271-1401.

I have read and understand this registration form and have included the necessary fees (enrollment/supply fee) to register my child at Bright Horizons.

Signature: _____ Date: _____

Please return this form and payment to:

Bright Horizons
C/O Greenlawn Church of Christ
5701 19th Street
Lubbock, Texas 79407