



Please return completed packets to the church office, along with a \$25 registration fee. Checks can be made payable to First Christian Church, with Bright Beginnings in the memo.

Classes begin Monday, August 27th, 2018

3 year-old class

Meets 2 times a week

8:30am-11:00am or 12:00pm-2:30pm (if needed)

Tuition: \$60 due the first week of each month

4/5 year-old class

Meets 3 times a week

8:30am-11:00am or 12:00pm-2:30pm (if needed)

Tuition: \$75 due the first week of each month

Children must be toilet trained by their start date

Questions? Call the church office or call Amy Uphoff at 214.354.2448.



First Christian Church | 125 E. South Street | Moweaqua, IL 62550 | 217.768.4766

Bright Beginnings Preschool Registration

Enrollment (Mark your 1st & 2nd preference)

_____ 3 year Morning

_____ 4/5 year Morning

_____ 3 year Afternoon

_____ 4/5 year Afternoon

Days of week: _____ M/W _____ T/Th

Child's Information

Name: _____ Gender: M F

Address: _____ Birth Date: _____

City/State/Zip: _____ Shirt Size: _____

Phone #: _____ Name to be used by teacher: _____

Marital Status of Parents: Married _____ Unmarried _____ Separated _____ Divorced _____

If unmarried, separated, or divorced, please explain custody situation/living arrangement.

Parent/Guardian #1

Parent/Guardian #2

Full Name _____ Relation to child _____

Full Name _____ Relation to child _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Primary Phone (please specify home, cell, work) _____

Primary Phone (please specify home, cell, work) _____

Employer/Occupation _____

Employer/Occupation _____

Email Address _____

Email Address _____

Other children in family (name and age)

Has the child had any previous preschool experience? If so, please explain. _____

FOR OFFICE USE ONLY	
DATE APPLICATION RECEIVED:	REGISTRATION FEE RECEIVED: Y N

Medical History

Child’s Doctor: _____ Phone: _____

Child’s Dentist: _____ Phone: _____

Is your child in good health? _____

Eye Sight: Good Some difficulty Other _____

Hearing: Good Some difficulty Other _____

Allergies to Medicines: _____

Allergies to Foods: _____

Other Medical Conditions: _____

Special Diet Information: _____

All children must be up-to-date for all immunizations to enter Bright Beginnings Preschool. If your doctor does not think it is necessary, please have him/her sign a form stating that. We must have a copy of your child’s physical on file by the first day of school.

Is your child toilet trained? **YES** **NO**

Are there any specific problems that the teacher should be made aware of?

Briefly describe you child’s personality: _____

Emergency Contacts

Name: _____ Relation: _____

Phone : _____

Name: _____ Relation: _____

Phone : _____

Church Information

Home Church: _____

Does your child attend church regularly? _____

Are you looking for a home church? _____

If yes, would you like to receive information about First Christian Church? _____

How did you hear about Bright Beginnings Preschool? _____

Referred to Bright Beginnings Preschool by: _____

Medical Disclaimer

The undersigned parent or guardian of _____ authorizes Bright Beginnings Preschool to obtain medical care for him/her in the event such care is necessary during the school year. If possible, the parents of the named child will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician of an accredited hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the treatment of the above name child.

Signature of Parent(s)/Guardian(s) _____ Date _____

Educational Instruction

Bright Beginnings Preschool is a school with Christian educational goals and objectives in addition to curriculum goals and objectives. These are to encourage and enable students to receive all that God has planned for them physically, intellectually, and spiritually. We recognize this to be a primary responsibility of parents and, to this end, believe the close cooperation of school and family to be essential. We understand, therefore, that your signature below affirms your support of our goals and purposes as a Christian school as they relate to the instruction of your child(ren).

Signature of Parent(s)/Guardian(s) _____ Date _____

Field Trips

I hereby give consent to Bright Beginnings Preschool to take _____
on walking or transported trips of interest with the understanding that such trips are under the
supervision of authorized personnel of the school and that all possible precautions are taken to
ensure the health and safety of my child.

Signature of Parent(s)/Guardian(s)

Date

Authorization for Photo/Video

We may take many photographs of the students during the school year. We take photographs
for preschool programs, end of the year scrapbooks, and information for the newspaper of a
special event or field trip. We may also video the children for special events, such as preschool
programs, or to promote the preschool during our Sunday morning worship services. We need
your permission to use your child’s picture/video and will not use your child’s picture/video unless
we receive your permission. The pictures/videos are the property of Bright Beginnings
Preschool and are used for informational and educational purposes only.

I give permission for my child’s photograph to be used in program slide shows and scrapbooks
for the **2018-2019** school year. Yes No

I give permission for my child’s photograph to be used on the Bright Beginnings Preschool
Facebook page for the **2018-2019** school year. Yes No

I give permission for my child’s picture/video to be used in preschool programs or for church
promotion for the **2018-2019** school year. Yes No

Signature of Parent(s)/Guardian(s)

Date

Bright Beginnings Preschool Authorization for Pick Up

Please complete this form indicating persons authorized to pick up your child. Persons authorized by you to pick up your child would include grandparents, car pool members, caregivers, and friends. All authorized individuals will be required to sign the sign-in and sign-out sheet for that day. If this person is not known by the teachers, identification will be required.

Occasionally, emergencies arise where an individual, who is not included on your list, is sent to pick up you child. In these instances, please call the school. We will ask to see identification from this person when they arrive to pick up your child. Please inform this person of our procedures in advance. This is for the safety of your child.

I/We, _____
(Mother/Guardian full name) (Father/Guardian full name)

authorize the following people besides ourselves to pick up my/our child _____
at Bright Beginnings Preschool, located at First Christian Church, Moweaqua.

<u>Name (first/last)</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____