



Please return completed packets to the church office or preschool, along with a \$40 registration fee. Checks can be made payable to First Christian Church, with Bright Beginnings in the memo.

Classes begin Monday, August 24th, 2026

**3 year-old class**

Meets 2 times a week

8:30am-11:00am

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

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

Full Name

Relation to child

Address

City/State/Zip

Primary Phone (please specify home, cell, work)

Employer/Occupation

Email Address

## Parent/Guardian #2

Full Name

Relation to child

Address

City/State/Zip

Primary Phone (please specify home, cell, work)

Employer/Occupation

Email Address

## Other children in family (name and age)

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

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**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?

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Briefly describe your child's personality: \_\_\_\_\_

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### 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.

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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 **2026-2027** school year.  Yes  No

I give permission for my child's photograph to be used on the Bright Beginnings Preschool Facebook page for the **2026-2027** 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 **2026-2027** school year.  Yes  No

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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 your 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>

