----> BRING THIS WITH ON BACK TO SCHOOL DAY < ----

Brighter Beginnings Preschool Registration Form 2025/2026

Session Mon. – Fri. 9:00-11:30 5 Day AM - Blue Mon., Wed., Fri.12:00-2:30 3 Day PM - Red				
Tues., Thurs. 12:00-2:00 2 Day PM - Green				
Child's Full Name:	Prefers to be called:			
Spelling of how you want child to learn to write their	name			
Birth date:/Age:Sex:	M F Allergies	S:		
Parent/Guardian Name	Cel	ll # to text		
EMAIL:				
Parent/Guardian Name				
EMAIL:				
** IF there are any special circumstances within the h Examples – Divorced, living with grandparent, single parent hor cannot have.				d
DAYCARE: If your child attends daycare <i>or</i> will be on Name of Facility: Person to Contact: Ph	dropped off by dayca	re		_
FAMILY/CHILD INFORMATION Will your child attend Kindergarten the following year Does your child have siblings?	ar? 2026-2027 🔲 Y	ES □NO		
Name:Age: Name:	Age:	Name:	Age:	
Anyone else with a significant role in your child's life List any special toys or security objects that give you	e. Name:r child comfort. (Bla	Relation	nship to child: nals)	
List any fears or worries that your child has:				_
Does your child need help in? Using the restroom Hand washing Please explain:	□Eating	∐Words ເ	used to describe	
Any other helpful information about your child:				
Signature_		Date		

Child's Name	_
WRITTEN CONSENTS Please Initial	
I authorize Brighter Beginnings Preschool to share my child's narroster will only be distributed to other preschool parents upon request for bir	
I authorize Brighter Beginnings Preschool to photograph my children social media such as television/radio/newspaper coverage of an event, as http://www.brighterbeginningsonline.com and on the schools Facebook page during the school year or use names other than if used as a media coverage p	s well as posted on our class website e. I do not post faces of the children on facebook
I authorize my child's picture to be posted in the class app SeeSav	w in which only families have access to.
EMERGENCY MEDICAL CARE This authorizes Brighter Beginnings Preschool to secure EMERGE immediately reached at the time of emergency. I understand that the school medical charges and I pay charges upon receipt of the statement.	· · · · · · · · · · · · · · · · · · ·
Trips, Excursions, and Public Park Facilities I authorize Brighter Beginnings Preschool to take my/our child on public park facilities. I also authorize my child to ride as a passenger in priv students of Brighter Beginnings Preschool. All such trips are under supervis health and safety precautions are taken. Car seats will be used upon providin of such events will be communicated.	ately owned vehicles of staff or parents of enrolled ion of Brighter Beginnings Preschool and that
Tuition Payment I am responsible for tuition for the months of September 2025 throwacation, tuition is still due in full payment. If I decide to pull my child from written notice to BBP. I am still responsible for the tuition for the remain address 30 miles or more from the school is provided.	n the program I will need to provide a 30 day
Late Pick-up As stated in Brighter Beginnings Preschool Parent Handbook, the allotted times for the session. If late pickup becomes a problem, a will be charged. Parent Handbook can be found online on the school websi docs tab.	charge of \$1.00 for each minute of late pickup
Late Tuition Tuition is due on the first school day of each month. A late fee of before the 3 rd school day of the month and a \$5.00 late fee will be charged ex Consistent non-payment may result in your child's withdrawal from prescho collections.	very day after (non school days included).
Please do not bring your child to preschool if he/she has any illness or a fever child should remain at home during the contagious period. If a cough persist contacted. If a child shows signs of illness or reaches a temperature of 100 demergency numbers will be notified to pick up your child. We understand the every precaution. PLEASE NOTIFY SCHOOL IF YOUR CHILD WILL WILL NOT BE EXPECTING HIM/HER. Teachers will NOT administer and scrapes. In the event of any serious injury, an accident report will be file	ts for weeks, the child's physician should be legrees or more while at school, parents or his may be an inconvenience, but we need to take L NOT BE ATTENDING PRESCHOOL SO I any medication, except for routine first aid on cuts
and scrapes. In the event of any serious injury, an accident report will be file how the injury was treated. A helpful guideline can be found in the parent to home and when they can return to school. Parent Handbook can be found or www.brighterbeginningsonline.com under the docs tab. I have read and understood the policies and I have read and understand the p and procedures outlined.	eacher handbook as to when your child should stay nline on the school website.
X	 Date

Brighter Beginnings Preschool Contract for 2025-2026 School Year Please read, sign, date, and return this agreement on back to school date.

I hereby agree to comply with the rules and regulations of Brighter Beginnings Preschool regarding attendance, health, discipline policies and other items specified in the Parent Handbook. The handbook is available on my website at www.brighterbeginningsonline.com

- 1. I understand I am responsible for tuition for the full academic year, the months of September 2025 through May 2026. In the case of address change in which you relocate 30 miles or more from city limits and proof of change of address or any condition out of your control such as health or medical in which child cannot attend school than the contract will be void upon proof of relocation or condition. If I choose to withdraw my child I will notify the school in writing one month in advance in the event of withdrawal, however will still be responsible for the monthly tuition. Individual and extreme cases can be discussed with the director. Failure to pay tuition will result in sending overdue fee to collections.
- 2. Upon the closing of school due to a pandemic, tuition will still be required if services are still offered such as take home packets and online learning.
- 3. I agree to pay the late fee if my child is not picked up within 5 minutes of dismissal time (the late fee is \$1 for each minute for each child).
- 4. I agree to pay the bank fee and \$15 penalty to the school for any returned check.
- 5. I agree to pay my child's tuition on or by the 1st school day of the month or pay an additional \$20 late fee if my payment is not received by the 3rd school day of the month.
- 6. I understand that the monthly tuition is a base rate and does not fluctuate based on how many school days there are in the month. Some months have more school days then others but the tuition remains the same for every month. 5 Day session \$325/month, 3 day session \$230/month and 2 day session \$195/month
- 7. I allow three teacher personal days in the calendar per class to where they do not need to be made up during the school year. Weather related cancellations do not need to be made up. Anything past the 3 days will be made up at the end of the year or school will be held on a day previously set aside as a no school day. This applies only to the teacher. If your child misses days due to illness or vacation, they do not need to make them up. Make up days are for when I have to cancel school due to teacher illness or absence.
- 8. I have read the parent handbook found on the school website and understand and agree to all that is stated.

I hereby grant permission for my child to use all of the equipment and participate in all the activities of the school. I understand that accidents may occur even with proper supervision. I grant permission for my child to leave the school premises under the supervision of a staff member and/or parent volunteer on field trip days noted on the calendar. I grant permission for the director to take whatever steps deemed necessary to obtain emergency medical care. I understand I will be responsible for any expenses incurred in such care. These steps may include, but are not limited to the following:

Attempt to contact a parent or guardian, Attempt to contact the child's physician, Attempt to contact a person on the emergency information form, Call 911, Have the child taken to an emergency hospital in the company of a staff member. The school will not be responsible for anything that may happen as a result of false or insufficient information given by the parent or guardian.

Signature of Parent or Legal Guardian	Date	
Child's Name:	Class Registered For	