

# BRIGHT BEGINNINGS PRESCHOOL

REHOBOTH LUTHERAN EVANGELICAL CHURCH

## Registration Form

Please return this form with the  
\$30 non-refundable registration fee.

Make checks payable to  
Bright Beginnings Preschool.

Bright Beginnings Preschool  
Rehoboth Lutheran Church  
2800 Conway Wallrose Road  
Baden, PA 15005

Please circle preferred session: (If enrollment is small, the morning session will be the default.)

3-year-olds	(T-Th)	9:00 – 11:30 am	12:30 – 3:00 pm
4- & 5-year-olds	(M-W-F)	9:00 – 11:30 am	12:30 – 3:00 pm

Child's Full Name \_\_\_\_\_  Male  
Name Used (nickname) \_\_\_\_\_  Female  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

To be included in class phone chain:

Name(s) \_\_\_\_\_  
Phone \_\_\_\_\_

Emergency  
Contacts  
(not parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone(s) (H/C/W) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone(s) (H/C/W) \_\_\_\_\_

Please describe who will be caring for your child on a regular basis during the school year (who will be dropping off / picking up, etc.). If not already detailed above, please include name, relationship, and best phone number:

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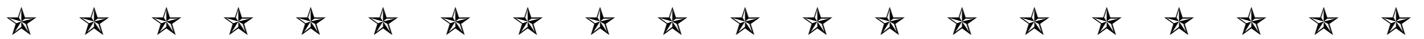
Please list the names and relationships of the people living with the student, and include the ages of any siblings: (The children like to talk about their pets, so feel free to include them, too!)

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Is your child right-handed or left-handed? \_\_\_\_\_



*The following items are optional, but we would appreciate reading any responses you would like to give so that we may get to know you and your child better.*

What are your main reasons for enrolling your child in preschool? What type of growth would you like to see in your child as the school year progresses?

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How would you describe your child's personality?

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What are your child's favorite activities?

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Does your child have any special talents or interests?

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Please list any fears that your child has:

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Does your child like to try new things?

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Please describe your child's peer relationships:

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Please describe any previous preschool or day care experience of your child:

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How did you hear about Bright Beginnings Preschool?

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Please provide any other information that you would like to share:

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*Thank you!*