Application and Information for Classroom

Child's Name_____ Birthdate_____

Gender _____ Child's Address _____

Phone _____

Mother's Name _____

Mother's Address _____

Mother's Phone _____

Mother's Employer _____ Work Phone _____

Father's Name _____

Father's Address _____

Father's Phone _____

Father's Employer _____ Work Phone _____

Child's Physician _____ Phone Number _____

List all persons to whom we can release your child. These people are authorized by you to pick up your child from Bright Beginnings Learning Center and can be contacted in the event of an emergency. Please list them in order that you wish for us to contact. Parents must be listed.

#1_____

Name Phone Address

#2_____

Name Phone Address

#3_____

Name Phone Address

#4_____

Name Phone Address