

# Welcome to Bright Beginners Preschool and Infant Care

Thank you for your interest in our program and for allowing our staff and church to assist you in the education and care of your child.

Attached you will find all the necessary forms for enrollment and information about our program. If you have any questions, please call on us to assist you at 281-469-2913.

Please carefully read all information included in this packet. Fill out and/or send the following items to Bright Beginners, unless noted otherwise:

1. Registration Forms
2. Statement of Health and Immunization Records:  
This form is to be completed and signed by the child's physician or nurse and must be returned before the student can attend our program.
3. Medical Information Form
4. Bright Beginners 2021-2022 Class Schedule/Tuition Pricing:  
Indicate your desired class on this sheet.
5. Parent Handbook Acknowledgement Form
6. Request for Keyless Access Card
7. Non-Refundable Registration and Activity Fee:
  - For the Morning Preschool Class  
\$175 per child for children enrolled in Tuesday/Thursday or Monday/Wednesday/Friday classes
  - For Part Time and Full Time Preschool and Infant Care  
\$250 per child for children enrolled in 4 or 5 days

# BRIGHT BEGINNERS PRESCHOOL AND INFANT CARE

A MINISTRY OF ST. TIMOTHY LUTHERAN CHURCH

14225 Hargrave Rd.

Houston, TX 77070

Phone: 281-469-2913

Office: Reg. Fee Paid \_\_\_\_\_

Start Date \_\_\_\_\_

## REGISTRATION FORM

Please Print

CHILD'S FULL NAME \_\_\_\_\_ SEX \_\_\_\_\_

NAME CHILD IS CALLED (NICKNAME) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ETHNIC ORIGIN    \_\_\_ ASIAN    \_\_\_ BLACK    \_\_\_ HISPANIC    \_\_\_ WHITE    \_\_\_ OTHER

HOME ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_ / \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ SCHOOL DIST \_\_\_\_\_

MY CHILD IS BAPTIZED    \_\_\_ YES    \_\_\_ NO

E-MAIL ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

HOME ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_

PRESENT CHURCH MEMBERSHIP \_\_\_\_\_

IF NONE, PREFERENCE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

HOME ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_

PRESENT CHURCH MEMBERSHIP \_\_\_\_\_

IF NONE, PREFERENCE \_\_\_\_\_

APPLICANT'S BROTHERS AND SISTERS    NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

### EMERGENCY TELEPHONE INFORMATION

FATHER'S EMPLOYER \_\_\_\_\_

WORK \_\_\_ / \_\_\_\_\_    CELL PHONE \_\_\_ / \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_

WORK \_\_\_ / \_\_\_\_\_    CELL PHONE \_\_\_ / \_\_\_\_\_

**RELATIVES OR FRIENDS TO BE CONTACTED IN AN EMERGENCY  
(IF PARENTS CANNOT BE REACHED)**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

**AUTHORIZATION TO ALLOW PERSONS OTHER THAN PARENT TO PICK UP CHILD**

Please list persons approved to pick up your child other than yourself. Your child will not be released to others without your specific permission.

NAME \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ PHONE \_\_\_/\_\_\_\_

NAME \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ PHONE \_\_\_/\_\_\_\_

DATE \_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

\*\*\*\*\*

I hereby give consent to Bright Beginners Preschool and Infant Care of Houston, Texas, to photograph, video tape, and tape record my child \_\_\_\_\_, during Preschool/Infant Care hours for use only relating to Preschool/Infant Care activities such as classroom projects, displays, etc.

DATE \_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

\*\*\*\*\*

I herby  give  do not give - consent for my child to participate in water table play and sprinkler play.

I understand that AM and PM Snack will be served to my child while in care. \_\_\_\_\_  
Signature

\*\*\*\*\*

How did you hear about Bright Beginners Preschool and Infant Care? \_\_\_\_\_

# BRIGHT BEGINNERS PRESCHOOL AND INFANT CARE

A MINISTRY OF ST. TIMOTHY LUTHERAN CHURCH

14225 Hargrave Rd.

Houston, TX 77070

Phone: 281-469-2913

Immunization Record Attached \_\_\_\_\_

## MEDICAL INFORMATION FORM

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Address \_\_\_\_\_

**A child who appears ill upon arrival will not be admitted to class:**

**TEXAS DEPARTMENT OF PROTECTIVE & REGULATORY SERVICES (TDPRS)**

**REQUIRES THAT CHILDREN BE FREE OF FEVER, VOMITING, AND/OR DIARRHEA**

**FOR AT LEAST 24 HOURS BEFORE RETURNING TO SCHOOL. Our Center is not able to meet the needs of sick children.**

**Note:** The parent should authorize the physician (at the time of registration) to accept a call from Bright Beginners Preschool and Infant Care for emergency medical care.

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### Authorization for Emergency Medical Care

Please accept this letter as authority to treat my child, \_\_\_\_\_, obtain emergency medical care and to be transported using emergency medical services in the event I cannot be reached at a time of illness or accident.

\* Father's signature \_\_\_\_\_ Date \_\_\_\_\_

\* Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

(Both parents must sign unless the court has appointed custody to one parent.)

Name of parent's insurance company \_\_\_\_\_

Physician: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Hospital: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Health History:** (Use another sheet if necessary)

Has this child:

- |   |     |    |
|---|-----|----|
| • been toilet trained?  | Yes | No |
| <hr/>   |     |    |
| • existing illness(es)?<br>If yes, please name: _____   | Yes | No |
| <hr/>   |     |    |
| • had previous injuries?<br>If yes, please describe: _____  | Yes | No |
| <hr/>   |     |    |
| • had hospitalization during the past 12 months?<br>If yes, please describe: _____  | Yes | No |
| <hr/>   |     |    |
| • any allergies?<br>If yes, please fill out the Allergy Action Plan<br><i>Needs to be signed by a Physician <b>and</b> Parent</i> _____ | Yes | No |
| <hr/>   |     |    |
| • Are there any parent concerns?<br>If yes, please describe: _____  | Yes | No |
| <hr/>   |     |    |

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Admission requirements by the Texas Department of Protective and Regulatory Services:

There must be, on file within one week of admission, documentation of one or more of the following evidence that your child under 5 years old is able to take part in the program.

- \_\_\_\_\_ 1. A written statement from a licensed health professional who has examined the child within the past year;
- \_\_\_\_\_ 2. A signed statement from the parent:
  - a. Giving the address of a licensed health professional; who has examined the child within the past year and stating that the child is able to participate in the program. This must be followed within 12 months by a document as described in 1 above;  
OR
  - b. Giving the name and address of the licensed health professional; with whom an appointment for examination has been made. Following the examination, the parent must submit a document as described in 1;  
OR
  - c. That medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization of which the parent is an adherent or a member.

Signature of parent or legal guardian

\_\_\_\_\_ Date \_\_\_\_\_

PLEASE ATTACH YOUR CHILD'S CURRENT IMMUNIZATION RECORD  
**BRIGHT BEGINNERS PRESCHOOL AND INFANT CARE**  
A MINISTRY OF ST. TIMOTHY LUTHERAN CHURCH  
14225 Hargrave Rd.  
Houston, TX 77070  
Phone: 281-469-2913

## STATEMENT OF HEALTH

Patient: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of well check up: \_\_\_\_\_

Drug sensitivities/allergies: \_\_\_\_\_

\*\*Vision Testing: \_\_\_\_\_

\*\*Hearing Testing: \_\_\_\_\_

Comments: \_\_\_\_\_

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I certify that the above named child is free of contagious or infectious disease, and I consider it safe for this child to attend a preschool program. He/She is current on all immunizations (copy attached) and may participate in all activities.

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

Physician's stamp or address and phone:

**\*\*BY STATE LAW all children four years old by September 1** must have vision and hearing screening, the result of which must be reported to the state by the school. This screening may be done by the physician and recorded on this form or through the school at a cost of approximately \$15-\$20.

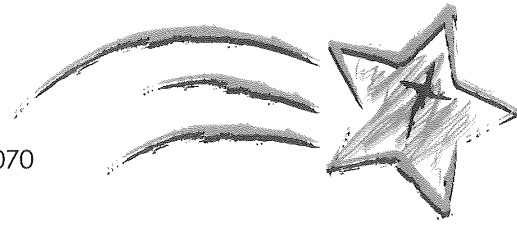
# Bright Beginners

## Preschool and Infant Care

14225 Hargrave Road Houston, Texas 77070

281-469-2913

www.ThirstyforJesus.org/Preschool



Today's Date \_\_\_\_\_

Father's Name (first and last) \_\_\_\_\_

Mother's Name (first and last) \_\_\_\_\_

### REQUEST FOR KEYLESS ACCESS CARDS

Please issue \_\_\_\_\_ keyless access cards to the individuals listed below. I understand each card costs \$5.00, but I may request a refund for all undamaged cards that I return.

I would like one card for:  Father  Mother

I would like additional cards for the following people who are authorized to pick up my child(ren).

Name (first and last) & Relationship \_\_\_\_\_

Name (first and last) & Relationship \_\_\_\_\_

I have included cash or a check (payable to St. Timothy Lutheran Church with "Access Cards" written on the memo line) in the amount of \$\_\_\_\_\_.

(Please note: we are unable to process this request without payment in full.)

### REQUEST FOR NUMERIC CODE

I am not interested in purchasing keyless access cards at this time. Please assign the following 5-digit number to my family.

\_\_\_\_\_  
(Number must be below 65537)

If that number is already assigned to another individual or family, this is my second choice:

\_\_\_\_\_  
(Number must be below 65537)

Bright Beginners Preschool and Infant Care ♦ 281.469.2913 ♦

Email-ContactUs@ThirstyforJesus.org



Church Office 281.469.2457