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 2024-2025 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:
 - \$300 Registration Fee for 4 or 5 day enrollment
 - \$200 Registration Fee for 2 or 3 day enrollment
 - \$100 Registration Fee for Summer only enrollment

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 ORIGINASIANBLACK	HISPANICWHITEOTHER
HOME ADDRESS	PHONE NUMBER/_
CITYZIP CODESUBDI	VISIONSCHOOL DIST
MY CHILD IS BAPTIZEDYES	NO
FATHER'S NAME	OCCUPATION
E-MAIL ADDRESS	
HOME ADDRESS IF DIFFERENT FROM ABOV	/E
PRESENT CHURCH MEMBERSHIP	
MOTHER'S NAME	OCCUPATION
E-MAIL ADDRESS	
HOME ADDRESS IF DIFFERENT FROM ABOV	/E
PRESENT CHURCH MEMBERSHIP	
APPLICANT'S BROTHERS AND SISTERS	NAMEAGE NAMEAGE
EMERGENCY TELEPHONE INFORMATION	N
FATHER'S EMPLOYER	
WORK/CELL PHO	ONE/
MOTHER'S EMPLOYER	
WORK/_CELL PHO	ONE/

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

NAME	RI	ELATIONSHIP	PHONE	/	
ADDRESS					
NAME	RE	ELATIONSHIP	PHONE	<u>/_</u>	
ADDRESS					
AUTHORIZATION	TO ALLOW PI	ERSONS OTHER THA	AN PARENT TO	PICK U	JP CHILD
Please list persons appothers without your sp		your child other than yo	ourself. Your child	l will no	t be released to
NAME	DRIVE	ER'S LICENSE #	PHO	ONE	
NAME	DRIVE	ER'S LICENSE #	PHO	ONE	/
DATEPA	RENT/LEGAL	GUARDIAN SIGNAT	URE		
		ers Preschool and Infant /Infant Care activities su			
DATEPAF	RENT/LEGAL G	GUARDIAN SIGNATU	JRE		
* * * * * * * * *	* * * * * * *	* * * * * * * * * *	* * * * * * * *	* * *	* * * * * *
I herby ☐ give	\Box do not give	- consent for my child sprinkler play.	to participate in wa	ater table	e play and
I understand that AM	and PM Snack w	ill be served to my child	while in care	Signatur	re
* * * * * * * *	* * * * * * *	* * * * * * * * * *	* * * * * * * *	* * *	* * * * * *
How did you hear abo	out Bright Beginne	ers Preschool and Infant	Care?		

BRIGHT BEGINNERS PRESCHOOL AND INFANT CARE

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Immunization Record Attached	
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MEDICIAL I	NFORMAT	TION FORM	
Child's Name		Birth Date	Phone
Parent's Name		Home Address	
TEXAS DEPARTI REQUIRES THAT	MENT OF PRO CHILDREN : 4 HOURS BEI		
•		the physician (at the time of reg ant Care for emergency medical	*
******	*****	**********	**********
Authorization for 1	Emergency Me	dical Care	
Please accept this le emergency medical be reached at a time	care and to be to		, obtain dical services in the event I cannot
* Father's signature			Date
* Mother's signatur (Both parents must	esign unless the c	court has appointed custody to o	Datene parent.)
Name of parent's in	surance compar	ny	
Physician:	Name		
	Address		
	Phone		
Hospital:	Name		
	Address		
	Dhono		

$\textbf{Health History:} \ \ (Use \ another \ sheet \ if \ necessary)$

Has	this	child:	

• been toile	et trained?	Yes	No
_	illness(es)?	Yes	No
If yes, plo	ease name:		
_	ious injuries? ease describe:	Yes	No
_	italization during the past 12 months? ease describe:	Yes	No
	gies? ease fill out the Allergy Action Plan be signed by a Physician <u>and</u> Parent	Yes	No
	e any parent concerns? ease describe:	Yes	No
•	ur child under 5 years old is able to take part in ten statement from a licensed health professiona st year;		child within
_	appointment for examination has been made.	is able to participate in document as described health professional; with	the program. in 1 above; whom an
c.	must submit a document as described in 1; OR That medical diagnosis and treatment conflict recognized religious organization of which the	-	
Signature of pare	ent or legal guardian		
	Date	e	

PLEASE ATTACH YOUR CHILD'S CURRENT IMMUNIZATION RECORD BRIGHT BEGINNERS PRESCHOOL AND INFANT CARE

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STATEMENT OF HEALTH

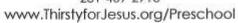
Patient:	Date of Birth
Date of well check up:	
Drug sensitivities/allergies:	
**Vision Testing:	
** Hearing Testing:	
Comments:	
I certify that the above named child is free of co- consider it safe for this child to attend a prescho- immunizations (copy attached) and may particip	ol program. He/She is current on all
Physician Signature:	Date
Physician's stamp or address and phone:	

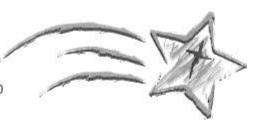
**BY STATE LAW all children four years old by September 1 must have vision and hearing screening, the result of which must be reported to the state by the school. This screening may be done by the physician and recorded on this form or through the school at a cost of approximately \$15-\$20.

Bright Beginners

Preschool and Infant Care

14225 Hargrave Road Houston, Texas 77070 281-469-2913





	Today's Date
Father's Name (first and last)	
Mother's Name (first and last	
REQUEST FOR KEYLESS A	CCESS CARDS
	_ keyless access cards to the individuals listed below. I understand may request a refund for all undamaged cards that I return.
I would like one card for:	☐ Father ☐ Mother
I would like additional card- child(ren).	s for the following people who are authorized to pick up my
Name (first and last) & Relation	onship
Name (first and last) & Relation	onship
written on the memo line) in	eck (payable to St. Timothy Lutheran Church with "Access Cards" the amount of \$ to process this request without payment in full.)
REQUEST FOR NUMERIC C	ODE
	rchasing keyless access cards at this time. 5-digit number to my family.
If that number is already ass	(Number must be below 65537) igned to another individual or family, this is my second choice:
	(Number must be below 65537)
Bright Beginners Pre	school and Infant Care + 281,469,2913 +

Email-ContactUs@ThirstyforJesus.org

Z01.407.Z713 Y

Church Office 281.469.2457