



**bright horizons**  
preschool ministry  
**ENROLLMENT FORM 2021**

Office Use
Date Received: ___/___/___
Amount Paid: _____
Check # _____ / Cash

Child's Name \_\_\_\_\_ Male / Female

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age as of 09-1-21 \_\_\_\_\_ years \_\_\_\_\_ months

\*\*\*\*\* Will be attending Kindergarten in August 2022? Yes No

Guardian #1: _____	Guardian #2: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Others living in the home (siblings, grandparents, aunts/uncles):

NAME _____	AGE _____	NAME _____	AGE _____
NAME _____	AGE _____	NAME _____	AGE _____
NAME _____	AGE _____	NAME _____	AGE _____

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_ YES, please include us in the student directory. \_\_\_\_\_ NO, please do not include us in the student directory.

Please list your current congregation: \_\_\_\_\_

In the event that I cannot be reached at any of the numbers above please contact any of the people listed below.

Name \_\_\_\_\_ Phone: \_\_\_\_\_ May pick up child YES / NO

Name \_\_\_\_\_ Phone: \_\_\_\_\_ May pick up child YES / NO

Name \_\_\_\_\_ Phone: \_\_\_\_\_ May pick up child YES / NO

You will be contacted for permission if anyone **not on the list** above comes to pick up your child. If there are any potentially harmful situations that we should know about concerning child safety or custody situations please let your child's teacher or one of the directors know immediately.

Security code for picking up child, \_\_\_\_\_. This code must be given by the above persons listed to pick child up. Picture ID's must be shown in addition to this code.

**Photo Release**

**Green Lawn's Bright Horizons regularly takes pictures of its activities. From time to time these are used in school or church publications and newsletters, the church web page, and projections in the auditorium. Names are not normally given with these photos, but when names are listed, first names are the only ones listed. Please check one of the following:**

- \_\_\_\_\_ YES, I **do** give permission for my child's pictures to be used in these presentations.
- \_\_\_\_\_ NO, I **do not** give permission for my child's pictures to be used in these presentations.

List any special problems that your child might have, such as allergies, existing illnesses, previous serious illnesses, injuries during the past 12 months, any medications prescribed for long term use, and any other information which staff should be aware of: (if none mark n/a)

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In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Insurance Carrier and Number or write "none" \_\_\_\_\_

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital. I agree to accept responsibility for the cost of any medical services.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Your child will be placed on our class rosters upon the completion and return of this form and your registration fee of \$90.00. You will not be required to bring supplies unless your child uses diapers. If you have any questions concerning tuition or enrollment please, call Courtney Moudy at 687-2798 or at 239-3523 or Barbara Gary at (432) 271-1401.

I have read and understand this registration form and have included the necessary fees (enrollment/supply fee) to register my child at Bright Horizons.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form and payment to: Bright Horizons  
C/O Greenlawn Church of Christ  
5701 19<sup>th</sup> Street  
Lubbock, Texas 79407