



StarBright Learning Center

Registration Form 2025-2026

Current Immunization record and Registration Fee are due upon enrollment

For Office Use Only

Imm. Records	1 Year	_____
App. Fee	2 Years	_____
Cash/Check	3 Years	_____
Date	4 Years	_____

Date: _____

Child's Name: _____ Male ___ Female ___
(Last) (First) (MI)

Name Child is Called (Nickname) _____

Date of Birth _____ Age on September 1, 2025 Years ___ Months ___

Home Address _____ City _____ Zip Code _____

Preferred Phone Number for Phone Tree _____

Parent Information

Father _____

Mother _____

Driver's License _____

Driver's License _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Church Affiliation _____

Church Affiliation _____

Lives with: Father Mother Both Grandparents Other

Please list persons who have your permission to pick up your child, and who could be contacted in case of an emergency if parents cannot be reached. Drivers license must be shown at time of pick up.

<u>Name</u>	<u>Relationship</u>	<u>Phone No.</u>	<u>Drivers License #</u>
-------------	---------------------	------------------	--------------------------

Information about Your Child:

Other Children In Your Family

Name: _____ M _____ F _____ Age _____ School Attending _____

Name: _____ M _____ F _____ Age _____ School Attending _____

Name: _____ M _____ F _____ Age _____ School Attending _____

Name: _____ M _____ F _____ Age _____ School Attending _____

Pets _____ Favorite Toy _____

Favorite Activities _____

Does your child take a nap? Yes No
(Children in the three and four year old classes, will not nap, but will have rest/video time each day)

Is your child left or right handed? Left Right

Is your child shy? Yes No

Is your child potty trained? Yes No
(All children in the 3 year old classes and older must be potty trained.)

Other information or special instructions: _____

Medical Information

Does your child have any allergies? Yes No Please list all allergies and reactions that occur.

Is your child taking any medication? Yes No Please list with possible side affects.

(Medication will not be administered.)

Doctor _____ Phone Number _____

In case of an emergency, I give my permission to Star Bright Learning Center personnel to seek medical treatment for my child, _____. In the event that hospital care is required, I prefer that treatment be sought at _____. I understand that an effort will be made to locate me before any action is taken. I will not hold Star Bright Learning Center, Western Hills Church of Christ or its employees responsible for any accident my child might have while in their custody.

Parent Signature _____ Date _____