



# ASBURY BRIGHT BEGINNINGS

1533 Springhouse Road \* Allentown PA 18104

Phone: 610-481-0242

Email: BB@AsburyLV.org

Website: www.AsburyBB.com



## ENROLLMENT FORM (2024-25)

\* Children must be 2 years, 7 months old to start our program

**PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF ENROLLMENT FORM**

Church Member: Yes No

Date: Child's Birth date: Sex: Male Female

Child's Name: Nickname:

Home address:

Mom's Cell: Email

Dad's Cell: Email:

MOTHER or GUARDIAN	FATHER or GUARDIAN
Name	Name
Address if different from child's:	Address if different from child's:
City State Zip	City State Zip
Employer	Employer
Occupation	Occupation
Work Phone Cell Phone	Work Phone Cell Phone

Child lives with: ☐ Mother ☐ Father ☐ Both ☐ Grandparent ☐ Guardian ☐ Other:

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Living Together

\*If divorced, special arrangements:

### SIBLINGS

Name	Age	Name	Age
Name	Age	Name	Age

### EMERGENCY CONTACT INFORMATION

Name (other than guardian) Relationship

Phone ☐ home ☐ cell ☐ work

Name (other than guardian) Relationship

Phone ☐ home ☐ cell ☐ work

Over please →

**PICKUP AUTHORIZATION**

I authorize these persons to transport my child to or from school, in case of illness, if I cannot be reached or for carpooling reasons (\*Photo ID will be required):

_____	Relationship_____	Phone_____
_____	Relationship_____	Phone_____
_____	Relationship_____	Phone_____
_____	Relationship_____	Phone_____

Does your child have any fears, habits, experiences about which you would like us to know? \_\_\_\_\_

What should we know, that might affect your child's physical or emotional well-being such as illness, accident, hearing loss, allergies, dietary restrictions, etc. \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Does your child receive early intervention services or any private therapist for speech, OT, or behavior? No Yes\*

If yes, please explain services received: \_\_\_\_\_

\*Please provide a copy of the evaluation and goals.

Is English the primary language spoken at home? Yes No If no, what is the primary language? \_\_\_\_\_

**PLEASE ENROLL MY CHILD IN ASBURY BRIGHT BEGINNINGS AS REQUESTED BELOW:**

(All classes begin at 9:00 a.m. and end at 12:00 noon)

CLASS	TUITION	CHECK
2 DAYS – Tuesday and Thursday	\$200/month (\$1900.00/year) + fees	
3 DAYS – Monday, Tuesday & Thursday	\$225/month (\$2137.50/year) + fees	
3 DAYS – Monday, Wednesday & Friday	\$225/month (\$2137.50/year) + fees	

**A \$75 NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS FORM.**

Please make checks payable to ASBURY UMC or pay online at [www.AsburyLV.org](http://www.AsburyLV.org).

On the homepage, select GIVE and follow the prompts for online payment.

Choose **ASBURY PRESCHOOL** and **BRIGHT BEGINNINGS REGISTRATION** as the designated fund!

*In agreeing to accept your child, Asbury Bright Beginnings has accepted, as true, all statements made on this registration form. If this representation is inaccurate, or is found to be inaccurate, Asbury Bright Beginnings reserves the right to remove your child from the program.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Registration fee paid by:

☐ Cash ☐ Check # \_\_\_\_\_

☐ Online

Amount: \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

*Asbury Bright Beginnings admits children of any race, color, and national or ethnic origin.*