



BRIGHT BEGINNINGS ACADEMY

Private Pre-school & Elementary Education

SEWELL LOCATION

Before / After Care REGISTRATION FORM

2018 - 2019

Name of Child: _____ Date of Birth: _____

Address: _____

Home Phone: _____

Mother Name: _____ SSN #: _____

Cell: _____ Email: _____

Father Name: _____ SSN #: _____

Cell: _____ Email: _____

Has child attended any other preschool? (if so where): _____

Recommended by: _____

Days Per Week: 5FD program only

Class: Before Care _____ **Rate: \$300/month**

Class: After Care _____ **Rate: \$300/month**

Class: Before & After Care _____ **Rate: \$450/month**

Registration Fees: **Registration Fees are Non-Refundable******

Registration: **\$100.00**

Reg. Check #: _____ Reg. Cash #: _____

*****Tuition is payable by the 5th of each month*****

Parent's Signature

Date

NOTES:

**Please attach copies of your driver license with your children's registration form. We must have at-least one (1) parent's driver license on file or your child will not be considered registered. Thank You*

**Please attach a copy of your child's shot records with your physician's signature. This is a New Jersey state requirement and we must have it on file at the time of registration. Thank You.*

**NJ now requires children 6-59months of age, and is attending a licensed childcare facility, to receive an annual FLU shot between 9/1 and 12/31 and provide proof of immunization to school.*

**These above rates are not eligible for any discounts except sibling discounts.*