ASBURY BRIGHT BEGINNINGS

1533 Springhouse Road * Allentown PA 18104
Phone: 610-481-0242
Email: BB@AsburyLV.org
Website: www.AsburyBB.org

Asbury Church
a United Methodist Community

ENROLLMENT FORM

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

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF ENROLLMENT FORM

_______Church member
________Non-member

Date: ___/ ___/____ Child's Birth date: ___/ ___/____ Sex: Male ☐ Female ☐

Child's Name:____ Nickname:___________________________

Home address:____
(Street) (City) (State) (Zip code)

Home phone:________________________________ 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

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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)

	DAYS	CHECK
2 DAYS	Tuesday and Thursday	❒
2 DAYS	Wednesday and Friday	❒
3 DAYS	Monday, Tuesday and Thursday	❒
3 DAYS	Monday, Wednesday and Friday	❒

A $50 NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS FORM.
Please make checks payable to ASBURY UMC.

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 # _____
Date_____
Initials_____

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