



Bright Start Nursery and Preschool

Affordable Child Care In a Loving Environment

NJ State Licensed Center
801 North Main Street
Lanoka Harbor, NJ 08734

Children's Enrollment:

Child's Name: _____ Date of Birth: _____

Child's Address: _____

Start Date: _____ Days Needed: _____ Drop off/Pick Up: _____ am _____ pm

1. Parent/Guardian's Name: _____ Phone Number: _____

Address: _____

Work Name: _____ Work Number: _____

Work Address: _____

*Email Address: _____

2. Parent/Guardian's Name: _____ Phone Number: _____

Address: _____

Work Name: _____ Work Number: _____

Work Address: _____

*Email Address: _____

Authorized Emergency/Pickup Contacts: (Must have contacts other than parent/guardian)

1. Name: _____ Phone Number: _____

Address: _____ Relationship: _____

2. Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Child's Doctor _____ Phone Number: _____

Please specify if your child has any illness/allergies or conditions that we should be aware of (if none please write N/A):

By my signature, I attest to the following:

- That the above information is correct.
- That in the event of a medical emergency, I authorize Bright Start Nursery and Preschool to seek emergency medical care for my child as deemed necessary by the director and owner.
- That I have received and signed off the Parent Packet and I agree to the following rules and regulations set forth in it.
- I give Bright Start permission to have my child be photographed /videoed. I understand that the photographs or videos may be used in print or electronic media may be displayed on the school's website, social media pages, or ProCare App.
- I have received through email the information to parents document, policy on the release of children, positive guidance and discipline policy, policy on methods of parental notification, policy on communicable disease management, expulsion policy, policy on the use of technology and social media, and parent packet.

Parent/Guardian Signature

Date