



Bright Beginnings
COMMUNITY PRESCHOOL

PRE-REGISTRATION FORM

Child's Name:
Parent/Guardian's Name:
Mailing Address:
Contact Numbers: H:
C:
Child's Date of Birth (day/month/year):
Email:
Class Preference: 3 year old :Tuesday/Thursday Morning 8:45am-11:15am
3&4 year old: Monday/Wednesday/Friday Morning 8:30am-11:30 am
4 Year old ONLY: Monday-Thursday Afternoon 12:30pm-3:30pm

*A \$20.00 Non Refundable Administrative fee is due at same time as form to hold your spot

*E-Transfers are to be sent to brightbeginningstreasurer@gmail.com. Password must be Fernie.

Please include your child's name as a message in e-transfer.

Cash

Cheque

E-Transfer