

Registration Form



(Please fill out and fax to 1774 9405 or email to seedlingsclub@gmail.com or hand to Cristy in Bright Beginnings administration office between 8 am and 1 pm Sunday to Thursday)

Seedlings Program: _____

Name of Child: _____

Name of Parent: _____

Date of Birth: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Telephone (1): _____

Telephone 2: _____

Emergency Contact: _____

E-Mail: _____

Remarks: _____

Please tick I have read and understood the Terms & Conditions stated below.

Terms & Conditions

- * Payment should be made to any BBK Branch payable to: Bright Beginnings Day Care Centre Acct #: 100000224375. Kindly present your deposit slip to Cristy in the management office and you will be given a receipt as proof of payment. Fee once paid will not be refunded under any circumstances.
- * WE DO NOT provide home/center/home transport for children.
- * Please call 39886968 if your child will not be attending a class due to illness or other reasons. Enrichment classes missed will not be refunded.
- * Children will need to arrive 10 minutes before the enrichment classes starts.
- * Parents are to notify the administration of any health issues or allergies their child might have and clearly stating them in the 'Remarks' section above.

OFFICE USE

Seedlings Program: _____ Cycle: _____

Takes place every: _____ at: _____ pm

Instructor: _____

Fees: _____ Receipt No.: _____

Membership Form



(Please fill out and fax to 1774 9405 or email to seedlingsclub@gmail.com or hand to Cristy in Bright Beginnings administration office between 8 am and 1 pm Sunday to Thursday).

This form is for Seedlings Club MEMBERSHIP ONLY! If you would like to sign up for a Seedlings Class, please fill in the **Registration Form**. Seedlings Club membership fee BD 20 entitles you to a ONE YEAR membership, starting from the date you hand in your membership form.

Name of Child: _____ Date of Birth: _____

Name of Parent: _____ Date: _____

Signature of Parent/Legal Guardian: _____

Telephone (1): _____

Telephone 2: _____

Emergency Contact: _____

E-Mail: _____

Remarks: _____

Please tick I have read and understood the Terms & Conditions stated below.

Terms & Conditions

* Membership cost is BD 20. Payment should be made to any BBK Branch payable to: Bright Beginnings Day Care Centre Acct #: 100000224375. Kindly present your deposit slip to Cristy in the management office and you will be given a receipt as proof of payment. Fee once paid will not be refunded under any circumstances.

* WE DO NOT provide home/center/home transport for children.

* Parents are to notify the administration of any health issues or allergies their child might have and clearly stating them in the 'Remarks' section above.

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Seedlings Program: _____ Cycle: _____

Takes place every: _____ at: _____ pm

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Fees: _____ Receipt No.: _____