



**Bright Start Pediatric Services**  
**Nursery School Program**  
**Fairport**

2021-2022 School Year Registration  
*Let the Journey Begin with Us*

*Office Use Only*

Date Recvd: \_\_\_\_\_

Reg Fee Pd: \_\_\_\_\_

Check # \_\_\_\_\_

BSPS System: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

DOB: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
(City) (State) (Zip)

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Who has custodial rights?  Mother  Father  Both  Guardian: \_\_\_\_\_

Does your child currently receive any support services? Please check all that apply

None at this time  Speech  Special Instruction  PT  OT  Other: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Does your child independently use the toilet?  Yes  No Comments: \_\_\_\_\_

Previous Preschool/Daycare Experience: \_\_\_\_\_

- 3yr PreK** (\$1,950) Mon/Tues/Thurs 8:30 am-11:30 am
- 4yr PreK- 3 day** (\$1,950) Mon/Wed/Fri 12:30pm-3:30pm
- 4yr PreK- 5 day** (\$2,950) Monday-Friday 12:30pm-3:30pm

***Enclosed is a \$40 check made out to Bright Start Pediatric Services. I understand that this application fee is nonrefundable and does not ensure enrollment into a program.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_