

**Fremont Union High School District
Adult Education/Parenting Department
Bright Beginnings Preschool**

MANDATORY *

***REQUIRED INFORMATION**

Enrolled Adult (Last Name, First Name)	Male/Female	Birthdate	Email Address	
Home Address	City	Zip	Home Phone #	Cell Phone #
Education (Please Circle) High School 2 year college 4 year college graduate			Where did you earn your degree?	

Emergency Contact and Other Information about your child

Enrolled Child (First Name)	Male/Female	Birthdate	Name will use in class		
Emergency Contact (Other Than Parents)		Relationship	Phone #		
Ages & Names of other children or adults in Home					
Native Language		Language Primarily Spoken at Home	Other Languages parents speak/understand		
Other languages your child speaks/understands			Does Your Child Have Other Children to play with?		
Please list any other schools or organized activities your child has participated in					
Please list any medical problems your child has had (attach separate sheet if needed)					
Please list any allergies or food restrictions for your child					
Please list special services your child has been referred for or received (e.g. speech/language, hearing, behavioral or developmental delays, etc)					
Mother's Name (leave blank if same as enrolled)		Occupation	Home Phone #	Work Phone #	Cell Phone #
Home Address		City	Zip	Email	
Father's Name		Occupation	Home Phone #	Work Phone #	Cell Phone #
Home Address		City	Zip	Email	