



DISCIPLES CHRISTIAN CHURCH

Linda Gulick
Director

BRIGHT BEGINNINGS PRESCHOOL At Disciples Christian Church

BBPS DIRECTORY FORM

CHILD'S NAME: _____

PARENT'S NAMES: _____

ADDRESS: _____
CITY: _____ ZIP CODE _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBERS (MOM) _____
(DAD) _____

E-MAIL ADDRESS: _____

I give permission for this information to be used in the Bright Beginnings Preschool Directory and for important newsletters and information to be sent to my e-mail address. This information will be used by the Preschool only.

Parent signature: _____