



## Pre-Enrollment Registration Form

Thank you for your interest in Bright Horizons Family Solutions. To register, please return this completed form and applicable registration fee noted below to Bright Horizons. The registration fee is non-refundable and is due annually upon re-registration.

Registration Fee: \_\_\_\$60\_\_\_\_\_ Siblings: \_\_\_\_\_

When your registration form and fee(s) are received, your information will be added to our enrollment system. The submission of this form and fee is **not a deposit and does not serve to secure a space.**

### Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent / Guardian (USAA EMPLOYEE) Info:

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**USAA EMPLOYEE NUMBER:** \_\_\_\_\_

**6-Digit Pin** (for use on our Family Information Center): \_\_\_\_\_

### Parent / Guardian Info:

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Desired Schedule of Attendance

*Please write the arrival and departure times next to the days of attendance.*

**Mon:** \_\_\_\_\_ **Tues:** \_\_\_\_\_ **Wed:** \_\_\_\_\_ **Thurs:** \_\_\_\_\_ **Fri:** \_\_\_\_\_

**What date would you like your child to begin attendance?** \_\_\_\_\_

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

\_\_\_\_\_  
Date

For Administrative Use:

Date Fee Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Into IMS: \_\_\_\_\_ Date into BrightStar: \_\_\_\_\_