

REGISTRATION FORM

Child's Name: _____ Current Class _____

Address: _____

Date of Birth: _____ Male/Female: _____

Are there any allergies we should be aware of? _____

Parent/Guardian Name: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

Emergency Contact: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

Parent/Guardian Signature: _____

Please check each session(s) that your child will be attending.

	DATES	NOTES
<input type="checkbox"/> Week 1	June 3-June 7	
<input type="checkbox"/> Week 2	June 10- June 14	
<input type="checkbox"/> Week 3	June 17- June 21	
<input type="checkbox"/> Week 4	June 24 – June 28	
<input type="checkbox"/> Week 5	July 1 – July 5	Closed July 4
<input type="checkbox"/> Week 6	July 8 – July 12	
<input type="checkbox"/> Week 7	July 15 - July 19	
<input type="checkbox"/> Week 8	July 22 – July 26	
<input type="checkbox"/> Week 9	July 29 – Aug. 2	
<input type="checkbox"/> Week 10	Aug. 5 – Aug. 8	Closed August 9

To register your child for our Summer Session program, please return this completed form,



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