



## Bright Horizons at University City Pre-ENROLLMENT FORM

Thank you for your interest in **Bright Horizons®** at University City. Choosing a quality child care program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

To confirm your interest in Bright Horizons at University City please return a separate completed form for each child to Bright Horizons. You should submit this form via email to **universitycity@brighthouse.com**. You should also submit a \$25.00 per child registration fee payable by check to Bright Horizons 3200 Horizon Drive, Suite 110, King of Prussia, PA 19406; Attn: Rita Powell. Upon receipt your child's name will be added to the interest list. We are collecting pre-enrollment forms through **June 15, 2018**, at which time we will determine whether there is need for an enrollment lottery based on the level of interest expressed.

Upon receipt of this form, you will be included in all Bright Horizons communications regarding the center, including construction updates, enrollment updates and Bright Horizons resources.

Child's Name: _____	Child's Date of Birth: _____
Employee Name: _____	Additional Parent Name: _____
Employer: _____	Employer: _____
Relationship to child: _____	Relationship to child: _____
Work E-mail: _____	Work E-mail: _____
Personal E-mail: _____	Personal E-mail: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

What date would you like enrollment to begin? \_\_\_\_\_

Are you currently on the wait list for the Penn Children's Center? \_\_\_\_\_ If yes, for how many months? \_\_\_\_\_

Please check the box that most appropriately identifies your relationship with Penn Medicine and the University of Pennsylvania.

- ☐ Penn Medicine Faculty/Physician-includes faculty in the Perelman School of Medicine and Penn Medicine Clinicians with or without faculty appointments
- ☐ Penn Medicine Trainee (residents, fellows, medical students, PhD students)
- ☐ Penn Medicine Staff/UPHS employee
- ☐ Other University of Pennsylvania Faculty
- ☐ Other University of Pennsylvania students/trainees
- ☐ Other University of Pennsylvania Staff

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

***Thank you for expressing interest in the Bright Horizons at University City.***

For administrative use:

Date Enrollment Interest Form Received: \_\_\_\_\_

Date Entered into IMS : \_\_\_\_\_