

CENTER: _____

Pre-Enrollment Registration Form

Thank you for your interest in Bright Horizons. 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.

Registration Fee: _____ Siblings _____

When your registration form and fee(s) are received, you will be placed on a waiting list. The submission of the form and fee is not a deposit and **does not serve to secure a space**. Upon confirmation of program availability, an offer letter will be presented to your family. At that time, the submission of the first month's tuition will serve to secure your family's space, schedule, and start date.

Prior to enrollment, the center director will schedule a time for you to meet with your child's primary teacher to learn more about Bright Horizons' program and develop a visitation schedule for you and your child. The director will review the policies and procedures and enrollment forms at that time.

Child's Name: _____ Date of Birth/Due Date: ____/____/____

Child's Name: _____ Date of Birth/Due Date: ____/____/____

Parent/Guardian Information

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

E-mail Address: _____ E-mail Address: _____

Home Phone: _____ Home Phone: _____

Company Name: _____ Company Name: _____

Company Phone: _____ Company Phone: _____

Days and Hours Desired (Please list specific hours if applicable)

MON _____ TUE _____ WED _____ THU _____ FRI _____

What date would you like enrollment to begin? _____

How did you hear about Bright Horizons? _____

Centers' schedule offerings may vary. Please check with the center if you are seeking a part time schedule (less than 5 full days). Although we will do everything possible to meet your needs, we are unable to guarantee start dates. Enrollment is based upon availability and is subject to priority enrollment rules of the center.

Please enclose a check for the appropriate amount and return to:

Center: _____

Street: _____

City: _____ State: _____

Zip: _____

Parent/Guardian Signature

Date

Thank you for choosing Bright Horizons

For Administrative Use: Date Info Entered Into IMS: _____

Date Registration Received: _____

Date Sent to Wait List Center 1: _____

Check Number: _____

Date Sent to Wait List Center 2: _____