

**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: \_\_\_\_\_