



Pre-Enrollment Registration Form

Thank you for your interest in Bright Horizons. To register, please return this completed form to Bright Horizons with a registration fee (where applicable) of **\$150.00**. The registration fee is non-refundable and is due annually. This form will allow you to be registered at up to three Bright Horizons centers. Please list each center below where you would like to register, so we may inform them (additional fees may apply).

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: _____

What date would you like enrollment to begin? _____
How did you hear about Bright Horizons? _____

Centers' schedule offerings may vary. Please check with your centers of choice 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.

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, post docs)
- Penn Medicine Staff/UPHS employee
- Other University of Pennsylvania Faculty
- Other University of Pennsylvania students/trainees

Please enclose a check for the appropriate amount and return to:
Bright Horizons at University City
3600 Civic Center Blvd. 2nd Floor Philadelphia, PA 19104
Attention: Lisa Cianfrani
universitycity@brighthorizons.com

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: _____