



PRE-ENROLLMENT REGISTRATION FORM UPPER VALLEY PRESCHOOL

Thank you for your interest in Bright Horizons. 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 register, please return this completed form to Bright Horizons with a registration fee of \$150 (siblings \$75). The registration fee is non-refundable and is due annually at a reduced rate, when your child is enrolled in the program.

When your registration form and fee are received, you will be placed on a waiting list. You will be contacted regarding the availability of space and the enrollment process. Prior to enrollment, the Center Director will schedule a time for you to meet with your child's primary caregivers to learn more about Bright Horizons' program and develop a visitation schedule for you and your child. The Director will review the parent/guardian policies/procedures and enrollment forms at that time.

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

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

Parent/Guardian Information:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

E-mail Address: _____

E-mail Address: _____

Cell Phone: _____

Cell Phone: _____

Company Name: _____

Company Name: _____

Company Phone: _____

Company Phone: _____

Days and Hours Desired:

MON _____ TUE _____ WED _____ THU _____ FRI _____

What date would you like enrollment to begin? _____

How did you hear about Bright Horizons? _____

We will do everything possible to meet your needs, but we are unable to guarantee start dates. Enrollment is based upon availability and is subject to priority enrollment.

*Please enclose a check for the appropriate amount and return it to "Upper Valley Preschool" at 103 West 96th St. New York, NY 10025.

(Parent/Guardian's Signature)

(Date)

For Administrative Use

Date Faxed to WL #1: _____

Date Entered Into IMS: _____

Date Faxed to WL #2: _____

Date Registration Received: _____

Check Number: _____