



## PRE-ENROLLMENT REGISTRATION FORM

### Bright Horizons at Deerfield

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 (where applicable) of \$100.00. The registration fee is non-refundable and is due annually, 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. A member of our center management team 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: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home 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 rules of the Center.*

Please enclose a check for \$100.00 and return it to:  
Bright Horizons at Deerfield  
3105 Webb Road  
Alpharetta, GA. 30004  
Ph. # 678-393-2991.

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

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

***Thank you for choosing Bright Horizons Family Solutions.***

For Administrative Use:

Date Registration Received: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date Info Entered Into IMS: \_\_\_\_\_

Date Faxed to Wait List Center 1: \_\_\_\_\_

Date Faxed to Wait List Center 2: \_\_\_\_\_