



## **SALESFORCE ENROLLMENT APPLICATION**

**Bright Horizons at 221 Main Street**

221 Main Street, SF 94105

Phone: 415-495-1706

Fax: 415-495-1861

Email: 221main@brighthouse.com

Child's Name:	Child's Date of Birth:	Gender:
Address:	City:	Zip:
Parent Address if Different:	City:	Zip:
Parent Name(Salesforce Employee):	Salesforce Email Address:	
Home Phone Number:	Cell Phone Number:	
Work Location:	Work Phone Number:	
Spouse/Life Partner Name /Additional Guardian Name:		
Employer:	Cell Phone Number:	
Work Phone Number:	Email Address:	
Address if Different:		
Schedule Options Number of days per week: <b>Full Time</b> 5 Days ____ <b>Part Time</b> 3days (MWF) ____ or 2 days (TTH) ____	Please state any significant factors (health, social, emotional) that the school should know about your child:	
Preferred Starting Date:		
Signature:		Date:
<p><b>PLEASE NOTE:</b>  <b>Completing this application does not guarantee placement of your child in one of the Bright Horizons locations.</b> Payment of a <b>Non-Refundable Application Fee</b> is required at the time of this application. <i>This payment will place your child's name in the Wait Pool but does not guarantee a place.</i> We will notify you as soon as an opening becomes available in the appropriate homebase. Thank you.  <b>Non-Refundable Application Fee = \$150</b></p>		

**Please list any additional options for Bright Horizons centers in the order you prefer:**

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

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

Date Faxed to Wait List Center 3: \_\_\_\_\_