



Salesforce Enrollment Application

Bright Horizons at 221 Main Street
221 Main Street | San Francisco, CA 94105 | (P) 415-495-1706 |
Email: 221main@brighthouse.com

Child's Name:	Child's Date of Birth:	Gender:
Address:	City:	Zip:
Salesforce Employee Parent Name:	Salesforce Email Address:	
Parent Address (if different):	City:	Zip:
Home Phone Number:	Cell Phone Number:	
Work Location:	Work Phone Number:	
Spouse/Partner/Guardian Name:	Email Address:	
Address (if different):		
Employer:	Work Phone Number:	Cell Phone Number:
Schedule Options (Place X) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Full Time 5 days _____ </div> <div style="text-align: center;"> Part Time Option 1 3 days (MWF) _____ </div> <div style="text-align: center;"> Part Time Option 2 2 days (TTH) _____ </div> </div>		
Please state any significant factors (health, social, emotional) that the school should know about your child:		
Preferred Start Date:		
Signature:		Date:

PLEASE NOTE: Submission of this form does not guarantee enrollment.

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 non-refundable registration fee of \$150. This form will allow you to be registered at up to three Bright Horizons centers. If you choose to take advantage of this, please list the other 2 centers you would like to register at, so that we may contact them to let them know.

Center Preference 2. _____ Center Preference 3. _____

When your registration form and fee are received, 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.

For Administrative Use:

Date Info Entered Into IMS: _____

Date Registration Received: _____ Check Number: _____

Date Sent to Center Preference 2: _____ Date Sent to Center Preference 3: _____