Bright Horizons
FAMILY SOLUTIONS®

PRE-ENROLLMENT REGISTRATION FORM

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 _____ (siblings _____). 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: _____
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 the appropriate amount and return it to:

_____ _____
(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: _____