



Growing Together Learning Center at Capitol View PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in the Growing Together Learning Center at Capitol View. 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. You may submit this form via email to gtlccv@brighthorizons.com.

When your registration form and is 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.

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

Parent/Guardian Information:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Employer: *Please check one* Employer: *Please check one*
 Health Trust Sarah Cannon Health Trust Sarah Cannon
 Parallon Other _____ Parallon Other _____

3/4 ID: _____ 3/4 ID: (if applicable) _____

Home Address: _____ Home Address: _____

City, State, Zip: _____ City, State, Zip: _____

Email Address: _____ Email Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Enrollment: (please select full-time or part-time enrollment and select the day(s) in which you will need care)

- Full-time (31 to 50 hours per week) Part-time (up to 30 hours per week)
 Monday Tuesday Wednesday Thursday Friday

Desired start date:

What date would you like enrollment to begin? _____

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.

(Parent/Guardian's Signature)

(Date)

Thank you for your interest in the Growing Together Learning Center at Capitol View!

For Administrative Use:

Date EIF Received: _____ Date Info Entered Into IMS: _____