



## Lexmark Center for Children REGISTRATION FORM

Thank you for your interest in Bright Horizons Family Solutions. 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 family registration fee of \$150.00. The registration fee is non-refundable and is due annually at a reduced rate of \$75.00.

When your registration form and fee are received we will contact you regarding the enrollment process. Once a start date is scheduled you will receive (or you can pick up) a Family Guide with enrollment paperwork. We will then schedule a family intake meeting the week prior to care to review the paperwork, give you an opportunity to meet with your child's primary caregivers, learn more about Bright Horizons' program and develop a transition schedule for your child.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

### Parent/Guardian Information:

Lexmark Employee ID \_\_\_\_\_ Lexmark Employee ID \_\_\_\_\_

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, Hours and Program Desired:** \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Drop In \_\_\_ School Age

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_

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.*

Please enclose a check made out to Bright Horizons and return to:

**Lexmark Center for Children  
500 Park Place  
Lexington, KY 40511**

\_\_\_\_\_  
(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: \_\_\_\_\_

Start Date: \_\_\_\_\_ Family Guide sent to parents: \_\_\_\_\_ Intake Visit \_\_\_\_\_