

**University Childcare – Laurel Heights Campus  
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 of \$150.00. The registration fee is non-refundable and is due annually at a reduced rate, when your child is enrolled in the program. 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.

1. \_\_\_\_\_ 2. \_\_\_\_\_

When your registration form and fee are received, you will be placed in a wait pool. 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ estimated **Gender:** ☐ Male ☐ Female

**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 \_\_\_\_\_

Are your days flexible? \_\_\_\_\_

What date would you like enrollment to begin? \_\_\_\_\_

How did you hear about Bright Horizons? \_\_\_\_\_

Please state any significant conditions (health, social, emotional, allergies) that we should know about your child \_\_\_\_\_

*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 \$150.00 amount and return it to:

University Childcare – Laurel Heights  
3333 California Street, Suite 220  
San Francisco, CA 94118

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

Date Faxed to Wait List Center 1: \_\_\_\_\_

Date Faxed to Wait List Center 2: \_\_\_\_\_

updated: 4/15/2016