



PRE-ENROLLMENT REGISTRATION FORM

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/ Guardian Information:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Address: \_\_\_\_\_

What month/year would you like enrollment to start? \_\_\_\_\_

Please check off your weekly schedule preference:

- \_\_\_\_\_ 5 days/week Mondays – Fridays
\_\_\_\_\_ 3 days/week Mondays, Wednesdays, Fridays
\_\_\_\_\_ 2 days/week Tuesdays & Thursdays

Please check off your daily schedule preference:

- \_\_\_\_\_ 8:00 AM – 6:00 PM
\_\_\_\_\_ 8:30 AM – 3:00 PM
\_\_\_\_\_ 9:00 AM – 12 PM (available for children 1 year or older and for the Mondays – Fridays schedule only)

Have you toured the center? YES NO If yes, please give date: \_\_\_\_\_

To be placed on our waitlist, please return this completed form with a \$150.00 nonrefundable registration fee. The fee can be submitted via check, payable to "Brighter Babies" or cash.

Please note that submitting this Pre-Enrollment Registration Form does not guarantee a spot for your child. Enrollment is based upon availability and is subject to priority enrollment rules at the center. When your registration form and fee are received, we will contact you regarding availability of space and the enrollment process.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Brighter Babies Early Development Center
5009 2nd Street
Long Island City, NY 11101
718.786.CARE