



Bright Beginnings Waitlist

**EACH BOX IS REQUIRED TO BE COMPLETED TO SUCCESSFULLY
ADD YOUR STUDENT TO BRIGHT BEGINNINGS' WAITLIST.**

*** REQUIRED**

**A FORM MUST BE COMPLETED FOR EACH CHILD.
THANK YOU!**

Child Information

Child's Full Name *

Child's Date of Birth/Due Date *

Has your child been enrolled in a childcare center before?*

☐

Yes

☐

No

Help us get to know your child - tell us a little bit about them.*

(Not required if child has not been born)

Enrollment Status

Preferred Start Date *

Preferred Enrollment Status*

☐

Full-Time

☐

Part Time

☐

Flexible

If Part-Time, please indicate preferred days: _____

(School Age Only)
Preferred Enrollment Status

☐ Before Care Only ☐ After Care Only ☐ Before & After Care

If Part-Time, please indicate preferred days: _____

Child's current grade _____

Child's Elementary School

Parent/Guardian Information

Parent/Guardian's Full Name *

Parent/Guardian's Address*
Street Address: _____

City _____ **State** _____ **Zip** _____

Parent/Guardian's Primary Phone Number*

Parent/Guardian's Primary Email *

Bright Beginnings Waitlist



How did you hear about us? *



Bright Beginnings Waitlist

2nd Parent/Guardian Information (this section is optional)

Parent/Guardian's Full Name

Parent/Guardian's Address

Street Address: _____

City _____ **State** _____ **Zip** _____

Parent/Guardian's Primary Phone Number

Parent/Guardian's Primary Email

Thank you for your interest in
Bright Beginnings.
To submit form, please email a copy to
brightbeginfcdd@sbcglobal.net