

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

***INDICATE REQUIRED**

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

*Date Paperwork Completed _____

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 *

How did you hear about us? *

Thank you for your interest in
Bright Beginnings.

To submit form, please email a copy to
brightbeginfcdc@sbcglobal.net

Office Use Only

Date Received _____

Additional Info _____