Bright Start
Child Development Center

Enrollment Application

(Please Print Clearly)

Today's Date: _____   Email Address: _____

Child's Name _____
　　　　　　　　　　First　　　　　　　　Middle　　　　　　　Last

Date of Birth _____   Social Security No. _____

Address _____

Primary Caregiver _____   Living in home with child ___Yes ___No

Address _____   Tel ( )_____

Employer_____

Employer's Address _____   Tel ( )_____

Social Security No. _____   Driver's License No. _____

Primary Caregiver _____   Living in home with child ___Yes ___No

Address _____   Tel ( )_____

Employer_____

Employer's Address _____   Tel ( )_____

Social Security No. _____   Driver's License No. _____

Preferred Start Date _____   Preferred Hours _____ AM _____ PM _____ Full Day

Preferred Schedule days _____ M _____ T _____ W _____ Th _____ F

Preferred Program _____ Part Month

For Office Use Only

Tuition $_____   First Month's Tuition $_____   Lunch _____

Non-Refundable Registration Fee Paid: Check _____ Cash _____

First Month's Tuition Paid: Check _____ Cash _____

Key Fobs _____   Teacher _____

Parent Agreement Form Signed _____   Enrollment Packet Completed _____