



Washington University Family Learning Center
Pre-Enrollment Registration Form

Thank you for your interest in Bright Horizons Family Solutions. 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, along with proof of program eligibility, to Bright Horizons with a registration fee of \$150.00 made payable to Bright Horizons. The registration fee is non-refundable and is due annually at a reduced rate once your child is enrolled. Registration fees are not refundable if applicants are found to be ineligible for program participation*;

When your registration form and fee are received, you will be placed on a waiting list. The submission of the form and fee is not a deposit and does not serve to secure a space. Upon confirmation of program availability, an offer email will be presented to your family. At that time, the submission of the first month's tuition will serve to secure your family's space, schedule, and start date.

Prior to enrollment, Center Administration 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 Center Administration will review the parent/guardian policies/procedures and enrollment forms at that time.

Child's Name: _____ Date of Birth: ____/____/____

Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Information

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

E-mail Address: _____

E-mail Address: _____

Home Phone: _____

Home Phone: _____

Washington University Employee Yes No

Washington University Employee Yes No

Wash U School/Department: _____

Wash U School/Department: _____

Resident/Fellow with Med School Yes* No

Resident/Fellow with Med School Yes* No

Full Time Wash U Graduate Student Yes No

Full Time Wash U Graduate Student Yes No

Company Name: _____

Company Name: _____

Days and Hours Desired (Please list specific hours if applicable)

MON _____ TUE _____ WED _____ THU _____ FRI _____

What date would you like enrollment to begin? _____

How did you hear about Bright Horizons? _____

Centers' schedule offerings may vary. Please check with the center if you are seeking a part time schedule (less than 5 full days). Although we will do everything possible to meet your needs, 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 the appropriate amount and return it to:

Washington University Family Learning Center
Attn: Enrollment
840 Rosedale Ave, Campus Box 1237
St. Louis, MO 63112

Fax: (314) 230-1116
Phone: (314) 935-5437
wustl@brighthorizons.com

(Parent/Guardian's Signature)

(Date)

Thank you for choosing Bright Horizons Family Solutions.

Form with fields for Date Registration Received, Check Number, Amount, For Administrative Use, and Date Info Entered Into IMS.