



Bright Start Child Development Center  
2018-2019 Application

Date: \_\_\_\_\_

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

Child's Birth Date: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Class: \_\_\_\_\_

Schedule:

1<sup>st</sup> preference: \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Full Days \_\_\_ Half Days

2<sup>nd</sup> preference: \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Full Days \_\_\_ Half Days

Start Date: \_\_\_\_\_ Child's Age at Start: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Processing Fee\* \$100 (Non-refundable)

\*Applied to registration if enrolled

*Note: Submitting application does not guarantee space or enrollment. It places child on the wait list.*

*Effective 2016: Pursuant to SB 277, children are required to meet vaccination requirements upon enrollment.*