



DAYCARE ENROLLMENT FORM

Thank you for your interest in ____! We are thrilled to welcome your little one(s) to our program. We understand that choosing a daycare provider is a major decision. Our team is devoted to providing the highest quality care for your child.

Our daycare follows state regulations for [Name of State] and is [Name of Childcare Certifications] certified. To enroll, please complete this form and return it with your proof of eligibility. Also, please include your registration fee of \$____. This registration fee is nonrefundable.

Following submission of this completed form, we will contact you within [Number] business days regarding the approval of your enrollment. If space is limited for your desired time of care and your enrollment is approved, your child will be placed on a waiting list.

Once enrollment is approved, our office administrators will contact you to arrange a time to meet in person and review our policies and procedures. Thank you!

CHILD INFORMATION

Name of child: _____ Nickname/Preferred Name: _____

Birthdate: _____ Age: _____ Gender (select one): Male Female Non-Binary

Grade in School (If Applicable): _____ Name of Parent(s)/Guardian(s): _____

Child's Home Address: _____

Primary Telephone #: _____ Child's Social Security #: _____

Special Needs/Considerations of Child:

(Medical conditions, developmental considerations, behavioral considerations, medications, unique home circumstances, etc.)

Allergies: _____

Pediatrician's Name: _____ Pediatrician's Telephone #: _____

Media Permissions: Do you grant permission for **A Bright Start Child Development Center LLC** to photograph or film your child for security purposes using provider-owned and operated cameras only? Yes No