



# Washington University Family Learning Center Pre-Enrollment Registration/Waiting List Application 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, when your child is enrolled in the program. 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.** You will be contacted regarding the availability of space and the enrollment process. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Washington University Employee <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Time Graduate Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time Graduate Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Department: _____	Department: _____
Company Name: _____	Company Name: _____
Company Phone: _____	Company Phone: _____

### Days and Hours Desired:

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_

What date would you like enrollment to begin? \_\_\_\_\_

How did you hear about Bright Horizons? \_\_\_\_\_

*We will do everything possible to meet your needs, but 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  
Ann Bingham, Center Director  
840 Rosedale Ave, Campus Box 1237  
St. Louis, MO 63112

Fax: (314) 935-3272  
Phone: (314) 935-5437  
annbingham@wustl.edu

\_\_\_\_\_  
(Parent/Guardian's Signature) (Date)

**Thank you for choosing Bright Horizons Family Solutions.**

Date Registration Received: _____	For Administrative Use:	Date Info Entered Into IMS: _____
Check Number: _____	Amount: _____	