

Bright Start Learning Inc. – Child Registration Form

Child’s Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Age: \_\_\_\_\_
- Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say
- Primary Language Spoken at Home: \_\_\_\_\_

Parent/Guardian Information

Parent/Guardian Full Name (1): \_\_\_\_\_

- Relationship to Child: \_\_\_\_\_
- Phone Number (Cell or Home): \_\_\_\_\_
- Work Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_
- Email Address: \_\_\_\_\_

Parent/Guardian Full Name (2): \_\_\_\_\_

- Relationship to Child: \_\_\_\_\_
- Phone Number (Cell or Home): \_\_\_\_\_
- Work Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_
- Email Address: \_\_\_\_\_

Medical & Emergency Contact Information

- Child’s Primary Care Physician Name/Group: \_\_\_\_\_
- Physician Phone Number: \_\_\_\_\_
- Preferred Hospital: \_\_\_\_\_
- Hospital Phone Number: \_\_\_\_\_
- Child’s Dental Care Provider: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email (if applicable): \_\_\_\_\_

Emergency Contact Information

(In case we are unable to reach you)

1. Name: \_\_\_\_\_
  - Relationship to Child: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_

2. **Name:** \_\_\_\_\_

- Relationship to Child: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Alternate Phone Number:** \_\_\_\_\_

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### Program & Enrollment Information

- **Program Type (Select one):**
  - ☐ Infant (6 weeks – 18 months)
  - ☐ Toddler (18 months – 2 years)
  - ☐ Preschooler (3 – 5 years)
- **Desired Start Date:** \_\_\_\_\_
- **Are you interested in Free Transportation?**  
☐ Yes ☐ No
- **Will your child require any special accommodations/services?**  
☐ Yes ☐ No  
If yes, please specify:  
☐ Early Intervention ☐ Speech Therapy  
☐ Occupational Therapy ☐ Physical Therapy  
Details: \_\_\_\_\_
- **Does your child have any allergies or medical conditions?**  
☐ Yes ☐ No  
If yes, please list: \_\_\_\_\_

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### Parent/Guardian Agreement

- ☐ I certify that all information provided on this form is accurate to the best of my knowledge.
- ☐ I understand that Bright Start Learning Inc. may contact me regarding my child's enrollment and participation.
- ☐ I authorize Bright Start Learning Inc. to provide emergency care for my child in the event of an emergency when I am unreachable.
- ☐ I give Bright Start permission to transport my child for program-related trips.
- ☐ I understand the program must be updated at the time of re-enrollment or any changes.
- ☐ I agree to review and update this information whenever a change occurs and at least once a year.
- ☐ Yes ☐ No

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**Signature of Parent/Guardian:** \_\_\_\_\_

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

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### For Office Use Only




- **Date Received:** \_\_\_\_\_
- **Enrollment Status:** ☐ Pending ☐ Accepted ☐ Waitlisted

- **Assigned Teacher:** \_\_\_\_\_
- **Date of Enrollment:** \_\_\_\_\_
- **Date of Disenrollment (if applicable):** \_\_\_\_\_

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**Submit Your Registration**

Please either submit this form directly via our website or return it to our office:

-  **1999 Grand Avenue, Baldwin, NY 11510**
-  **Email:** [contact@brightstartlearningny.com](mailto:contact@brightstartlearningny.com)
-  **Phone:** +1 (516) 699-3010