



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:**

- **Does your child have any allergies or medical conditions?**

Yes No

If yes, please specify:

Parent/Guardian Information

- **Parent/Guardian Full Name (1):**

- **Relationship to Child:**

- **Phone Number (1):**

- **Email Address (1):**

- **Parent/Guardian Full Name (2):**

- **Relationship to Child:**

- **Phone Number (2):**

- **Email Address (2):**

Emergency Contact Information (In case we are unable to reach you)

- **Emergency Contact Name:**

- **Relationship to Child:**

- **Phone Number:**

- **Alternate Phone Number:**

Program and Enrollment Information

- **Program Type** (Select one):
 - Infant (6 weeks - 12 months)
 - Toddler (1-2 years)
 - Preschooler (3-5 years)

- **Desired Start Date:**

- **Are you interested in Free Transportation?**

Yes No

- **Will your child require any special accommodations?**

Yes No

If yes, please provide details:

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.

Parent/Guardian Signature:

Date:



For Office Use Only

- **Date Received:**
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- **Enrollment Status:**
 Pending Accepted Waitlisted

- **Assigned Teacher:**
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-

Submit Your Registration

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

 **1999 Grand Avenue, Baldwin, NY 11510**

 **Email: contact@brightstartlearningny.com**

 **Phone: +1 (516) 699-3010**