



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:**

- **Enrollment Status:**
☐ Pending ☐ Accepted ☐ Waitlisted

- **Assigned Teacher:**

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**