Bright Start Learning Center, LLC

WAITLIST APPLICATION

GENERAL INFORMATION

Date: _____/_____/_____

_____ _____/_____/_____ _____

Child's Name Date of Birth Gender

_____ _____

Parent's Name Parent's Name

_____

Address

_____ _____ _____

Home Phone Work Phone E-mail Address

MEDICAL INFORMATION

Please describe any medical conditions of which we should be aware and any special accommodations your child may need:

_____

_____

_____

_____

_____

More detailed medical information, including proof of immunizations and a doctor's physical, will be required before your child may attend Bright Start Learning Center.

ADDITIONAL INFORMATION

Please provide any additional information that you feel we should know in order to provide your child with the best possible care.

_____

_____

_____

_____

ANTICIPATED START DATE

Date on which you would like for your child to begin at Bright Start Learning Center: _____/_____/_____

Anticipated Schedule: Drop off time _____ Pick up time _____

Full time students may attend at any time during the Center's operating hours, but we strongly encourage parents to limit their child's day to no more than ten hours per day.

Please note that your child will remain on our waitlist initially for twelve months. You may extend the length of time that you would like to remain on the waitlist by contacting us before the expiration of the initial 12-month period. We will send an email to the email address listed above about one month prior to the expiration of the 12-month period. If you do not request an extension and/or do not respond to the email that we send to you, we will assume that you would like to be removed from our waiting list and will proceed accordingly. By signing below, you acknowledge and agree to this policy.

_____ _____

Parent's signature **Date**