

PortalRegistration

Register for Programs

Returning Clients

Bright Kids Portal Login

jamesfleming@brightkidsnyc.com


☐ Remember me next time

Log In

New Clients

Create Account

click Log In > Page 2.



PortalRegistrationOptions

(646) 434-1084
info@brightkidsnyc.com

View Family

Parents/guardians

james test

Email jamesfleming@brightkidsnyc.com

City New York

Update Family Details

Children

james test

final test

Older Kid

Fake Kid

Sign Up Child

Sign Up Child

Sign Up Child

Sign Up Child

Sign Up New Child


Registration History

Displaying 1-10 of 147 results.

Name	Package / Grade	Day / Time	Total / Remaining	Complete	Cancel
james test	Stanford-Binet Initial Diagnostic - Office / K	- /	\$250 / \$250	Resume	
james test	CogAT 1-on-1 Test Prep Package - 10 Office / 3rd	- /	\$1780 / \$1780	Resume	
james test	Gifted & Talented Mock Test / K	- /	\$190 / \$190	Resume	
james test	Gifted & Talented Mock Test / K	- /	\$190 / \$190	Resume	
james test	CTP-4 1-on-1 Prep Package ONLINE- 20 / 6th	- /	\$2150 / \$2150	Resume	
james test	4-session G&T Bootcamp Flexible - Booster / K	- /	\$790 / \$790	Resume	
james test	Gifted & Talented Mock Test / K	- /	\$190 / \$190	Resume	
james test	Common Core 1-on-1 Bootcamp™ - 6 Sessions / 2nd	- /	\$975 / \$975	Resume	
james test	Addl Gifted & Talented Bootcamp Sessions - 1 / K	- /	\$155 / \$155	Resume	
james test	/ 2nd	- /	\$0 / \$0	Resume	

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click Sign Up Child > Page 3.



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Bright Kids Program Registration - Register Student

Review student profile

Name *
james
test

Gender *
M

Date of Birth *
2014-06-04


Current Grade *
pre K

Select the grade that your child is currently in.

Review student profile

Name *

Gender *


Date of Birth * 

Current Grade *
Select the grade that your child is currently in.



Grade of Entry *
Select the grade that your child is testing for entry into.

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click Next > Page 4.



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Bright Kids Program Registration

Select a Program

Fields with * are required.

Program *

Office *

Package/Service *

Number of Sessions *

Please select a package to view its details.

select Package/Service > Page 4.

Select a Program

Fields with * are required.

Program * Gifted & Talented

Office * Downtown

Package/Service * Initial Diagnostic

Number of Sessions * Choose

Office address:
225 Broadway, Suite 1504
New York, NY 10007

Program Description
Diagnostics are given to determine a student's current level of performance in regards to a number of cognitive and academic skills. The scores from these exams provide a baseline that our staff uses to plan each student's individualized tutoring curriculum.

« Previous

Next »

CONTACT DETAILS

select Number of Sessions > Page 4.

Select a Schedule

Fields with * are required.

Program * Gifted & Talented

Office * Downtown

Package/Service * Initial Diagnostic

Number of Sessions * 1

Office address:
225 Broadway, Suite 1504
New York, NY 10007

Program Description
Diagnostics are given to determine a student's current level of performance in regards to a number of cognitive and academic skills. The scores from these exams provide a baseline that our staff uses to plan each student's individualized tutoring curriculum.

Package includes:
1 - Individual-Initial Diagnostic-Gifted & Talent

An Account manager will get in touch with you to book sessions once your registration is received.

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click Next > Page 5.



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Bright Kids Program Registration

Review Purchases

Item	Cost
Gifted & Talented Initial Diagnostic - Office	\$250
Registration fee	\$0
Individual-Initial Diagnostic-Gifted & Talent	Included
Total	\$250
Current payment	\$250
Balance	\$0.00

Page 5 cont.

Regulations

Bright Kids Diagnostic, Mock, and Practice Test Policies


Scheduling


- Rescheduling/Cancellations/No-Shows In-Office: You are allowed one free reschedule. In order to qualify for this free reschedule, you must submit a schedule change request to schedule@brightkidsnyc.com by 5pm the day before the scheduled appointment.
- You will receive an appointment notification via email approximately 36 hours prior to your session.

☐ I agree to all the rules of this program and all Bright Kids policies associated with this program.

Electronic Signature *

Payment

Credit Card to use *  Add new card

Card # * Type 

Page 5 cont.

Payment

Credit Card to use * ☒ Add new card

Card # * Type

Expiration * January 2019 Sec Code

Billing Name * james test

Billing Address *

New York State

City State Zip

Shipping Address * ☒ Same as Billing Address

Page 5 cont.

Shipping Address * ☒ Same as Billing Address

New York

City State Zip

Books ordered will be shipped to this address before the bootcamp begins.

☐ I authorize Bright Kids to charge my credit card for all services rendered.

Electronic Signature *

How did you hear about Bright Kids?

How have you heard about us? * Please select

How did you hear about Bright Kids?

How have you heard about us? * Please select

Please select one of the options above or "Other" if you heard about us any other way.

Notes for Bright Kids

« Previous Finish »

CONTACT DETAILS
(646) 434-1084
info@brightkidsnyc.com

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Click Finish w/o user input, error message > Page 5 cont.

Please fix the following input errors:

- You must agree to the Bootcamp rules and Bright Kids policies.
- You must authorize Bright Kids to charge your credit card.
- Electronic Signature Rules cannot be blank.
- Electronic Signature Authorize cannot be blank.
- Bill Address Line1 cannot be blank.
- Bill State cannot be blank.
- Bill Zip cannot be blank.
- Ship Address Line1 cannot be blank.
- Ship State cannot be blank.
- Ship Zip cannot be blank.
- Card Number cannot be blank.
- Sec Code cannot be blank.
- Card Type cannot be blank.