

Brightsteps Daycare

Helping little feet take big steps.

Enrollment Form

Child's Information

- Full Name: _____
- Date of Birth: _____
- Gender: _____
- Home Address: _____
- Allergies or Medical Conditions: _____

Parent/Guardian Information

- Full Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____
- Emergency Contact Name & Number: _____

Enrollment Details

- Desired Start Date: _____
- Preferred Schedule: ☐ Full-time ☐ Part-time
- Days Attending: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Authorization

- ☐ I authorize Brightsteps to seek emergency medical care if necessary.
- ☐ I agree to the terms outlined in the Parent Handbook.

Signature: _____

Date: _____