



Johns Hopkins Child Care and Early Learning Center PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in Bright Horizons. Choosing a quality child care program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

To register, please return this completed form to Bright Horizons with a registration fee of \$75.00 (siblings \$65.00). Back-up care fee \$25.00. The registration fee is non-refundable.

When your registration form and fee are received, your application will be reviewed for eligibility for this center. Once this has been approved, you will be placed on our waiting list.

Child's Name: _____ Date of Birth: ____/____/____
Child's Name: _____ Date of Birth: ____/____/____

Johns Hopkins Parent/Guardian Information:

Other Parent/Guardian

Name: _____
Relationship: _____
Address: _____
E-mail Address: _____
Home Phone: _____
School/Division: _____
Department: _____
Office Phone: _____
Cell Phone: _____

Name: _____
Relationship: _____
Address: _____
E-mail Address: _____
Home Phone: _____
Employer: _____
Department: _____
Office Phone: _____
Cell Phone: _____

Days and Hours Desired:

MON _____ TUE _____ WED _____ THU _____ FRI _____

What date would you like enrollment to begin? _____

How did you hear about Bright Horizons? _____

I am interested in financial assistance and would like additional information. To be considered for scholarship assistance, your total household income must be 50,000 or less.

- o Yes
o No

We will do everything possible to meet your needs, but we are unable to guarantee start dates. Enrollment is based upon availability and is subject to priority enrollment rules of the Center.

Demographic Information:

Please provide information about your division or department affiliation and your employment and/or student status. **All information below must be completed prior to processing the application.**

Johns Hopkins Parent/Guardian	Co-Sponsor/Other Parent or Guardian
Johns Hopkins University	Johns Hopkins University (If Applicable)
Academic Divisions:	Academic Divisions:
<input type="radio"/> Bloomberg School of Public Health	<input type="radio"/> Bloomberg School of Public Health
<input type="radio"/> Medicine	<input type="radio"/> Medicine
<input type="radio"/> Nursing	<input type="radio"/> Nursing
Johns Hopkins Hospital/Health System	Johns Hopkins Hospital/Health System
<input type="radio"/> Bayview	<input type="radio"/> Bayview
<input type="radio"/> Health System	<input type="radio"/> Health System
<input type="radio"/> Hospital	<input type="radio"/> Hospital
What Color is your Hopkins Badge? (If Applicable)	What Color is your Hopkins Badge? (If Applicable)
<input type="radio"/> Yellow-SOM	<input type="radio"/> Yellow-SOM
<input type="radio"/> White-JHH	<input type="radio"/> White-JHH
<input type="radio"/> Medium Blue-JHHS	<input type="radio"/> Medium Blue-JHHS
<input type="radio"/> Light Blue-SOPH	<input type="radio"/> Light Blue-SOPH
<input type="radio"/> Pink-Nursing	<input type="radio"/> Pink-Nursing
Employment Status: (Full Time-Only)	Employment Status: (Full Time-Only)
<input type="radio"/> Faculty	<input type="radio"/> Faculty
<input type="radio"/> Staff	<input type="radio"/> Staff
<input type="radio"/> Fellow	<input type="radio"/> Fellow
<input type="radio"/> Nurse	<input type="radio"/> Nurse
<input type="radio"/> House Staff	<input type="radio"/> House Staff
<input type="radio"/> Student	<input type="radio"/> Student

Please include a color copy of your badge and appropriate fee with registration form and return to:

**Tracey McDaniel, Center Director
98 North Broadway, First Floor
Baltimore, Maryland 21231**

(Parent/Guardian's Signature)

(Date)

Thank you for choosing Bright Horizons.

For Administrative Use: Date Info Entered Into IMS: _____
Date Registration Received: _____ Date Faxed to Wait List Center 1: _____
Check Number: _____ Date Faxed to Wait List Center 2: _____