



River School, a Bright Horizons School
PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in the River Schools, part of the Bright Horizons Family Solutions schools. 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 River School. The registration form allows you to put your name in our New Jersey locations. Our locations are as follows: 251 Warren St, 254 Warren St, and 30 Newport Parkway which are all located in Jersey City.

If you choose to take advantage of this, please list below your preference:

1. _____ 2. _____

When your registration form is received, you will be placed on a waiting list. You will be contacted when there is availability in your child's age group. Prior to enrollment, you will have the opportunity to visit our center and develop a visitation schedule for you and your child. The Director will review the parent/guardian policies/procedures and enrollment forms at that time.

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

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Parent/Guardian Information:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

E-mail Address: _____ E-mail Address: _____

Home Phone: _____ Home Phone: _____

Company Name: _____ Company Name: _____

Company Phone: _____ Company 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? _____

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.

(Parent/Guardian's Signature) _____ (Date) _____

Thank you for choosing Bright Horizons Family Solutions.

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: _____