



PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in Cornell Child Care Center. 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.

When your registration form is received, you will be placed on a waiting list. You will be contacted regarding the availability of space and the enrollment process. Prior to enrollment, the Center Director will schedule a time for you to meet with your child's primary caregivers to learn more about Bright Horizons' program 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: ____/____/____
Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Information:

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____

E-mail Address: _____ E-mail Address: _____
Home Phone: _____ Home Phone: _____
Company Name: Cornell University Company Name: _____
Company Phone: _____ Company Phone: _____
____ Faculty ____ Staff ____ Student ____ Faculty ____ Staff ____ Student

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.

Contact Information

Phone: (607) 255-1010
Fax: (607) 255-0814
E-mail: cornell@brighthorizons.com
Center Address: 150 Pleasant Grove Road,
Ithaca, New York 14850
Cornell Liaison: Cassandre P. Joseph, childcare@cornell.edu

(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: _____