



BRIGHT HORIZONS PROGRAM ENROLLMENT FORM
2022 - 2023 School Year



Student's Name: _____ Grade: ____ (2022-23) DOB: _____

Address: _____

Primary Phone Number: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

Please indicate if your child will be attending Full-Time or Part-Time during the school year:
(A **15%** discount to the total tuition will be applied when multiple children from one family enroll.)

EARLY BIRDS - BEFORE SCHOOL PROGRAM

Full-Time Enrollment

1 to 5 Days/Week

Monthly Rate: \$30

Annual Rate: \$300

AFTER SCHOOL ADVENTURES PROGRAM

Full-Time Enrollment

4 to 5 Days/Week

Monthly Rate: \$130

Annual Rate: \$1300

Part Time Enrollment

3 Days/Week

Monthly Rate: \$100

Annual Rate: \$1000

2 Days/Week

Monthly Rate: \$70

Annual Rate: \$700

1 Days/Week

Monthly Rate: \$40

Annual Rate: \$400

***Please indicate which days per week your child will be attending. If your child attends more than 3 days per week, you will be billed for the weekly full-time rate.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Please indicate if your family will apply for financial assistance to help cover the cost of enrolling your child(ren) in the program. Eligibility is determined based on the federal free/reduced meal program.

Yes, I would like to apply to be considered for financial assistance.

No, I do not plan to apply to be considered for financial assistance.