



## Enrichment Program Registration Form

Enrichment Program: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Telephone (1): \_\_\_\_\_

Telephone 2: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

\*Remarks: \_\_\_\_\_

**Please tick**  I have read and understood the terms & conditions stated below

### Terms & Conditions

- Payment should be made to any BBK Branch payable to: Bright Beginnings Day Care Centre Acct #: 100000224375. Kindly present your deposit slip to Ms. Adrienne in the Admin office and you will be given a receipt as proof of payment. Fee once paid will not be refunded under any circumstances.
- WE DO NOT provide home/center/home transport for children
- Please call 17710405 if your child will not be attending a class due to illness or other reasons.
- Enrichment classes missed will not be refunded
- Children will need to arrive 10minutes before the enrichment classes starts
- Parents are to notify the Administration of any health issues or allergies their child might have and clearly state them in the 'Remarks'\* section above.

#### Office Use Only

Enrichment Program: \_\_\_\_\_ Month: \_\_\_\_\_

Takes place every: \_\_\_\_\_ at: \_\_\_\_\_ pm Instructor: \_\_\_\_\_

Fees: \_\_\_\_\_ Receipt No \_\_\_\_\_