How to Register for Bright Start

New Families ONLY

1. Navigate To:

https://www.myprocare.com/Default/Index?aWtuPTUwODA1Mjk5MzAmc2NoSWQ9MQ==

Enter your email address

PROBLEMS?

If you have previously attended a school, daycare, or afterschool program that uses ProCare, you will get an error message here, and will need to contact Lyndsay @ <u>brightstartadm@gmail.com</u>.

$\mathbf{SUCCESS} \rightarrow \mathsf{Check}$ your email

and enter the confirmation code.

	A MyProcare Login
	Confirmation email sent to
	br-ight-st-art-te-ch@gmail.com
Enter you	ur confirmation number below.
Confi	irmation Number
	Didn't receive the confirmation email?
	GO
	Not your email address?
	Change Email Address

2. Complete

the Form

There are 4 Steps in the form:

- 1. Account Info
- 2. Children Info
- 3. Emergency Contacts
- 4. Review & Submit

Please have the following *****Required information available:

- Name, Address, Phone*
- Child's Name, Date of Birth, and Grade
- Your tentative schedule (minimum) that you anticipate having.*
 - You will be able to update this prior to the school year starting.
- The name and phone number of any emergency contacts for your child/ren* (For example, Relatives, Neighbors, Nanny, etc)

First, tell us about you

First Name*	M.I.	Last Name*	Gender		Date of Birth	
			Unknow	n 🔻	mm/dd/yyyy	Ċ
CHANGE IMAGE						
ADDRESS Address Line 1 Address Line 2						
ADDRESS Address Line 1 Address Line 2 City		State Zip	Code			
Address Line 1 Address Line 2 City		State Zip	Code			
Address Line 1 Address Line 2 City Physical Physical	Mailing	State Zip	Code			
Address Line 1 Address Line 2 City Physical Physical Type	Mailing	State Zip	Code			

Bright Start Afterschool

Next, tell us about your child/ren

Please Note:

The orange + button allows you to add a second (and third) child to your account.

		- ongrit star				
	ACCOUNT INFO	CHILDREN	CONTACTS	REVIEW & SUBMIT		
Child Info					* Indicates F	equired Field
First Name*	M.I. L	ast Name*	Gende	er	Date of Birth (or due	date)
kidfirst987		kidlast987	Unk	nown 🔻	mm/dd/yyyy	
Current Image						
é						
CHANGE IMAGE						
CHILD QUESTIONS						
Ear the '22/'22 School Vote	rado will your child b	a attending? *	What school will us	ur child he attend	ling for '22/'222 *	
Kindergarten	grade will your child b	e errennnig: -	Bishop Schonl	ar cillio de acterio	ing for 22/25: -	
1st Grade			Another School			
2nd Grade			This question is require	d		
2rd Grada			6 Tomas			
🗌 áth Grade						
Sth Grade						
This question is required						
			Million In contract of the	ed departure tim	o on MONDAYS (start time	
Are you considered to be in a Buff	ter zone by the Distric		"NA" if NOT Area		e on monipars (start time	2:30) or
Are you considered to be in a Buff Yes - We are in a buffer zone.	fer zone by the Distric		"NA" if NOT Attendi	ng? *	e on monipars (start time	2:30) or
Are you considered to be in a Buff Yes - We are in a buffer zone. No, we are not.	er zone by the Distric		"NA" if NOT Attendi	ng? *	e on monoxis (start time	2:30) or
Are you considered to be in a Buff Yes - We are in a buffer zone. No, we are not. Oths question is required	er zone by the Distric		"NA" if NOT Attendi	ng? *	e on monovris (start time	2:30) or
Are you considered to be in a Buff Yes - We are in a buffer zone. No, we are not. This question is required What is your expected departure : "NA" if NOT Attending? *	time on TUESDAYS (st	art time 1:00) or	What is your expect	ng?* ['] ed departure tim ng?*	e on WEDNESDAYS (start ti	2:30) or
Are you considered to be in a Buff Yes - We are in a buffer zone. No, we are not. This question is required What is your expected departure in NA' if NOT Attending? *	time on TUESDAYS (st	art time 1:00) or	What is your expect	ng? * ['] ed departure tim ng? *	e on WEDNESDAYS (start ti	2:30) or me 2:30) or
Are you considered to be in a Buff Yes - We are in a buffer zone. No, we are not. This question is required What is your expected departure to NA' if NOT Attending? *	time on TUESDAYS (st	art time 1:00) or	What is your expect	ng? * ' ed departure tim ng? *	e on WEDNESDAYS (start ti	2:30) or me 2:30) or
Are you considered to be in a Buff Yes -We are in a buffer zone. No. We are no. No. Yes are not sense the departure of NO.	time on TUESDAYS (st	art time 1:00) or	What is your expect "NA" if NOT Attendi What is your expect "NA" if NOT Attendi What is your expect (%) NOT Attendi	ed departure tim ng? * ed departure tim	e on WEDNESDAYS (start ti e on FRIDAYS (start time 2:	2:30) or me 2:30) or 30) or "NA"
Are you considered to be in a Buff Ves - We are in a buffer zone. No, we are not. More quetter in required What is your expected departure : "NA" if NOT Attending? * What is your expected departure : "NA" if NOT Attending? *	time on TUESDAYS (st	art time 1:00) or start time 2:30) or	What is your expect "NA" if NOT Attendi What is your expect "NA" if NOT Attendi What is your expect	ed departure tim ng? * ed departure tim	e on WEDNESDAYS (start time e on FRIDAYS (start time 2:	2:30) or me 2:30) or 30) or "NA"
Are you considered to be in a Buff Yes - We are in a buffer zone. No, we are not Man is your expected departure to NA if NOT Attending? What is your expected departure to NA' if NOT Attending?	time on TUESDAYS (st	art time 1:00) or start time 2:30) or	What is your expect "NA" If NOT Attendi What is your expect NA" If NOT Attendi What is your expect If NOT Attending?"	ed departure tim ng? * ed departure tim	e on WEDNESDAYS (start time	2:30) or me 2:30) or 30) or "NA"
Are you considered to be in a Buff Yes - We are in a buffer zone. No, we are not No, we are not What is your expected departure ' NA' if NOT Attending? * What is your expected departure ' 'NA' if NOT Attending? *	time on TUESDAYS (st	art time 1:00) or start time 2:30) or	What is your expect "NA" I NOT Attended What is your expect "NA" I NOT Attended What is your expect I NOT Attending?"	ng? * ed departure tim ng? * ed departure tim	e en WEDNESDAYS (start ti e en FRIDAYS (start time 2:	2:30) or me 2:30) or 30) or "NA"
Are you considered to be in a Buff Yes - We are in a buffer zone. No, we are no No, we	time on TUESDAYS (st	art time 1.80) or start time 2.30) or	What is your expect NA" if NOT Attend What is your expect NA" if NOT Attend What is your expect If NOT Attending?*	ng? * ed departure tim ng? * ed departure tim	e on WEDNESDAYS (start time	2:30) or me 2:30) or 30) or "NA"
Are you considered to be in a Buff Yes - We are in a buffer zone. No, we are not. No, we are not. Mar is your expected departure of "NA" if NOT Attending? * What is your expected departure to "NA" if NOT Attending? *	time on TUESDAYS (st	art time 1.90) or start time 2.30) or the Save & A	What is your expect "NA" if NOT Attend What is your expect "NA" if NOT Attend What is your expect if NOT Attending?" dd Next Child	ng? * ed departure tim ng? * ed departure tim	e on WEDNESDAYS (start ti e on FRIDAYS (start time 2:	2:30) or me 2:30) or 30) or "NA"
Are you considered to be in a Buff Yes - We are in a buffer zone. No, wa are not The question is request What is your expected departure in NA" If NOT Attending? *	time on TUESDAYS (st	art time 1:00) or start time 2:30) or	What is your expect "NA" If NOT Attending What is your expect "NA" If NOT Attending?" What is your expect If NOT Attending?"	ng? * ed departure tim ng? * ed departure tim	e en WEDNESDAYS (start ti e en FRIDAYS (start time 2:	2:30) or me 2:30) or 30) or "NA"

Next, please provide emergency & authorized contacts

At a minimum, please add your relationship and that of any other parent/guardian of the child!

	100001017	CUU 0000	FUEDCENCY	DENIEN A	
	INFO	INFO	CONTACTS	SUBMIT	
FIRST CONTACT PERSON (YOU	RSELF)				
Choose how you are relate • The child lives with y • You are an emergenc • You are an authorize .To add additional people (3. When finished, choose SAV	ed to each child (be ou. y contact. d pickup. spouse, relative, ni VE & GO TO REVIE	elow) and select "Yes" if eighbor, doctor) choose W.	e Save & Add Next (Contact.	
Contact Info					* Indicates Required Fit
Contact Info	M.I.	Last Name*	Geno	ler	* Indicates Required Fir
Contact Info First Name* Jen-test	M.I.	Last Name* How-test	Genc Uni	ler Known	* Indicates Required Fit Date of Birth mm/dd/yyyy
Contact Info First Name* Jen-test ReLATIONSHIP TO CHILDREN kidfirst987 kidlast98:	M.I.	Last Name* How-test	Genc Un	ter known	*Indicates Required Fit
Contact Info First Name* Jen-test ReLATIONSHIP TO CHILDREN kidfirst987 kidlast98:	M.I. Relationshi	Last Name* How-test p Type tionship	Gene Un T	ler known V ves With	*Indicates Required Fit Date of Birth mm/dd/yyyy Emergency Pickup NO
Contact Info First Name Jen-test RELATIONSHIP TO CHILDREN kidfirst987 kidlast98:	M.I.	Last Name* How-test p Type tionship Save & Ad	Gent Un T	ler known V ves With t	* Indicates Required Fie Date of Birth mm/dd/yyyy Emergency NO Pickup NO
Contact Info First Name* Jen-test ReLATIONSHIP TO CHILDREN kidfirst987 kidlast98:	M.I. Relationshi Select relat	Last Name* How-test p Type tionship C Save & Ad	Genc Un Un	ler known ves With t	Indicates Required Fie Date of Birth mm/dd/yyyy Emergency Pickup Ro Pickup Ro

Finally, please review and submit your info:

Please double check that all the information is correct, and then click "Submit" at the bottom.

You will receive an email confirmation of your submission.



Questions ??

Please email Lyndsay, Program Director brightstartadm@gmail.com