



301 Tyson Ave., P.O. Box 1030 * Paris, TN * 38242
731-642-1220

Enrollment for Pre-payment Plan

Mother's name _____ Date of birth _____

Father's name _____

Mailing address _____

City _____ ST _____ ZIP _____

Work phone ____/____/____ Home phone ____/____/____

Due date _____

Obstetrician's name _____

Pediatrician's name _____

Insurance company's name _____

Policy number _____

Group ID Number _____

Insurance company phone for verification _____

Are you planning a C-section? _____

Where did you learn about Bright Beginnings? ____ Friend ____ Retail
____ doctor's office _____ Employer (Company name) _____

Other (specify) _____

Would you like information about pre-natal classes? ____ yes ____ no

