

BRIGHT HORIZONS

CHILD'S INFORMATION

Child's Name: _____ Date of Birth: ____/____/____

Child's Primary Address: _____

Street City/Town Zip Code

Place of Birth: _____ Primary Language: _____

Child's Schedule: MON _____ TUE _____ WED _____ THU _____ FRI _____

PARENT/GUARDIAN INFORMATION

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Home E-mail Address: _____

Home E-mail Address: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Others in Family Relationship: _____

Person(s) or Agency having legal custody of child: _____

Business Information

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Business Phone: _____

Business Phone: _____

E-mail Address: _____

E-mail Address: _____

Previous Child Day Care Programs and Schools Attended: _____

If Child attends this center and another School/Program Give name of School and Grade

Chronic Physical Problems/Pertinent developmental Information/Special Accommodations Needed:

EMERGENCY CONTACTS

Two people to contact if Parent(s) Cannot be reached:

Name _____ Phone Number _____

Address _____

Relationship _____

Name _____ Phone Number _____

Address _____

Relationship _____

Person(s) Authorized to Pick Up Child

Person(s) NOT Authorized to Pick Up Child

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc. and action to take in an Emergency

Medical Information

Eye Color: _____ Hair Color: _____ Gender: ☐ M ☐ F

Height: _____ Weight: _____ Race: _____

Identifying Marks: _____

Health Insurance Provider: _____

Physician Information

Name of Physician/Clinic: _____ Phone: _____

1. The child day center agrees to notify parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately
If there is an objection to seeking medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.
3. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for the life threatening diseases which must be reported immediately.

(Parent/Guardian Signature) (Date)

(Director's Signature) (Date)

FOR CENTER USE

Center: _____ Date of Admission: _____ Age of Admission: _____

Date Registration Fee Received: _____ Director's Initials: _____

Date of Disenrollment: _____ Director's Initials: _____

IDENTITY VERIFICATION

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof	Date Documentation Viewed	Person Viewing Documentation	