



School Year 2019-2020

Dear Strawberry Point EDS Families,

Welcome to our school! My name is Nehad ElSayed and I am the director of the Bright Horizons Schools at Strawberry Point. Bright Horizons Schools provides the quality on-site before and after school program known as E.D.S. Our highly trained teachers look forward to providing exciting and educational activities for your child.

Enclosed you will find our application, FAQ's, an introduction to our WORLD curriculum, and Rate Sheet. E.D.S. fills rapidly so please submit your application *and fee* as soon as possible to ensure a spot for your child. You are encouraged to hand deliver forms to E.D.S. or to our mailbox in the elementary school office before **June 10**. You may also mail/deliver it to the UPS box (address below) at any time. *Please do not send mail to the school from June to August because mail is held by the Post Office until classes resume.*

If your child is on the waiting list to attend other schools be sure to specify which one(s) on your application and contact your preferred center to discuss it personally. Enrollment is center-specific and availability is different at each school, and we will work hard to place your child with your requested schedule at all your possible centers. Once you have been notified by the District that your child has been placed or transferred, contact us right away.

After you have returned your application to your E.D.S. center please print the required forms from our website, www.brighthorizons.com/edsstrawberry. **We must have a complete file before your child attends.** Both the Bright Horizons and State packets are requested back no later than August 1. Paper forms are available upon request. Please mail or hand deliver your completed forms to our UPS Box.

To request a change in your schedule please send your request *in writing 30 days in advance* via email at nehad.elsayed@brighthorizons.com or via the UPS Box. September schedule change requests must be received before August 1st. Requests received after August 1st will be reflected October 1st. We will do our best to accommodate your needs.

Email is our primary source of communication throughout the summer and the school year. Between June and early August we will email each family an acceptance letter with a schedule confirmation, center-specific information, online payment and Family Information Center details, and a link to our Bright Horizons Family Guide (almost everything is available in paper format upon request). We will also send the E.D.S. Newsletter, curriculum updates, and Open House invitation before school begins.

Your full August and September tuition is due August 25. We request that everyone sign up for Online Payments via the Family Info Center online portal; you can access your account online and tuition is paid automatically – no paper checks required!

E.D.S. at Tam Valley specializes in programming during the school year and we are closed for the summer. To reach us when school is open or to leave a voicemail anytime, call our office phone at 415-383-6204. During the summer and for time-sensitive concerns you can reach our Administrative Assistant, Heather Conway at heather.conway@brighthorizons.com. We look forward to getting to know your family!

Sincerely,

Nehad ElSayed, Site Director

Mailing address:

Strawberry Point EDS
117 East Strawberry Drive
UPS Box #386
Mill Valley, CA 94941



Bright Horizons Strawberry Point EDS
117 East Strawberry Drive
Mill Valley, CA, 94941
www.brighthorizons.com/edsstrawberry

Center Information:

(415) 383-6204
nehad.elsayed@brighthorizons.com

Hours of Operation:

Monday – Friday
1:15pm – 6:30pm

Teacher-Child Ratios:

Kindergarten: 1:14
School Age: 1:14

Meals:

Nutritious afternoon snacks provided daily

Highlights:

On-site location, on-site playground, after-school care, developmentally appropriate learning environments, homework support, exciting indoor and outdoor activities.



**EXTENDED DAY SERVICES (E.D.S.)
2019-2020 ENROLLMENT APPLICATION
Strawberry EDS**

Child's Full Name _____ School Attending _____
Nickname _____ Birthday _____ Gender _____ Grade in Sept. 2019 _____
Eye color _____ Hair color _____ Identifying Marks _____
Home Address _____ Home Telephone _____
Parent Name(s) _____ Work / Cell _____
_____ Telephone(s) _____

Parent e-mails: _____
(e-mail is the primary mode of communication about information, newsletters, classroom activities and events)

Does your child have food/activity restrictions, diagnosed allergies, special needs, custody arrangements, medical or other conditions? Please describe. _____

Who shall be the primary emergency contact? _____ primary payer contact? _____

I request my child attend E.D.S.: (Mark Days & Sessions)

☐ My child will attend on a drop-in basis only

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|--------|---------|---------------------------|----------|--------|
| Kindergarten Partial Afternoon 1:15-2:30 PM (1:40 at Strawberry) | | | Not available on Weds. | | |
| Kindergarten Full Afternoon 1:15-6:30 PM (1:40 at Strawberry) | | | | | |
| School Age Afternoon 2:30-6:30 PM (1:30 PM Weds.) | | | | | |

PAYMENT OF A NONREFUNDABLE \$50.00 FEE TO Bright Horizons IS DUE AT THE TIME OF APPLICATION.
Application does not guarantee placement. Your center management will contact you with availability after processing your application in the order of receipt. Families needing full time care are given priority. Original form must be submitted with the fee to be processed.

SIGNATURE _____ **DATE** _____

Application mailing addresses (be sure to specify which center on your envelope)
Please do not mail correspondence to the schools during the summer – it will not be processed until after school opens.

Old Mill, Strawberry or Tam Valley EDS
775 E. Blithedale Avenue, UPS Box #386
Mill Valley, CA 94941

Park or Edna Maguire EDS
775 E. Blithedale Avenue, UPS Box #393
Mill Valley, CA 94941

Tax ID # 04-2949680 www.brighthorizons.com

Child Information Form

Child's Name: _____ Primary Language: _____

Child's Address:

Street _____ City/Town _____ Zip Code _____

Place of Birth: _____ Date of Birth: ____/____/____

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:

Parent/Guardian Business Information

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Business Phone: _____

Business Phone: _____

E-mail Address: _____

E-mail Address: _____

Medical Information

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____ Gender ☐ M ☐ F

Identified Allergies:

Identifying Marks:

Health Insurance Provider:

Physician/Dentist Information

Name of Physician/Clinic: _____ Phone: _____

Physician Address:

Street City/Town Zip Code

Date of Child's Last Physical **(WA State Only)**:

Name of Dentist: _____ Phone: _____

Dentist Address:

Street City/Town Zip Code

Parent/Guardian Signature: _____ Date: _____

FOR CENTER USE: Center: _____ Date of Admission _____ Age of Admission: _____

Date Registration Fee Rec'd: _____ Director's Initials: _____

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES****To Be Completed by Parent or Authorized Representative**

| | | | | | |
|--|-----------|--------|-------|-------------------------------|-------------------------------|
| CHILD'S NAME | LAST | MIDDLE | FIRST | SEX | TELEPHONE () |
| ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | BIRTHDATE |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | HOME TELEPHONE () |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | HOME TELEPHONE () |
| PERSON RESPONSIBLE FOR CHILD | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE () | BUSINESS TELEPHONE () |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|-----------|---------|-------------------------|----------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐

CALL EMERGENCY HOSPITAL

☐

OTHER

EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |
| | |
| | |
| | |

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

BRIGHT HORIZONS/MARIN DAY SCHOOLS . This Child Care Center/School provides a program which extends from 7 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 6:30 a.m./p.m. , 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

| VACCINE | DATE EACH DOSE WAS GIVEN | | | | |
|---|--------------------------|-----|-----|-----|-------|
| | 1st | 2nd | 3rd | 4th | 5th |
| POLIO (OPV OR IPV) | / / | / / | / / | / / | / / |
| DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) | / / | / / | / / | / / | / 7 / |
| MMR (MEASLES, MUMPS, AND RUBELLA) | / / | / / | | | |
| HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B) | / / | / / | / / | / / | |
| HEPATITIS B | / / | / / | / / | | |
| VARICELLA (CHICKENPOX) | / / | / / | | | |

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
____ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
 - * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
 - * Live in out-of-home placements.
 - * Have, or are suspected to have, HIV infection.
 - * Live with an adult with HIV seropositivity.
 - * Live with an adult who has been incarcerated in the last five years.
 - * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
 - * Have abnormalities on chest X-ray suggestive of TB.
 - * Have clinical evidence of TB.
-

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

BRIGHT HORIZONS / MARIN DAY SCHOOLS TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: PENINSULA REGIONAL CHILD CARE OFFICE

Licensing Office Address: 851 TRAEGER AVE, STE 360, MS 29-24 SAN BRUNO CA 94066

Licensing Office Telephone #: 650-266-8843

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

BRIGHT HORIZONS / MARIN DAY SCHOOLS

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

LIC 995 (9/08)

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

PENINSULA REGIONAL CHILD CARE OFFICE

ADDRESS

851 TRAEGER AVE., STE 360, MS 29-24

CITY

SAN BRUNO

ZIP CODE

94066

AREA CODE/TELEPHONE NUMBER

650-266-8843

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

BRIGHT HORIZONS / MARIN DAY SCHOOLS

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT

| | | |
|--|--|------------|
| CHILD'S NAME | SEX | BIRTH DATE |
| FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME | DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? | |
| MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME | DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? | |
| IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? | DATE OF LAST PHYSICAL/MEDICAL EXAMINATION | |

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

| | | |
|------------|-------------------|-----------------------------|
| WALKED AT* | BEGAN TALKING AT* | TOILET TRAINING STARTED AT* |
| MONTHS | MONTHS | MONTHS |

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

| | | | | | |
|--|-------|---|-------|--|-------|
| <input type="checkbox"/> Chicken Pox | DATES | <input type="checkbox"/> Diabetes | DATES | <input type="checkbox"/> Poliomyelitis | DATES |
| <input type="checkbox"/> Asthma | | <input type="checkbox"/> Epilepsy | | <input type="checkbox"/> Ten-Day Measles (Rubeola) | |
| <input type="checkbox"/> Rheumatic Fever | | <input type="checkbox"/> Whooping cough | | <input type="checkbox"/> Three-Day Measles (Rubella) | |
| <input type="checkbox"/> Hay Fever | | <input type="checkbox"/> Mumps | | | |

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

| | | | |
|---------------------------------|--|------------------------|---|
| DOES CHILD HAVE FREQUENT COLDS? | <input type="checkbox"/> YES <input type="checkbox"/> NO | HOW MANY IN LAST YEAR? | LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF |
|---------------------------------|--|------------------------|---|

DAILY ROUTINES (*For infants and preschool-age children only)

| | | |
|---|----------------------------------|--|
| WHAT TIME DOES CHILD GET UP?* | WHAT TIME DOES CHILD GO TO BED?* | DOES CHILD SLEEP WELL?* |
| DOES CHILD SLEEP DURING THE DAY?* | WHEN?* | HOW LONG?* |
| DIET PATTERN: (What does child usually eat for these meals?) | BREAKFAST LUNCH DINNER | WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____ |

| | |
|--------------------|----------------------|
| ANY FOOD DISLIKES? | ANY EATING PROBLEMS? |
|--------------------|----------------------|

| | | | |
|--|-------------------------|--|----------------------|
| IS CHILD TOILET TRAINED?* | IF YES, AT WHAT STAGE:* | ARE BOWEL MOVEMENTS REGULAR?* | WHAT IS USUAL TIME?* |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|---------------------------------|--------------------------|
| WORD USED FOR “BOWEL MOVEMENT”* | WORD USED FOR URINATION* |
|---------------------------------|--------------------------|

PARENT’S EVALUATION OF CHILD’S HEALTH

| | | | |
|--|-------------------------|--|---|
| IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)? | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DOES CHILD USE ANY SPECIAL DEVICE(S): | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? | IF YES, WHAT KIND: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

| | |
|--------------------|------|
| PARENT'S SIGNATURE | DATE |
|--------------------|------|

Rights of the Licensing Agency: Section 101200 (b) & (c)

The Department or Licensing Agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any children or staff members. The Department has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. Records may be removed for copying if necessary.

Child's Name

Parent/Guardian Signature

Date

Center Director Signature

Date

new!

California Car Seat Law Changes

EFFECTIVE JANUARY 1, 2017



NEW ADDITION

Starting January 1, 2017, children under 2 years old must be rear facing unless they weigh 40 pounds or more, or are 40 inches tall or more.

Children must be properly buckled in a car seat which is rear facing until age 2

CURRENT LAW

Children under age 8 must be buckled into a car seat or booster in the back seat.

Children age 8 or older, or who are 4'9" or taller, may use the vehicle seat belt if it fits properly with the lap belt low on the hips, touching the upper thighs, and the shoulder belt crossing the center of the chest. If children are not tall enough for proper belt fit, they must ride in a booster or car seat.

Everyone in the car must be properly buckled up.

Most children will outgrow an infant seat before age 1

- The next step is a convertible car seat.
- Rear facing is 5 times safer than forward facing.
- The American Academy of Pediatrics recommends that children ride rear facing to the highest weight or height allowed by the car seat manufacturer.

Kaitlyn's Law

It's against California law to leave a child who is 6 years of age or younger alone in the car without the supervision of a person at least 12 years old if:

1. The keys are in the ignition or the car is running, or
2. There is a significant risk to the child.

FINES & PENALTIES

For each child under 16 who is not properly secured, parents (if in the car) or drivers can be fined more than **\$500** and get a point on their driving records.

Keep your children safe. It's the law!



For answers to your child safety seat questions, contact your local health department or visit cdph.ca.gov/vosp.

Bright Horizons® Informed Consent

Child's Name: _____

ACCESS

I will have access to the center without notice when my child is present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

CHILD RELEASE

For a child's safety, Bright Horizons will release a child only to parent(s)/legal guardian(s) or to the third parties I authorized below. Parents/guardians are required to provide a current copy of any relevant Custody Order. Third party pick-up is subject to the following rules:

- At least two people other than the parents/guardians must be listed and designated as emergency contacts by checking the corresponding box below. Emergency contacts will be contacted if parents/guardians cannot be reached.
- If the person picking up is listed below, but does not pick up the child regularly, I will notify the center **verbally, in advance**. Verbal authorization is not permitted for any person not listed on this form.
- If the person picking up is **NOT** listed below, I must notify the center/school **in writing, in advance**. (Note: In RI, parents/guardians must also provide notice in person and in writing.)
- Photo identification will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.

THE FOLLOWING PEOPLE (WHO ARE NOT PARENTS/GUARDIANS) ARE AUTHORIZED TO PICK UP MY CHILD.

NAME

ADDRESS

CITY/TOWN/STATE/ZIP

RELATIONSHIP TO CHILD

DAYTIME PHONE

CELL PHONE

E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY?

☐ YES

☐ NO

NAME

ADDRESS

CITY/TOWN/STATE/ZIP

RELATIONSHIP TO CHILD

DAYTIME PHONE

CELL PHONE

E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY?

☐ YES

☐ NO

NAME

ADDRESS

CITY/TOWN/STATE/ZIP

RELATIONSHIP TO CHILD

DAYTIME PHONE

CELL PHONE

E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY?

☐ YES

☐ NO

Bright Horizons will not release a child to anyone who appears impaired. If an impaired person attempts to pick up your child, pick-up will be refused and we will attempt to contact the other parent/guardian or authorized persons. If alternative arrangements cannot be made, the local child protective services agency and/or the local police will be called, as required by state licensing.

WALK PERMISSION

Weather permitting, children may go on walks supervised by staff in the surrounding area. Infants and young toddlers are transported in a buggy or stroller. Children may be taken to the areas listed below, which are not part of our licensed premises.

- ☐ I give permission for my child to participate in walks.

Preschool and school-age children may take field trips. A separate **Field Trip Permission Slip**, describing the activity, will be sent home for signature.

PARENT/GUARDIAN INITIALS: _____

PHOTOGRAPHY & VIDEO PERMISSION

Bright Horizons regularly takes photographs and videos of children enrolled for its business purposes. Bright Horizons retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment. They may be shared with you and other families on a Bright Horizons' website, by e-mail, by posting in the center, or in a parent newsletter. They may be used to better communicate with families, to illustrate the daily curriculum, to chronicle a child's development, or to document center activities. They may be used for other center, general business, and marketing purposes, including online. Bright Horizons takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful and safe manner.

- ☐ I give permission for Bright Horizons to take photographs and videos of my child and use these materials for its business purposes.

CHILD ILLNESS

If my child becomes ill, I will be called. I may be required to pick up my child as soon as possible (within 90 minutes at most). A child must remain out of the center until he/she is symptom free for 24 hours, unless a doctor's note is provided which states that the child is 1) not contagious; and 2) can participate in group care. The Family Guide contains Bright Horizons' full Child Illness Policy, including protocols for contagious illnesses.

FAMILY GUIDE ACKNOWLEDGEMENT

By signing below, I acknowledge and agree that: 1) in addition to this Informed Consent, I received the Bright Horizons Family Guide or client equivalent, as well as any center-specific information and relevant state policies; 2) it is my responsibility to read and familiarize myself with all these materials and address any questions with center management; and 3) I will abide by these materials.

I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS NOTED ABOVE.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE



Annual parent/guardian review and signature is required by Bright Horizons and some state licensing agencies. If any changes are necessary, a new form will be completed.

PARENT/GUARDIAN SIGNATURE

REVIEW DATE

PARENT/GUARDIAN SIGNATURE

REVIEW DATE

PARENT/GUARDIAN SIGNATURE

REVIEW DATE

CHILDREN'S INJURIES

If my child sustains a minor injury during care, I will receive an Occurrence Report when I pick-up describing the incident. I will be contacted immediately if the injury produces any swelling, is on the face or head, or requires medical attention.

EMERGENCY MEDICAL CARE

If emergency medical attention is needed for my child, _____, the center will attempt to contact me or the emergency contacts listed (if I cannot be reached). I authorize Bright Horizons to call an ambulance to transport my child for medical treatment to the closest hospital or medical facility, or to _____ my preferred facility, if possible.

Staff is trained in pediatric first aid and CPR and I authorize staff to administer the same. My child's health information may be viewed by staff, on a need to know basis, and state licensors for compliance.

CHILD'S HEALTH INSURANCE PROVIDER

NAME OF INSURED

POLICY NUMBER

BRIGHT HORIZONS ENROLLMENT AGREEMENT

Welcome to Bright Horizons! We look forward to a healthy and happy relationship with your family. The following policies were created to promote the smooth operation and safety of the program while providing care for the children.

TUITION AND FEES

1. Please specify the days and hours your child, _____ will attend:
Monday: _____ Tuesday: _____ Wednesday: _____
Thursday: _____ Friday: _____
If your hours change in any way, notify Bright Horizons immediately. Tuition rates will be adjusted to reflect any permanent change in hours.
2. You are required to give one month's notice in writing of any reduction in your child's schedule, or in the case of a client center, the notice required by your employer. Tuition will be reduced to the new rate thirty (30) days after notice is received. If your child's schedule changes in any way, Bright Horizons cannot guarantee that a space will be available.
3. Tuition of \$_____ is due in advance each _____ via online recurring payment, where available, or by payroll deduction if available through your employer. Tuition will not be reduced for any absences, including vacations, illnesses, or holidays. You will be charged for any other hours of care in addition to your child's usual schedule. Bright Horizons reserves the right to change tuition rates and you will be notified of any change at least thirty (30) days prior to its implementation. Tuition is based on ratios in assigned classrooms.
4. Your first tuition payment of \$_____ will reserve your child's space. If Bright Horizons is unable to provide a space for your child, this payment will be refunded.
5. When you withdraw your child, you must give at least thirty (30) days written notice **prior to withdrawal**, or in the case of a client center, the notice required by your employer. You agree to pay all tuition and fees for the thirty (30) days following your notice to the Center, even if your child is not in attendance.
6. Tuition is paid in advance and is due by:
 - The 25th of the prior month, for monthly payments.
 - The prior Friday, for weekly payments (where applicable).
 - Other: _____ (where applicable).If the full tuition is not received when due, a late fee of \$_____ per day will be added until the tuition is paid in full. Although payments may be split between parents or supported by a subsidy, each parent is responsible for timely payment of the full tuition. If payment is delinquent for one week or more, care may be suspended until the full balance is current and your child's space will not be reserved. Tuition is due regardless of a child's absence from the program for any reason, and is required to hold a child's space.
7. A non-refundable registration fee of \$_____ is due at the time of registration, if applicable. A re-registration fee is due annually and subject to change. If your child withdraws from the program and later re-enrolls, a new registration fee is due at that time.
8. A late pick-up fee of \$_____ per child is payable for each minute your child(ren) remains after closing. This fee is subject to change.
9. A \$25.00 fee will be charged for a check returned for insufficient funds. If this occurs more than once, Bright Horizons may require payment by another method for enrollment to continue.
10. Your child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event. Notices will be posted in advance. A signed permission slip will be required in order for your child to participate in a field trip.
11. If your tuition is subsidized, any misrepresentation of gross household income or subsidy status may result in dismissal from the program and/or retroactive charges for all underpaid tuition.

COMINGS AND GOINGS

1. The Center is open from _____ a.m. to _____ p.m., Monday-Friday. The Center is closed for certain holidays. The Center's hours and holiday schedule are set and posted annually, but may be changed at any time with thirty (30) days' prior notice.
2. The Center will be open whenever possible on a regularly scheduled day, during usual business hours. The procedure for notifying families of closures or late openings due to severe weather or other conditions will be posted. If it is necessary to close early, it will be your responsibility to arrange for your child's early pick up. There will be no tuition credit for any time the Center must close.
3. Your child will only be released to you or to the persons you have listed on the *Informed Consent Form/Child Release*. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified on the *Child Release* to pick up your child, you must notify Center management in advance, in writing. **Your child will not be released without prior written authorization.**
4. Late pick-up is an exceptional occurrence and not a normal program option. It can be distressing for children to be left in the care of others after-hours. Staff work long days and expect to leave at the end of their scheduled times. Please allow enough time to arrive at the Center, pick up your child and leave by closing time. If a child has not been picked up after closing and we have not heard from you, we will attempt to contact you and then the emergency contacts listed on the *Child Release*. Provisions will be made for someone to stay with your child as long as possible, but if we are unable to reach you or an emergency contact after two hours, we will call the local child protective services agency and/or the local police as required by state licensing. Repeated late pick-ups may result in dismissal from the program.
5. Bright Horizons legally cannot deny access to or release of a child to either parent/guardian, unless there is an active restraining order, a specific schedule of court-ordered visitation rights, or other Court Order in place. If the family is not in agreement or the situation is unclear, we will require the family to return to the court to resolve their differences.

MEDICAL POLICIES

1. Prior to enrollment, you must give the Center current medical and immunization records for your child, which must be updated annually. Children without appropriate, current medical records may not attend the Center.
2. If you are notified that your child is ill, you must pick up your child within 90 minutes. If your child is absent due to a reportable disease, your child may return only with a physician's note indicating that he or she is no longer contagious (see the *Child Illness Policy* in the *Bright Horizons Family Guide*).
3. We will administer medication as outlined in our *Medication Policies* (see the *Bright Horizons Family Guide*).
4. In case of emergency, you agree that Bright Horizons has your permission to administer first aid or to obtain emergency medical treatment in the child's best interest (see the *Informed Consent Form/Emergency Medical Care*).
5. Student accident insurance is provided by Bright Horizons. This is a **secondary insurance that will help defray the cost of out-of-pocket medical expenses** which are not covered by a family's primary insurance and **relating to an injury while the child is in the program**.

MISCELLANEOUS

1. In an effort to maintain the professional status of our staff and prevent any potential conflict of interest, babysitting by Center staff is discouraged. However, should you hire any Center staff, it must be outside the Center premises and with the understanding that such arrangement and payment for services are solely between you and the staff member. These arrangements are not sanctioned by the Center, client, or by Bright Horizons, and you agree to hold Bright Horizons harmless from any liability arising from such arrangement. In addition, if a staff member leaves Bright Horizons' employment to work for you within six (6) months of his or her departure; you agree to pay a placement fee of \$5000.
2. It is our expectation that a child can be safe in our group program without dedicated one on one care. If Bright Horizons is concerned that your child's needs are not being met in our group program, we will involve you in the process of identifying the issues and working toward resolution. However, if after reasonable and appropriate interventions have been tried, Bright Horizons determines that your child cannot participate safely in our group program, we may require that your child be suspended until our concerns are adequately addressed. If Bright Horizons believes, in its sole discretion, that the actions of a parent or guardian are disruptive, inappropriate or inconsistent with the Center's best interests, it may elect to end its relationship with the family.

This Enrollment Agreement is not intended to be all inclusive. Other terms and conditions of your child's enrollment are contained in our Family Guide. Your enrollment is also subject to all of Bright Horizons' policies and procedures which may change from time to time. Your tuition is subject to adjustments to reflect changes in your child's schedule and/or classroom as he/she ages up through our program.

I acknowledge that I have received a copy of the *Bright Horizons Family Guide*, which is intended to supplement this Agreement. I understand it is my responsibility to contact Bright Horizons with any questions I have about the information contained in the *Family Guide* or any document relating to enrollment policies and procedures.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Center Director: _____ Date: _____

BRIGHT HORIZONS ENROLLMENT AGREEMENT ADDENDUM

Parents are responsible for understanding and complying with the following safety policies to protect your children and allow for smooth operation of our programs. These policies supplement those reflected in the Enrollment Agreement, the Informed Consent and the Family Guide. **Repeated failure to comply with these policies (either separately or in combination), may result in your family's disenrollment from the Center.**

TUITION AND FEES

| | |
|---------------------------|---|
| Late Pick-up Fees: | \$1.00 per minute per child |
| Sign-in/out failure fees: | \$25 second failure |
| | \$50 third failure |
| | \$150 fourth and subsequent failure, plus any fine assessed against the Center |

COMINGS AND GOINGS

Late Pick-ups: Children are expected to be picked-up in a timely manner when their program ends, and the late pick-up policy applies for every program. Late pick-up may be excused if there is a common problem or an emergency impacting a group of parents. Late fees are charged at a rate of \$1.00 per minute per child, and are due to the school within 48 hours. Each late pick-up will result in a written notice with the applicable charge, which will be recorded in the school office. The third notice will be considered the final notice, with disenrollment occurring on the 4th event.

Authorized Pick-ups: As fully described in the Informed Consent, E.D.S. can only release a child to those persons identified on the signed Authorized Pick-up list, unless the parent provides advance written notice with parent signature. The written notice may be provided in the parent log or a scanned note attached to an email. Anyone picking up a child must be prepared to provide a photo ID.

Unreported Absences: If a child does not arrive as scheduled, it is cause for alarm and immediate action by staff to locate the child. If parents fail to notify E.D.S. in advance of an absence for any reason (illness, emergency, vacation, play dates, early pick-up from school, etc.), this will result in a written notice. The third notice will be considered the final notice, with disenrollment occurring on the 4th event.

Signing In and Out: Parents or parent-authorized adults are required to sign a child in/out to meet the requirements of our license. Failure to do so may result in administrative action and financial penalties assessed against the School by the California State Department of Social Services. E.D.S. staff will only sign children in or out that are going to or coming directly from the elementary school. If you fail to properly sign your child in or out, the following consequences will apply:

First failure: You or a person on your authorized pick-up list will be called and required to return to the center to sign your child in or out or to pick up your child. If you do not return, disenrollment will result.

Second failure: You will be required to return and fined \$25 payable to the center within 48 hours.

Third failure: You will be required to return and fined \$50 payable to the center within 48 hours.

Subsequent failures: You will be required to return and to pay \$150 per additional incident in addition to any fine assessed against the Center.

Updated 4/2017

This Enrollment Agreement is not intended to be all inclusive. Other terms and conditions of your child's enrollment are contained in our Family Guide. Your enrollment is also subject to all of Bright Horizons' policies and procedures which may change from time to time. Your tuition is subject to adjustments to reflect changes in your child's schedule and/or classroom as he/she ages up through our program.

I acknowledge that I have received a copy of the *Bright Horizons Family Guide*, which is intended to supplement this Agreement. I understand it is my responsibility to contact Bright Horizons with any questions I have about the information contained in the *Family Guide* or any document relating to enrollment policies and procedures.

Child's Name: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Signature Center Director: _____

Date: _____

For office use only: Record of Policy Notices

| Date | Reason & Notes | Notice # |
|------|----------------|----------|
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EDS Enrollment Agreement Addendum
Updated 4/2017



Enrichment Acknowledgement and Activity Policy

Bright Horizons E.D.S. provides an array of wonderful experiences for the children. Parents have the option to sign children up to participate in enrichment or recreational programs outside of E.D.S. The Parks and Recreation Department offer on-site enrichment classes at each campus. There may also be Girl Scouts, Boy Scouts and sport programs. Please understand the following policies are in effect if your child is going to participate in activities that take place on their regular scheduled E.D.S. day:

- Enrichment class instructors/coaches/troop leaders' **full, legal names** must be added onto each child's Bright Horizons Child Release Form as an authorized pick up. Children cannot be released to any adult without prior, written parental consent.
- All children must be picked up and signed out by the designated enrichment instructor/ coach/troop leader or other parent-authorized adult.
- Children scheduled to return to Bright Horizons Schools E.D.S. must be escorted and signed back into E.D.S. by the parent-authorized adult.
- Parents need to notify their E.D.S. center if their child will be picked up directly from the after school activity.
- Bright Horizons Schools E.D.S. is not responsible for missed enrichment classes.
- Bright Horizons Schools E.D.S. is not responsible for children once they have been released from our care and direct supervision.

Our priority is for the safety of every child in our care and it is critical that the E.D.S. faculty know where each child is at all times.

I acknowledge that I have received a copy of the Bright Horizons E.D.S. Enrichment Acknowledgement and Activity Policy.

I understand that it is my responsibility to contact E.D.S. with any questions, and make any changes in writing that are in effect during the time my child is in E.D.S. care and supervision.

CHILD'S NAME _____

PARENT'S SIGNATURE _____

DATE: _____

Enrichment Authorizations

I / We agree that the following Enrichment Instructor(s)/Coach(es)/Troop Leaders are authorized to sign my child out of EDS for onsite class(es) only for this school year. The authorized adult(s)' full names are:



E.D.S. Policy Acknowledgement

Parents are responsible for understanding and complying with the following safety policies to protect your children and allow for smooth operation of our programs. These policies supplement those reflected in the Enrollment Agreement, the Informed Consent and the Family Guide. **Repeated failure to comport with these policies (either separately or in combination,) may result in your family's disenrollment from the Center.**

Authorized Pick-ups: As fully described in the Informed Consent, E.D.S. can only release a child to those persons identified in the signed Authorized Pickup list, unless advance written notice is provided by a the parent. The written notice required may be provided in the parent log or a scanned note attached to an email. Anyone picking up a child must be prepared to provide a photo ID.

Late Pick-ups: Children are expected to be picked-up in a timely manner when their program ends, and the late pick-up policy applies for every program. Late pick-up may be excused if there is a common problem or an emergency impacting a group of parents. Late fees are charged at a rate of \$1.00 per minute per child, and are due to the school within 48 hours. Each late pick-up will result in a written notice with the applicable charge, which will be recorded in the school office. The third notice will be considered the final notice, with disenrollment occurring on the 4th event.

Unreported Absences: If a child does not arrive as scheduled, it is cause for alarm and immediate action by staff to locate the child. If parents fail to notify E.D.S. in advance of an absence for any reason (illness, emergency, vacation, play dates, early pick-up from school, etc.), this will result in a written notice to parents. The third notice will be considered the final notice, with disenrollment occurring on the 4th event.

Signing In and Out: Parents required to sign a child in/out to meet the requirements of our license. A parent's failure to do so may result in administrative action and financial penalties assessed against the School by the California State Department of Social Services. E.D.S. staff will only sign in children coming directly from the elementary school. If you fail to properly sign your child in or out, the following consequences will apply:

First failure: You or a person on your authorized pick-up list will be called and required to return to the center to sign your child in or out or to pick up your child. If you do not return, disenrollment will result.

Second failure: You will be required to return and fined \$25 payable to the center within 48 hours.

Third failure: You will be required to return and fined \$50 payable to the center within 48 hours.

Subsequent failures: You will be required to return and to pay \$150 per additional incident in addition to any fine assessed against the Center.

By signing below, I agree to comport with these requirements and understand the consequences for non-compliance include disenrollment from the Center.

CHILD'S NAME _____

PARENT'S SIGNATURE _____

DATE: _____

For office use only: Record of Policy Notices

| Date | Reason & Notes | Notice # |
|------|----------------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |

Sunscreen and Insect Repellent - Permission

Sunscreen and insect repellent should be applied to a child at least once at home to test for any allergic reaction. Aerosol sprays are prohibited.

Sunscreen/sun block must provide UVB and UVA protection with an **SPF of 15 or higher**. Sunscreen **may not** be used on infants under **6 months** of age unless accompanied by a doctor's note.

Insect repellent may only be used if recommended by public health authorities or requested by a parent/guardian. The repellent must contain a concentration of **30% DEET or less**. Insect repellent **may not** be used on infants under **2 months** of age. Oil of lemon eucalyptus and para-methane products may not be used on children under the age of three.

All sunscreen/sun block and insect repellent provided by a parent/guardian must be:

- provided in the original container;
- clearly labeled with the child's full name;
- within the expiration date;
- appropriate for the age of the child; and
- free of nut ingredients.

I give Bright Horizons permission to apply (*name of sunscreen*) _____
and/or (*name of insect repellent*) _____
when outdoor conditions warrant and consistent with package instructions (subject to any special instructions below) to my child, _____>

From: ____/____/____ To: ____/____/____ (not to exceed one year)

Special Instructions

Sunscreen/Sun Block: _____

Insect Repellent: _____

(Parent/Guardian Signature)

(Date)

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART**NOTE:** Regulation Section 101221 requires the following information be on file.

| | | |
|-------------------------|-----------------|-------|
| CHILD CARE CENTER NAME: | LICENSE NUMBER: | DATE: |
|-------------------------|-----------------|-------|

PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

| | |
|-----------------|---------------|
| CHILD'S NAME | DATE OF BIRTH |
| MEDICATION NAME | DOSAGE |

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

| | |
|---------------------|-------|
| PARENT'S SIGNATURE: | DATE: |
|---------------------|-------|

MEDICATION CHART
Staff Documentation of Medicine Administration

| | | |
|------|------------|-----------------|
| DATE | TIME GIVEN | STAFF SIGNATURE |
| DATE | TIME GIVEN | STAFF SIGNATURE |
| DATE | TIME GIVEN | STAFF SIGNATURE |
| DATE | TIME GIVEN | STAFF SIGNATURE |
| DATE | TIME GIVEN | STAFF SIGNATURE |

Upon completion, return medicine to parent or destroy, and place form in child's record.

| | |
|-------|------|
| STAFF | DATE |
|-------|------|

Suspected Allergy/Food Intolerance Form

This form is to be completed by the parent/guardian when the parent/guardian suspects their child may be allergic to a product or has a food intolerance; however, has not received a medical diagnosis or a health care plan from the child's medical provider.

Note: If the suspect allergy or food intolerance is medically diagnosed, a Health Care Plan completed and signed by the child's medical provider is required (provided by the center).

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

My child has a:

☐ suspected allergy

☐ food intolerance to:

I suspect /am concerned my child may be allergic for the following reasons:

☐ No previous exposure

☐ Family history

☐ Previous reaction (please explain/date of reaction): _____

☐ Other: _____

I understand that Bright Horizons requires the most up to date information regarding my child's suspected allergy/food intolerance. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classrooms and kitchen.

Parent/Guardian Signature

Date

This form must be updated annually or whenever there is any change in treatment or the child's condition changes.

To eliminate the suspected allergy or food intolerance and allow your child to eat the suspected item(s) while at Bright Horizons, please complete the following.

I _____, acknowledge that my child no longer has a suspected allergy to _____ and may now be served this item(s) while at Bright Horizons.

(Signature of the Parent/Guardian)

(Date)