

## Registration Form

Date of Enrollment: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer or School: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employment Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Father's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer or School: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employment Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Other persons authorized to pick up your child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Emergency Contact (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Allergies:**

Allergen: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergen: \_\_\_\_\_ Reaction: \_\_\_\_\_

Is your child a "bleeder"? \_\_\_\_\_

Special Medication: \_\_\_\_\_

What illness has he/she have or had? (mumps, chicken pox, asthma, etc.) \_\_\_\_\_

\_\_\_\_\_

Are there any physical limitations? \_\_\_\_\_ If yes, please list them all \_\_\_\_\_

\_\_\_\_\_

Any other information about your child's habits or personality that could be useful:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Transportation policy**

The children will be transported to and from school but also during field trips in the van. As always, safety is our main concern and all possible precautions will be taken to insure your child's personal safety during transportation. The van is fully insured and is checked by a mechanic twice per year. The staff-child ratio in the van shall be in compliance with state licensing regulations. Each child will have a seat and remain seated: available seat belts will be used. Children shall never be left unattended in the van nor shall any child be dropped off at a location where he/she would be left unattended. Children will not be left at a location which would require them to cross the street unless accompanied by an adult.

Please circle which one you prefer:

I do/ do not want my child/children \_\_\_\_\_ transported to/from school also during field trips by Bright Start Childcare.

\_\_\_\_\_  
Parent Signature

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### **Release**

Bright Start Childcare & Preschool has my permission to transport (child's name) \_\_\_\_\_ on excursions or other planned field trips away from the center. I realize that I will be given notification of all scheduled field trips and my child will not be removed from premises unless previously notified. I understand that all precautions will be taken to insure the safety and health of my child. I further understand that neither the Bright Start Childcare & Preschool nor any of its paid or volunteer workers can be held responsible in the event of an accident or accidental death.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Medical Release

In case of an emergency, Bright Start Childcare & Preschool has my permission to transport my child/children \_\_\_\_\_ to the nearest medical facility for treatment. In the event that I cannot be reached, Bright Start Childcare & Preschool has my permission to act on my behalf for any medical care deemed necessary by the attending physicians to insure the health of my child.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

Child's Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company:  
\_\_\_\_\_

Policy Number:  
\_\_\_\_\_

Mother's SSN: \_\_\_\_\_

Father's SSN: \_\_\_\_\_

I have read all the above material and agree to all policies of Bright Start Childcare & Preschool. I also agree to pay all fees and to keep my account current. I understand that if I withdraw my child/children from Bright Start Childcare & Preschool and have an outstanding balance, I will be responsible not only for the balance in full, but also for any expenses incurred by Bright Start Childcare & Preschool while collecting this debt.

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Mother's Signature

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Date

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Father's Signature

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Date

**Permission to Apply Diaper Cream, Sunscreen and/or Bug Repellant**

Name of child: \_\_\_\_\_

As the parent/guardian of the above child, I give permission for the staff of Bright Start Childcare and Preschool to apply diaper rash cream, sunscreen and/or bug repellant provided by me for my child.

Please circle all that you give permission for Bright Start Childcare and Preschool to use on your child. All diaper rash cream, sunscreen and bug repellant must be provided by the parent/guardian.

Diaper Rash Cream

Sunscreen

Bug Repellant

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

We like to incorporate pets in our classroom from time to time to enhance your child's learning environment. Some of the animals that may be a part of your child's preschool classroom could be fish, a hamster, hermit crab and/or a rabbit. Your child's encounters with our classroom pets will take place only with close teacher supervision. Please sign below giving us permission to incorporate pets into your child's learning experience with us.

Parent/Guardian Signature \_\_\_\_\_

**Bright Start Child Care Information Form for Emergency/ Preparedness**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer/ School Name & Address:  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail:  
\_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer/ School Name & Address:  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail:  
\_\_\_\_\_

Please list one additional person to be contacted if neither parent is able to be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer/ School Name & Address:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In Emergencies requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

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



Does your child have any medical condition that we should know about in case of emergency evacuation? Is he/she on any medications?

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