

How did you first hear about Bright Haven (if referred, please let us know who to thank): _____

Bright Haven Christian Learning Center

Child Care Registration Form

ALL items on this form MUST be completed by parent/guardian. We cannot accept this form if it has ANY blanks.

Date of Enrollment: _____

Start Date: _____

Name of Child: _____ Birthdate: __/__/__ (Due Date: _____) Sex: M__ F__

Child's Physician: _____ Phone: _____

Physician's Address: _____

Who does child live with? Parents Grandparents Legal Guardian Other: _____

Who is assuming financial responsibility? _____
SSN _____ DL# and State _____

I prefer to have invoices emailed to: _____

Full name of Mother: _____ Birthday: _____

Mother's Email: _____

Full name of Father: _____ Birthday: _____

Father's Email: _____

Please place an asterisk by the preferred contact phone #

Mother's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of work: _____ Hours: _____

Father's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of work: _____ Hours: _____

Person(s) to contact in case of emergency/Authorized to pick up child (other than listed above):

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home/Cell Phone: _____ Home/Cell Phone: _____

Work Phone: _____ Work Phone: _____

Address: _____

Other Person(s) Authorized to pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Names of other children in family:

Name: _____ Birthdate: __/__/__

Name: _____ Birthdate: __/__/__

Name: _____ Birthdate: __/__/__

Are your Child's immunizations up to date? Yes () No ()

If no please explain: _____

Note: attach a copy of immunization record, birth certificate, and medical insurance information/card

Child's Health History

Does child have any known health problems? Yes () No () (If yes attach documentation)

Check (✓) any of the following illnesses the child has had:

- Asthma Earaches Mumps Whooping Cough Bronchitis
Eczema Pneumonia Polio Chicken Pox Frequent Colds
Croup Convulsions Measles Influenza Rheumatic Fever
Diphtheria Tonsillitis Tonsillitis Other: _____

Please list any injuries child has had: _____

Does your child have any known allergies? Yes () No () If yes, what are they and what are your child's reactions: _____

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken: _____

Do you have any concerns about your child's development? Yes () No () If yes please comment: _____

Please comment on any other medical information/special needs the child care provider should be aware of: _____

Sunscreen/Topical Ointment/Essential Oils Permission

I authorize Bright Haven CLC to apply sunscreen to my child during the months of May through August. I understand I am responsible for supplying one bottle of Coppertone Babies Lotion SPF50+ if my child's playground time is scheduled for 11am or later. Sunscreen will be applied to face, back of neck, and arms. I understand I am responsible for applying sunscreen to my child if his/her playground time is scheduled before 11am (sunscreen will not be applied by BHCLC for morning playground times).

(Initials of parent/guardian)

I authorize the child care provider/staff to apply antibiotic ointment or essential oils to my child for first aid, and understand that essential oils will be used inside the classroom and building.

(Initials of parent/guardian)

Photography/Videography/Social Media Release

I understand that Bright Haven CLC has live feed cameras in the building available only to current families and administrative staff. I also understand photos and videos are used as part of assessing children and are maintained in their electronic portfolios.

(Initials of parent/guardian)

I authorize Bright Haven CLC to use any photography/videography of my child for publicity purposes (i.e. website, social media, marketing brochures, etc. Names will not be used).

(Initials of parent/guardian)

I authorize the child care provider/staff to obtain the following services for this child if necessary: Public Health Nurse, Physician and/or Ambulance in the event of an emergency. Ambulance fees and/or health care costs are the responsibility of the parent/guardian.

(Date)

(Signature of parent/guardian)

(Signature of child care provider)

(Signature of parent/guardian)