

How did you first hear about BH (if referred, please let us know who to thank): \_\_\_\_\_

Bright Haven Children's Learning Center

## 2025-2026 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: \_\_\_\_\_ Days Enrolled (FT,MWF,TH) \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (Due Date: \_\_\_\_\_) Sex: \_\_\_\_\_

Who does child live with? Parents ☐ Grandparents ☐ Legal Guardian ☐ Other: \_\_\_\_\_ ☐

Who is assuming financial responsibility? \_\_\_\_\_

SSN \_\_\_\_\_ DL# and State \_\_\_\_\_ Email \_\_\_\_\_

### FAMILY INFORMATION

Full name of Parent/Guardian #1: \_\_\_\_\_ Birthday: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ #1's Email: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Is this the preferred\* contact? Y N

Home Address: \_\_\_\_\_ Address has changed in last 6 months: \_\_\_\_\_

Place of work: \_\_\_\_\_ Position: \_\_\_\_\_ Hours: \_\_\_\_\_

Full name of Parent/Guardian #2: \_\_\_\_\_ Birthday: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ #2's Email: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Is this the preferred\* contact? Y N

Home Address: \_\_\_\_\_ Address has changed in last 6 months: \_\_\_\_\_

Place of work: \_\_\_\_\_ Position: \_\_\_\_\_ Hours: \_\_\_\_\_

*\*This is who we will call FIRST when calling a parent/guardian at any point.*

### EMERGENCY CONTACTS: (CANNOT BE ANYONE LISTED ABOVE)\*\*

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

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

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

Address\*\*: \_\_\_\_\_

**\*\*We are required to have 2 Emergency Contacts and 1 additional address on file. Please make sure not to leave any of the above blank. Please do not list anyone entered as Parent or Guardian.**

### AUTHORIZED PICK-UP LIST:

Name and Phone #: \_\_\_\_\_ Name and Phone #: \_\_\_\_\_

Name and Phone #: \_\_\_\_\_ Name and Phone #: \_\_\_\_\_

Name and Phone #: \_\_\_\_\_ Name and Phone #: \_\_\_\_\_

### NAMES OF OTHER CHILDREN IN FAMILY:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## CHILD'S HEALTH HISTORY

Are you interested in information about ARKids 1st (Medicaid): ☐ Yes ☐ No

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Are your child's immunizations up to date? Yes ☐ No ☐ If no, please explain\*: \_\_\_\_\_

*\*If delayed, due to medical reasons, please provide a doctor's note.*

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

Check (✓) any of the following medical conditions, illnesses, and diagnoses the child has had:

- ☐ Asthma ☐ Earaches ☐ Mumps ☐ Whooping Cough ☐ Bronchitis ☐ Eczema ☐ Pneumonia ☐ Polio ☐ Chicken Pox  
☐ Frequent Colds ☐ Croup ☐ Seizures ☐ Measles ☐ Influenza ☐ Rheumatic Fever ☐ Diphtheria ☐ Tonsillitis  
☐ Birthmarks ☐ Other: \_\_\_\_\_

Please list any injuries child has had: \_\_\_\_\_

Does your child have any known allergies? Yes ☐ No ☐

If yes, please list allergies + 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 applying sunscreen to my child if his/her playground time is scheduled before 10am (sunscreen will not be applied by BHCLC for morning playground times).

\_\_\_\_\_ I authorize the childcare provider/staff to apply antibiotic ointment and understand that essential oils will be used inside the classroom and building.

## 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.

\_\_\_\_\_ 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).

\_\_\_\_\_ I authorize the childcare 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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only:* Director's Signature: \_\_\_\_\_