

Bright Horizons Childcare Registration

Child's Full Name _____
Nickname _____
Birth Date: _____
Date of Enrollment _____
Address: _____
City _____
State _____
Zip Code _____
Home Phone _____

Mother's Full Name _____
Mother's Address: _____
City _____
State _____
Zip Code _____
Mother's Home Phone _____

Mother's Employer _____
Employer's Address _____
City _____
State _____
Mothers Occupation: _____
Hours at work: _____ to _____
Days at work: _____
Work Phone: _____ ext. _____
Pager or Cell # _____

Father's Full Name: _____
Father's Address _____
City _____
State _____
Zip Code _____
Father's Home Phone _____

Father's Employer _____
Employer's Address _____
City _____
State _____
Father's Occupation: _____
Hours at work: _____ to _____
Days at work: _____
Work Phone: _____ ext. _____
Pager or Cell # _____

(Next Section Fill out only if applicable)

Parent/Guardian with legal custody: _____
Decree on file? Yes or No (circle)
Parents are: Married / Divorced / Separated / Widowed / Single

Emergency Contact's and Persons Authorized to remove child from home

Primary Emergency Contact (other than parents/guardian):

Name _____
Home Phone: _____
Work Phone: _____
Emergency Contact Address _____
City _____
State _____
Relationship to Child: _____

Secondary Emergency Contact (other than parents/guardian):

Name _____

Home Phone: _____

Work Phone _____

Second Emergency contact address: _____

City _____

State _____

Relationship to Child _____

Person(s) authorized to pick up my child (besides parents/guardians or emergency contacts):

#1 _____

#2 _____

#3 _____

(With prior notice from parent/guardian and proper ID only)

Daycare References:

Has your child ever been in daycare before? _____

If so, why did you leave? _____

Name of Previous Provider: _____

Phone number of Previous Provider: _____

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by _____

Horizons Childcare. I also give permission for my child to be transported by car or _____

ambulance to an emergency center for treatment.

Parent/Guardian Signatures: _____

Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parents/Guardians Signatures: _____

Date: _____

Horizons Childcare will not be responsible for paying for the child's health care.

1. Child's Physician: _____

Phone: _____

2. Preferred Hospital: _____

Phone: _____

3. Insurance Company: _____

Policy # _____

4. Regular Medications: _____

5. Blood Type: _____

6. Medicine allergic to: _____

7. Food Allergies: _____

8. Any other Allergies: _____

9. Any special health conditions: _____

Overview Of Care Needs

Number of days per week child care is needed: _____

Days of week care is needed: _____
I will bring my child to day care at: _____ AM/ _____ PM

I will pick up my child: _____ AM/ _____ PM.....Weekly fee: _____ Late fee: _____

A last weeks fee / security deposit of: \$ _____ must accompany this registration.

(This fee will be applied to your child's final bill.)

Comments:

Signatures:

Provider: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian _____ Date: _____

(I understand that this is a legally binding document, and have read it and understand it)

NOTICE CONCERNING FIRE SAFETY PROTECTION

20

Dear Parent(s) or Legal Guardian(s):

Under Indiana law, a child care ministry may choose not to provide certain fire safety protections if the parent(s) or legal guardian(s) of each child is/are notified about the absence of the fire safety protections. The purpose of this notice is to advise you that this child care ministry does not have the same level of fire safety protection as a licensed child care center. As you have already been notified, the child care ministry does not have to comply with the same sanitation, life and fire safety rules as a licensed day care center. The reason you are being given this notice is that this child care ministry has chosen not to provide the fire warning system required in IC 12-17.2-6-5 (c) (1) (A) nor IC 12-17.2-6-5 (c) (2) (A). This form is stating that the ministry does not have the same level of fire safety protection as a licensed child care center.

I / we, the parent(s) or legal guardian(s) of _____
acknowledge that I / we have read and understood the above notice concerning fire safety protection.

Date _____

Signature _____

TRANSPORTATION and FIELD TRIP AUTHORIZATION FORM

Family: _____
 Children: _____ Age: _____
 _____ Age: _____
 _____ Age: _____

My daycare provider is ALLOWED to transport my child(ren) in a vehicle.

My daycare provider is NOT ALLOWED to transport my child(ren) in a vehicle.

I give permission for my child(ren) to walk to and/or participate in activities under the supervision of my provider away from the daycare residence.

I DO NOT give permission for my child(ren) to walk to and/or participate in activities under the supervision of my provider away from the daycare residence.

I give permission for my school-age child _____, to participate in the following activities:

away from the daycare residence. I understand my child will not be under the supervision of my daycare provider during this time.
 (i.e. walk home, walk to friend/neighbor/relative's home, walk to school, etc.)

OTHER INFO:

 Parent Signature

 Date

 Provider Signature

 Date

DISCIPLINE STATEMENT

Dear Parent:

I work with parents/guardians of children in my care to determine the cause of misbehavior and deal with behavior positively.

I use strategies that allow the child to take responsibility for his/her actions. In addition, I focus on teaching children appropriate behavior. I do not use threats or bribes; however, I do use Time Out when I feel the child needs a break away from the group. I focus on teaching children how to interact socially and continually reinforce the limits in our childcare. Physical punishment will not be used, even if requested by the parent.

I expect children in my care to respect others, respect the environment and respect themselves. Hitting, kicking, spitting, biting, hostile verbal behavior and other behaviors, which will hurt another child, are not permitted.

Each child will be dealt with individually. Consequences will occur immediately after the behavior. As a parent, I ask you not to punish your child at home for misbehavior shown while in my care. Please trust that I will handle the matter at my home. Furthermore, I will not discipline your child for an incident, which happened anywhere other than the daycare home.

If your child continually misbehaves, I will call you and discuss the difficulty by phone or make an appointment to discuss the difficulty with you. I will not discuss problems in front of your child, other children or other parents.

I will keep you posted on all happenings that we are involved in our childcare. If I am experiencing behavior difficulties with your child, I will let you know as soon as possible. I hope that together we can create a behavior management strategy, which will control the behavior.

In those instances when a behavior is very disruptive or harmful to the child or other children, I will discuss the issue with you. If an intervention can be made and will warrant success, the child can remain enrolled. If you will not seek appropriate assistance or we cannot effectively meet the needs of your child, you will be asked to make other childcare arrangements. I will assist you to the best of my ability to help you find other arrangements. Thank you in advance for your assistance!

(Your Name) ~ Childcare Provider

(Mother's Signature)

(Father's Signature)

County

Address of facility (number and street, city, state, ZIP code)

Name of facility

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Names(s) of children enrolled

Signature of Parent or Guardian

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

State Form 49444 (1-99) / BCD 0035

PARENT'S NOTICE

