

# BRIGHT HORIZONS FAMILY SOLUTIONS

## CHILD'S INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

### Parent/Guardian Information

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

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

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

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

Home Email Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

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

Others in Family Relationship: \_\_\_\_\_

### Parent/Guardian Business Information

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Medical Information

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Child's Schedule: MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_

### Physician Information

Name of Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

### FOR CENTER USE

Center: \_\_\_\_\_ Date of Admission: \_\_\_\_\_ Age of Admission: \_\_\_\_\_

Date Registration Fee Received: \_\_\_\_\_ Director's Initials: \_\_\_\_\_