**Bright Horizons Family Solutions**

Application for Child Care

Application date:_____

Enrollment date:_____

Name of Child:_____

Last First Middle Nickname

Address_____

Street City State Zip code

Age of Child:_____ Birthdate:_____

***INFORMATION ABOUT THE FAMILY***

**Father's**/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

Address_____

Employed at:_____Business Phone:_____

Email address:_____

**Mother's** /Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

Address_____

Employed at:_____Business Phone:_____

Email address:_____

If you cannot pick up your child, please give the names of persons to whom the child can be released:_____

How did you hear about Bright Horizons (specific publication, website, yellow pages, word of mouth): _____

***INFORMATION ABOUT THE CHILD***

Does your child have any allergies (such as dust, drugs, animals, food, etc.)? If yes, what are they? (Be specific)_____

_____

Please give any information concerning your child which will be helpful in his/her experience in-group child care (such as play, eating and sleeping habits, special fears, special likes and dislikes). _____

_____

***EMERGENCY CARE INFORMATION***

Name of child's doctor:_____ Office Phone:_____

Office Address:_____

Name of child's dentist:_____ Office Phone:_____

Office Address:_____

Hospital Preference:_____

If neither father nor mother (or guardian) can be contacted, call:

Name:_____Relationship:_____Phone:_____

Name:_____Relationship:_____Phone:_____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Date: _____Signature of Parent: _____

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***CENTER USE ONLY***

Age of child at admission: _____ Date registration fee received: ___/___/___

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency situation; a responsible adult will supervise other children in the facility. I will not administer any drug or any medication without specific instruction from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Date: _____Signature of Operator: _____