



**Bright From The Start  
Child Development Center, LLC  
Child Registration Form**



**CHILD INFORMATION**

Child's Full Name: \_\_\_\_\_

Name child goes by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Child's Home Phone Number: \_\_\_\_\_ School: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Mother's Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Social Security Number: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Mother's Work Schedule: (Days) \_\_\_\_\_ (Hours) \_\_\_\_\_

Does the child live with mother? YES / NO      Email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Father's Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Social Security Number: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Father's Work Schedule: (Days) \_\_\_\_\_ (Hours) \_\_\_\_\_

Does the child live with father? YES / NO      Email address: \_\_\_\_\_

**AUTHORZIED PICK UP LIST/EMERGENCY CONTACTS**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

May this person be used as an emergency contact? YES / NO

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

May this person be used as an emergency contact? YES / NO

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

May this person be used as an emergency contact? YES / NO

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

May this person be used as an emergency contact? YES / NO

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNAUTHORIZED PICK UP LIST**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

May this person be used as an emergency contact? YES / NO

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

May this person be used as an emergency contact? YES / NO

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

May this person be used as an emergency contact? YES / NO

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***PLEASE NOTE THAT BRIGHT FROM THE START CHILD DEVELOPMENT CENTER, LLC  
MUST HAVE A COPY OF RESTRAINING ORDERS OR CUSTODY PAPERS ON FILE TO  
RESTRICT A NON-CUSTODIAL PARENT/GUARDIAN FROM VISITING OR PICKING UP A  
CHILD.***

**GETTING TO KNOW YOU!!!**

Child's Name: \_\_\_\_\_

My nickname is: \_\_\_\_\_.

I have \_\_\_ brother(s) & \_\_\_ sister(s), their names & ages are: \_\_\_\_\_

My favorite activity is: \_\_\_\_\_.

My favorite food is: \_\_\_\_\_.

My least favorite food is: \_\_\_\_\_.

My favorite person is: \_\_\_\_\_.

My favorite toy is: \_\_\_\_\_.

I am afraid of: \_\_\_\_\_.

Has your child been in daycare previous to BFTS? YES / NO

Please list previous caregivers/centers: \_\_\_\_\_

Has or does your child have any known health problems? YES /NO (Please explain YES) \_\_\_\_\_

Does your child need regular medication? YES / NO

If yes please name medication(s), time to be given, & amount: \_\_\_\_\_

Has your child had any of the following communicable diseases? Chicken pox, measles, mumps, other \_\_\_\_\_

Is your child prone to: upset stomach, colds, seasonal allergies, earaches, headaches, sore throats, nose bleeds, other? \_\_\_\_\_

Are there any indications of hearing or vision problems? YES / NO (Please explain YES) \_\_\_\_\_

Any disorders/developmental issues (slow or advanced) diagnosed or suspected? YES / NO (Please explain YES) \_\_\_\_\_

Does your child have any physical or mental disabilities? YES / NO (Please explain YES) \_\_\_\_\_

Is your child right or left handed? Right Left

Type of discipline used at home: \_\_\_\_\_

Does your child eat unaided? YES /NO (Please explain NO) \_\_\_\_\_

Does your child enjoy eating? \_\_\_\_\_

Does your child have a special diet? YES / NO (Please explain YES) \_\_\_\_\_

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods which should not be given to your child? YES / NO (Please list foods and why) \_\_\_\_\_

How does your child go to sleep? \_\_\_\_\_

Is there a special blanket/doll/toy that your child sleeps with? \_\_\_\_\_

What is the usual length of naps taken each day? \_\_\_\_\_

How long does your child usually sleep at night? \_\_\_\_\_

Is your child potty trained? YES / NO

What words does your child use for toileting? \_\_\_\_\_

Please list any personal habits such as thumb/finger sucking, nail biting, etc. your child may have

What are your main expectations of this program? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Additional information: \_\_\_\_\_

## **CHILD IMMUNIZATION RECORDS**

Bright From The Start must obtain a copy of all child immunization records within 30 days of enrollment. If your child does not have his/her immunizations you must fill out a "Refusal to Immunize" form which are available in the office. Please attach copy to registration form.

## PHOTOGRAPH POLICY

I, \_\_\_\_\_ give permission for **Bright From The Start Child**  
(Parent/Guardian's name)

**Development Center, LLC** to photograph my child, \_\_\_\_\_ for the  
(Child's name)

following purposes:

Type of Use:	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in providers personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin Boards, shown to current and prospective clients		
Display still photos on facility's website☼		
Use still photos in promotional materials		
Use for classroom projects		
<b>Videos:</b>		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		

☼Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

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(Parent/Guardian's signature and date)

**PERMISSION FOR HEALTH CARE**

Child's Name: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Hospital: \_\_\_\_\_

**AUTHORIZED ADULTS**

In the event of an emergency, please indicate your name & phone number where you & another authorized person can be reached.

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Authorized Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**FIRST AID**

In the event of an emergency, I authorize the staff of Bright From The Start to provide any first aid care deemed necessary for my child.

\_\_\_\_\_  
Signature & Date

**EMERGENCY CARE**

In the event of an emergency in which I cannot be reached, the physician listed above & the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

\_\_\_\_\_  
Signature & Date

**HEALTH RECORD TRANSFER**

In the event of an emergency, I here authorize the transfer of my child's records.

\_\_\_\_\_  
Signature & Date

**PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATIONS & PRODUCTS**

I hereby give BRIGHT FROM THE START permission to administer the following non-prescription medications and products to my child, \_\_\_\_\_, according to the manufacturer's instruction or otherwise specified.

***Please check all items that can be administered.***

- Children/Infant Motrin
- Children/Infant Tylenol
- Numb It
- Teething Medication-Oragel
- Vaseline
- Children/Infant Cough Syrup
- Vapor Rub
- Antiseptic Wipes
- Itching Creams
- Hydrogen Peroxide
- Insect Repellent
- Sun-block
- Baby Powder
- Baby Oil
- Baby Lotion
- First Aid Spray
- Calamine Lotion
- Tea Tree Oil Shampoo/Conditioner
- Burn Cream/Spray
- Rash Ointments
- Others \_\_\_\_\_

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Parent/Guardian Signature & Date

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Provider's Signature & Date



## Parent Contract & Rate Agreement

We (I), \_\_\_\_\_ & \_\_\_\_\_ have received and read the Bright From Start Child Development Center, LLC Handbook of Policies & Procedures and will comply with all provisions contained therein, and shall at this time enter into an agreement on \_\_\_\_\_ (date) Bright From The Start Child Development Center, LLC for the care of my (our) child(ren):

**1<sup>st</sup> Child's Full Name** \_\_\_\_\_

DOB \_\_\_\_\_

Status: Full-Time/Part-Time (Circle one)

Date of Enrollment \_\_\_\_\_

**2<sup>nd</sup> Child's Full Name** \_\_\_\_\_

DOB \_\_\_\_\_

Status: Full-Time/Part-Time (Circle one)

Date of Enrollment \_\_\_\_\_

**3<sup>rd</sup> Child's Full Name** \_\_\_\_\_

DOB \_\_\_\_\_

Status: Full-Time/Part-Time (Circle one)

Date of Enrollment \_\_\_\_\_

We (I) understand that all contracts will be for full-time children. Part-time openings & rates will be available only if enrollment allows. The initial, non-refundable, registration fee of \$50.00/child or \$75.00/family secures your place on our enrollment list. There will be an annual re-registration fee of \$25.00/child or \$50.00/family thereafter. X \_\_\_\_\_ (initial here)

We (I) understand that all payments are due by 6:00 P.M. Monday evening for current week's tuition as set up in this contract. After 6:00 P.M., a late fee of \$10.00 per day will be assessed. If payment is not made within 3 days at drop-off, our (my) child will not be accepted into care until payment, including all late fees, is made. If a period of 1 week passes without payment received, the contract will be terminated, the position filled, and the collection process begun. We (I) understand that we (I) will be responsible for any costs related to collection of the childcare fees. These costs will include late fees, collection cost fees, & childcare fees. Cash or check is accepted & a receipt will be given upon request.

X \_\_\_\_\_ (initial here)

A year-end statement will be made available by January 31st of the new year. A fee of \$30.00 will be charged for any returned checks. All future payments must be made in cash. Childcare fees are due regardless of whether or not our (my) child(ren) attends. We(I) understand that we are paying for a position, as well as a service. No refunds are given for late arrivals or early departures.

X\_\_\_\_\_ (initial here)

Our (my) contracted days and hours (not to exceed 10 hours in one day) for our (my) child(ren) beginning on \_\_\_\_\_(date) are as follows:

Monday	Tuesday	Wednesday	Thursday	Friday
Hours	Hours	Hours	Hours	Hours

We (I), agree to pay \$\_\_\_\_\_ per week for my child, \_\_\_\_\_.

Payments will be made weekly, bi-weekly, monthly (circle one).

X\_\_\_\_\_ (initial here)

**This contract is a legal document obligating Bright From The Start to provide a service for you & obligating you to pay Bright From The Start for those services. Bright From The Start urges you to thoroughly read the contract and parent handbook & recognize that it is legal & you will be held liable for each item in this contract. A minimum of two-weeks notice of changes in day/hours of care or termination of this contract is required by the parent(s). Lack of enforcement of any policy at any time by the Provider does not indicate that the particular policy is no longer in effect. By signing the contract, you are accepting it in all its terms.**

***Bright From The Start has the right to terminate a contract without notice in the case of harm to other children and/or staff, or a dangerous situation due to action that the child has caused intentionally or other wise.***

\_\_\_\_\_  
Parent's (Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's (Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date