

Bright Horizons Back-up Child Care Registration Materials

Dear Parent

Enclosed please find registration materials for Bright Horizons' back-up child care centers. The information requested in these forms is required by Bright Horizons Back-up Solutions and municipal and state child care licensing authorities to ensure that each child has a safe and successful day at the center. All shaded information is required for full registration and must be provided before your child visits the center. If you have any questions about the enclosed registration forms please call the Bright Horizons Back-up Child Care Toll-Free Registration Line at 866-273-2773.

There are three ways to register:

- Online at www.brighthorizons.com/backup (Select Register My Child)
- By phone at 866-273-2773 or by calling your center directly
- By fax/mail – complete the enclosed forms and fax or mail to your center

We look forward to serving your family!

You may submit your completed registration materials via fax mail or email. See below for your center's contact information.

Bright Horizons Early Education and Back-Up Center at Tysons Corner

8405 Greensboro Drive, Suite P100

Tysons Corner, VA 22102

(571) 633-9777 phone

(571) 633-9779 fax

tysons@brighthorizons.com

Bright Horizons Tysons Corner Pinnacle Drive

1751 Pinnacle Drive, Suite 200

Tysons Corner, VA 22102

(703) 506-0566 phone

(703) 506-0588 fax

tysonspinnacle@brighthorizons.com

Bright Horizons at Crystal City

2451 Crystal Drive, Suite 100

Arlington, VA 22202

(703) 416-0767 phone

(703) 414-3741 fax

crystalcity@brighthorizons.com

Bright Horizons at Reston Plaza America

11710 Plaza America Drive

Reston, VA 20190

703-481-2993 phone

703-481-1687 fax

reston.plazaamerica@brighthorizons.com

Bright Horizons Back-up Child Care Registration Checklist



Child Name:	<input type="text"/>
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Child Information Form (one for each child to be registered)	<input type="checkbox"/>
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Participating Parent/Guardian Information Form (one for each participating guardian in the family)	<input type="checkbox"/>
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Non-Participating Parent/Guardian Information Form (one for each non-participating guardian in the family (if applicable))	<input type="checkbox"/>
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Authorization for Release and Emergency Medical Treatment (one for each child to be registered)	<input type="checkbox"/>
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Authorized Non-Parent/Guardian Information Form (one for each child to be registered)	<input type="checkbox"/>
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Medical and Insurance Information Form (one for each child to be registered)	<input type="checkbox"/>
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Photograph of Child* (see below for photograph requirements)	<input type="checkbox"/>
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Photograph of Parent(s)/Guardian(s)* (see below for photograph requirements)	<input type="checkbox"/>
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Photograph(s) of Non-Parent/Guardian Authorized for Release* (see below for photograph requirements)	<input type="checkbox"/>
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Virginia Health Information Form (one for each child to be registered)	<input type="checkbox"/>
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Registration Agreement (one for each child to be registered)	<input type="checkbox"/>
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Allergy Action Plan and Ill Child Pick-up Agreement (one for each child to be registered)	<input type="checkbox"/>
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Child Identity Verification (proof of identity required for each child)	<input type="checkbox"/>
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*Any photograph is acceptable (copy of drivers license or passport, family photo etc.) as long as the required parties are identified and the photograph is clear.

Bright Horizons Back-up Child Care Child Registration Information



Child Name:

(last, first, middle initial)

Child Date of Birth:
(/ /)

(mm/dd/yyyy)

Child Nickname:

Child Gender:
Male Female

(please circle)

Does your child have any allergies or food restrictions? yes no (please circle)

If yes, please describe: _____

Does your child have any diagnosed special needs or medical conditions? yes no (please circle)

If yes, please describe: _____

Are your child's activities restricted by any special needs, medical or other conditions? yes no (please circle)

If yes, please describe: _____

Child Lives With: _____

Are there any custody arrangements for your child? yes no (please circle)

If yes, please describe: _____

(A court order with supporting documentation describing custody arrangements and restrictions must be provided.)

Regular Care Arrangements: _____

Child's Primary Language: _____

Current and previous child care arrangements: _____

Sleeping Schedule:
(for children under 36 months only)

Toilet Schedule:
(for children under 36 months only)

Siblings:
(Please list names and ages)

Other Helpful Information: _____

➔ shaded information is required for full registration and use of a Bright Horizons back-up child care center

Parent/Guardian Signature: _____ **Date:** _____

Bright Horizons Back-up Child Care Non-Participating Parent/Guardian Information Form



A non-participating parent or guardian is a parent or guardian who does not have access to Bright Horizons back-up child care through his or her employer.

General Parent/Guardian Information

Parent/Guardian Name:

(last, first, middle initial)

Relation to Child:

Employer (Company Name):

Work Email Address

Work Contact Information (Required if applicable)

Work Address Line 1

Work Phone
() -

Work Extension

Work Address Line 2

Work Fax
() -

Work Address Line 3

Work City, State, Zip

Home Contact Information

Home Address Line 1

Home Phone
() -

Cell Phone
() -

Home Address Line 2

Home Email

Home Address Line 3

Home City, State, Zip

➔ shaded information is required for full registration and use of a Bright Horizons back-up child care program

Parent/Guardian Signature: _____

Date: _____

**Bright Horizons Back-up Child Care
Parent/Guardian Authorization for
Release of Child and Emergency Medical**



Child Name: _____

Virginia requires that each child have at least 1 person other than the child's parent(s) or guardian(s) authorized for release and 2 persons authorized to make medical decisions in the event of an emergency.

Parent/Guardian Authorization for Release of Child:

I authorize Bright Horizons to contact and/or release my child to the following representative(s) designated by me for this purpose:

Authorized Non-Parent/Guardian Name: _____

Authorized Non-Parent/Guardian Name: _____

Authorized Non-Parent/Guardian Name: _____

Authorized Non-Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please provide contact information for authorized non-parent/guardians on the Authorized Non-Parent/Guardian Information Form

Parent/Guardian Authorization for Emergency Medical Treatment:

I understand that Bright Horizons staff is trained in basic first aid and CPR. I authorize Bright Horizons staff to administer first aid to my child for minor injuries or illnesses as appropriate and to notify me of any actions taken. For all other conditions requiring emergency medical treatment, Bright Horizons staff will attempt to contact me as the nature of the emergency permits. If I cannot be reached, I authorize Bright Horizons to contact the following representative(s) designated by me to act on my behalf for this purpose. If my representative cannot be reached, I authorize Bright Horizons staff to transport my child to a local hospital or other medical facility and obtain any necessary medical treatment at my expense.

Authorized Non-Parent/Guardian Name: _____

Authorized Non-Parent/Guardian Name: _____

Authorized Non-Parent/Guardian Name: _____

Authorized Non-Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please provide contact information for authorized non-parent/guardians on the Authorized Non-Parent/Guardian Information Form

**Bright Horizons Back-up Child Care
Authorized Non-Parent/Guardian Information Form**



An authorized non-parent/guardian is someone other than the parent(s) or guardian(s) who is authorized to pick the child up and make medical decisions for the child in the event of an emergency when the parent(s) or guardian(s) cannot be reached.

Child Name: _____

Virginia requires that each child have at least 1 person other than the child's parent(s) or guardian(s) authorized for release and 2 persons authorized to make medical decisions in the event of an emergency.

Authorized Non-Parent/Guardian 1

Authorized Non-Parent/Guardian Name: _____ <small>(last, first, middle initial)</small>		Relationship to child: _____	
Home Address _____		Home City, State, Zip _____	
Work Phone: (if applicable) () - _____	Cell Phone: (if applicable) () - _____	Home Phone: () - _____	
Authorized for emergency medical decisions?: yes no (please circle)		Authorized for release of child?: yes no (please circle)	

Authorized Non-Parent/Guardian 2

Authorized Non-Parent/Guardian Name: _____ <small>(last, first, middle initial)</small>		Relationship to child: _____	
Home Address _____		Home City, State, Zip _____	
Work Phone: (if applicable) () - _____	Cell Phone: (if applicable) () - _____	Home Phone: () - _____	
Authorized for emergency medical decisions?: yes no (please circle)		Authorized for release of child?: yes no (please circle)	

Authorized Non-Parent/Guardian 3

Authorized Non-Parent/Guardian Name: _____ <small>(last, first, middle initial)</small>		Relationship to child: _____	
Home Address _____		Home City, State, Zip _____	
Work Phone: (if applicable) () - _____	Cell Phone: (if applicable) () - _____	Home Phone: () - _____	
Authorized for emergency medical decisions?: yes no (please circle)		Authorized for release of child?: yes no (please circle)	

Authorized Non-Parent/Guardian 4

Authorized Non-Parent/Guardian Name: _____ <small>(last, first, middle initial)</small>		Relationship to child: _____	
Home Address _____		Home City, State, Zip _____	
Work Phone: (if applicable) () - _____	Cell Phone: (if applicable) () - _____	Home Phone: () - _____	
Authorized for emergency medical decisions?: yes no (please circle)		Authorized for release of child?: yes no (please circle)	

➔ All information on this page is required for full registration and use of a Bright Horizons back-up child care center.

Parent/Guardian Signature: _____

Date: _____

Bright Horizons Back-up Child Care Medical and Insurance Information



Child Name: _____

Doctor Information

Doctor/Clinic Name: _____		
Address Line 1 _____	Doctor/Clinic Phone () -	Fax () -
Address Line 2 _____	Address Line 3 _____	
City, State, Zip _____		

Medical Insurance Information	
Medical Insurance Carrier: _____	Membership ID #: _____
Name of Employer Providing Insurance: _____	Member Services Phone () -

Hospital Information

Affiliate/Preferred Hospital: _____	Hospital Phone () -
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Dentist Information

Dentist Name: _____		
Address Line 1 _____	Dentist Phone () -	Dentist Fax () -
Address Line 2 _____	Address Line 3 _____	
City, State, Zip _____		

➔ shaded information is required for full registration and use of a Bright Horizons backup child care center

Parent/Guardian Signature: _____

Date: _____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: _____/_____/_____ Sex: _____ State or Country of Birth: _____ Middle Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Mother or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Name of Father or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head or spinal injury		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Hospitalizations		
Developmental problems			Lead poisoning		
Bladder problem			Muscle problems		
Bleeding problem			Seizures		
Bowel problem			Sickle Cell Disease (not trait)		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, oxygen support, hearing aid, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly:

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/Employer sponsored

I, _____ (do ___) (do not ___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ Date: _____/_____/_____

Signature of person completing this form: _____ Date: _____/_____/_____

Signature of Interpreter: _____ Date: _____/_____/_____

Bright Horizons Back-up Child Care Parent/Guardian Consents and Registration Agreement



Child Name: _____

Parent/Guardian Consents

Parent/Guardian Consent to Leave the Premises

I give permission for my child to leave the Center for exercise and educational purposes with Bright Horizons staff.

yes no (please circle)

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Consent for Photography/Video of Child or Parent/Guardian

I give permission for my child to be photographed and videotaped for use by or on behalf of Bright Horizons for educational, training, curriculum, marketing and similar purposes.

yes no (please circle)

Parent/Guardian Signature: _____

Date: _____

Registration Agreement

I understand and agree to the following:

1. Completion of Registration; Information; Payments. Registration must be fully completed prior to my using the Center. I will notify Bright Horizons and update all medical, family and other information previously provided as part of the registration of my child. Medical, family and other information may be shared among Bright Horizons child care centers where necessary for registration. Additional registration information or materials may be needed to comply with local licensing requirements. Where applicable, all registration fees and/or per-use fees (co-payments) must be paid in connection with the registration of my child and use of the Center.

2. Parent Handbook; Policies and Procedures; Use of Center. I have received, reviewed and understand the Parent Handbook and related information concerning the Center and the backup child care services provided by Bright Horizons. I will use the Center in accordance with the terms of the Parent Handbook and Bright Horizons policies and procedures made available at the Center. Use of the Center and the backup child care services may be denied in the event I do not comply with the terms of this Agreement, or when determined by Bright Horizons to be in the best interests of my child or the children using the Center. The availability of the Center and the backup child care services are subject to change at any time.

3. No Employment. I will not solicit, employ or enter into any contract with any employee of Bright Horizons to perform child care or similar services under any circumstances without the express consent of Bright Horizons. If I employ or contract with any employee of Bright Horizons or person who within one year of the date of such employing or contracting was employed or under contract with Bright Horizons, I will pay Bright Horizons a placement fee of \$5,000.

4. Release of Bright Horizons. In consideration of the registration of my child, I release Bright Horizons Family Solutions, Inc., Bright Horizons Children's Centers, Inc., and their related companies, directors, officers, employees and agents, from any claims, losses, damages or costs (including attorneys' fees) caused by or arising from my child's registration, use of the Center, or participation in the programs and activities conducted by Bright Horizons other than to the extent caused by the negligent or willful misconduct of Bright Horizons Family Solutions, Inc., Bright Horizons Children's Centers, Inc., and their related companies, directors, officers, employees and agents.

5. Release of Employer. My employer has engaged Bright Horizons to provide backup child care services as a convenience for my employer's employees and other participants. My employer is not responsible for the Center or the backup child care services provided by Bright Horizons. In consideration of the registration of my child, I release my employer, and its directors, officers, employees and agents, from any claims, losses, damages or costs (including attorneys' fees) caused by or arising from my child's registration, use of the Center, or participation in the programs and activities conducted by Bright Horizons.

Parent/Guardian Signature: _____

Date: _____

ALLERGY ACTION PLAN

Child's Name

Allergy

Expected Reaction to Allergy (**Information must be received from parent or medical professional**)

Parent's/Guardian's Signature

Date

Bright Horizons employees will adhere to Bright Horizons' policy for handling children with allergies (see policy attached). In the event that a child should have an allergic reaction while in our care, the following must occur:

- Full time staff person will stay with the child;
- Staff will notify parent and call 911 immediately;
- If child has an allergy that requires an Epi-pen, full time staff person will administer Epi-Pen immediately after discovering child is having allergic reaction;
- If ingestion of a poison has been found Poison Control will be notified immediately and their instructions followed;
- If child needs to be transported to hospital or pediatrician, center director (or his/her designee) will accompany child and his/her parent/guardian

ILL CHILD PICK UP AGREEMENT

It is my understanding that Bright Horizons will use all reasonable means to notify me if my child appears to be ill during the time s/he is participating in the program at the center. In accordance with requirements imposed by the Department of Social Services, Commonwealth of Virginia, I agree to pick up and remove my child from the center as soon as reasonably possible after being so notified by a Bright Horizons employee.

Parent's/Guardian's Signature

Child's Name

Date

Policy on Allergy Posting

Parents/guardians should notify the center regarding any food or environmental allergies that their child has.* If new allergies have appeared since the child's last registration update or visit parents/guardians should provide the updated information on the day sheet and alert center staff that a new allergy exists. A list of all children with allergies (and a description of those allergies) who are scheduled to be in the center on that day is posted in each classroom and in the kitchen. Faculty should familiarize themselves with the allergy list each day and consult the lists as appropriate to avoid potentially exposing children to substances to which they have known allergies.

Allergy lists are updated each day and contain allergy information for all children scheduled to be in the center on that day. Allergy postings should be reviewed during staff orientation and should be pointed out to all substitutes. At the time a new faculty member or substitute arrives in a classroom, children with (food) allergies are to be pointed out.

Note: If a child has an EpiPen for allergic reactions, it should be stored away from children's reach but in a prominently marked and easily accessible area within the classroom. If the child's allergy is to bees, a system should be in place to take the EpiPen to the playground.

***Allergy information is confidential. Please post accordingly.**

Child Care Registration Requirement for the Commonwealth of Virginia

The Virginia Department of Social Services requires that the identity of each child who uses the Bright Horizons Tysons Corner Pinnacle Drive Center be verified. Parents have two ways to comply with this licensing requirement:

1. Submit a copy of proof of the child's identity (see below for acceptable forms of proof)

or

2. Submit the original document to be reviewed by a Bright Horizons staff member. If this option is chosen, a staff member will complete the Identity Verification form for the child. The original document will be returned to the parent once reviewed.

Thank you for your help in complying with this licensing requirement.

Acceptable Forms of Proof of Identity

- ✓ Certified copy of the child's birth certificate
- ✓ Birth registration card
- ✓ Notification of birth (hospital, physician or midwife record)
- ✓ Passport
- ✓ Copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies) or record from a public school in Virginia
- ✓ Certification by a principal or his/her designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented
- ✓ Copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent.

Note: Viewing of the child's proof of identity is not necessary when the child attends a public school in Virginia **and** the center assumes responsibility for the child directly from the school (i.e., after school program), or the center transfers responsibility of the child directly to the school (i.e., before school program).