

**Bright Horizons Family Solutions**  
**ESPN's Baby X Games 2009**  
**CHILD CARE REGISTRATION**

## Child Care Overview

**Ages of Children**—Bright Horizons Family Solutions will be providing child care for children of participating athletes of the X Games who are age eight weeks through seven years.

**Child Care Availability**—Child care will be available Thursday (7/30) through Sunday (8/2), from 12:00pm to 4:00pm on Thursday, 11:00am to 4:00pm on Friday, 11:00am to 6:00pm on Saturday and from 11:00am to 3:00pm on Sunday.

You will be free to pick up, drop off, and visit your child(ren) at times that are most convenient for you throughout the event.

**Location**—The child care program will be held near the Athlete's Lounge at the Home Depot Center.

**Parents Provide**—*Parents will need to provide bottles, formula, baby food, diapers, and ointments as needed.* Refrigeration for the bottles will be available. We will ask the parents of infants to complete a more detailed feeding and sleeping schedule when their child arrives in care. Please provide an extra change of clothing for your child each day (please read the Bright Horizons Family Center drawstring policy included in this packet). Be sure to bring any special toys or blankets that will make the transition into care easier for your child.

**Meals**—Bright Horizons Family Solutions will provide child-friendly snacks for those children who are eating table food.

**Naps**—Bright Horizons Family Solutions will provide cribs for infants and cots for older children as well as all bed linens.

**Medication**—Please alert the staff to any medications that your child is taking when you arrive at the event or on the attached child history form. However, because the event care is temporary and our teachers will not have had sufficient time to observe your child's normal reaction to medications, we ask that parents administer all necessary medications for their child(ren) while in our care.

**Registration**—To register for child care at the event, please send:

- A picture of your child(ren). We will use pictures to prepare a welcoming display for your child and for security purposes during the event.
- A photocopy of your driver's license or a picture ID for security purposes.
- Child Care Registration Form (attached—one for each child)
- Child Care History (attached—one for each child)
- Child Care Authorization Forms (attached—one for each child)

# Child Care Registration Form

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

Date of Birth: \_\_\_\_\_

## **Parent/Guardian Information:**

Event Athlete: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

Cell Phone/Pager: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_

Fax: \_\_\_\_\_

(For registration confirmation)

## **Child Care Scheduling:**

Please check all of the times that are of primary interest to you. We will be using this information to help determine the number of teachers we will need during the event. Please note that you will be free to pick up, drop off, and visit your child(ren) at times that are most convenient for you throughout the event.

- Thursday, July 30<sup>th</sup> from 12:00 p.m. – 5:00 p.m.
- Friday, July 31<sup>st</sup> from 1:00 p.m. – 5:00 p.m.
- Saturday, August 1<sup>st</sup> from 11:00 a.m. – 8:00 p.m.
- Sunday, August 2<sup>nd</sup> from 11:00 a.m. – 3:30 p.m.

\*Please let us know ahead of time if you will need care for your child at other times than what is listed above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Authorization Forms

## **Ointment and Sunscreen Authorization Form:**

I give the faculty in the ESPN's Baby X Games Child Care program permission to apply the following *non-prescription, over-the-counter* ointments, lotions, or powders to my child, \_\_\_\_\_, on an as-needed basis:

Diapering ointment or cream: \_\_\_\_\_

Powder: \_\_\_\_\_

Sunscreen: \_\_\_\_\_

*All ointments should be labeled clearly with the child's name and given directly to an event child care faculty member.*

Special instructions: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Emergencies:**

The faculty in the Baby X Games Child Care Program will be familiar with the Home Depot Center and will have the conference schedule posted to more easily contact parents in the event of an emergency. In addition, all teachers in the program are trained in the basics of First Aid and will know the procedure for requesting outside medical assistance should it be needed.

Please complete the following medical release form and return it with your registration papers.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, \_\_\_\_\_. However, if I cannot be reached, I hereby authorize Bright Horizons Family Solutions to secure the necessary medical treatment for my child. I also understand that the teachers in this child care program are trained in the basics of First Aid and I authorize them to give my child First Aid in an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Infant Sleep Position:**

Because of increasing information on the importance of infant sleep position as a risk factor in Sudden Infant Death Syndrome (SIDS), we have established a national policy for all of our centers to follow. We believe it represents our practice of using the most up to date expert information while maintaining our partnership with parents.

**Bright Horizons Family Center Policy on Infant Sleep Positions**

The American Public Health Association and the American Academy of Pediatrics strongly recommends that infants be put to sleep on their backs to reduce the chance of Sudden Infant Death Syndrome (SIDS). It is the policy at all Bright Horizons Family Solutions Centers that all children in cribs under two years old will be put to sleep on their backs unless parents request otherwise. Parents who choose to have their child put to sleep on their side or stomach will need to sign a release authorizing Bright Horizons Family Solutions to make an exception to its policy and to release Bright Horizons Family Solutions from any liability.

Because we do feel that parents are the ones that ultimately should decide when there are issues of weighing risk factors versus individual child characteristics, we believe parents should have the option to request exceptions to the policy. At the same time, we also feel the need for the parent to accept legal responsibility for the decision.

I understand that the standard practice at a Bright Horizons Family Center is to put an infant to sleep on his/her back as recommended by the American Public Health Association and the American Academy of Pediatrics. I would like Bright Horizons Family Solutions to make an exception to that practice and place my child on his/her side \_\_\_\_\_ or stomach \_\_\_\_\_.

I, the undersigned, father/mother/and/or guardian of \_\_\_\_\_ (child's name), a minor, do hold harmless Bright Horizons Family Solutions, Inc., from any and all actions or claims, on account of personal injuries to said minor resulting from this decision concerning infant sleep position.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ► Drawstring Policy

Playground safety is a major concern in child care. One particular aspect of concern is the risk associated with children's clothing becoming entangled with climbing or sliding equipment and creating a serious hazard that might lead to strangulation or other serious harm. Hooded jackets, sweatshirts, and shirts that have drawstrings present a major safety hazard for children. While hooded clothing with drawstrings is no longer manufactured or distributed in the United States as of 1997, we expect clothing of this sort to be available for years through hand me downs and second hand sales. A similar risk is associated with necklaces, locket, keys, or any other article hung around the neck.

The following policy is designed to reduce the risk of injury to your child:

**Bright Horizons Family Center Policy:  
Hooded Clothing with Drawstrings, Jewelry,  
and Other Articles Hung Around the Neck**

*Children will not be permitted to wear any shirts, jackets, sweat shirts, jewelry, or article that is tied around the neck at a Bright Horizons Family Center. It is the parent's responsibility to send their child to the center with appropriate clothing.*

**For Pre-Registration please fill out the above forms and return them to Gretchen McColley either by fax: 323 862-1777 or email them to: [gretchen\\_mccolley@paramount.com](mailto:gretchen_mccolley@paramount.com). The Child Developmental History form can be filled out and brought to the Baby X Games area or filled out at the time of drop off.**

**On Site Registration will also be available. Please allow time during drop off to complete the necessary forms.**

# ► Child Developmental History

Please complete the following developmental history for your child(ren) and return it with your registration form. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Developmental History**

Age child began: sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Child's fussy times: \_\_\_\_\_

## **Health**

Serious illnesses or hospitalizations (describe): \_\_\_\_\_

Special physical conditions, disabilities, or allergies (describe): \_\_\_\_\_

Food allergies (list all): \_\_\_\_\_

Regular medications (specify): \_\_\_\_\_

## **Eating Habits**

Formula (specify type): \_\_\_\_\_ Are you breast-feeding? \_\_\_\_\_

Favorite foods: \_\_\_\_\_ Foods refused: \_\_\_\_\_

Child eats with: \_\_\_\_\_ spoon \_\_\_\_\_ fork \_\_\_\_\_ hands

## **Diapering Habits:**

Do you use: \_\_\_\_\_ oil \_\_\_\_\_ powder \_\_\_\_\_ lotion \_\_\_\_\_ other

Does child wear: \_\_\_\_\_ disposable diapers \_\_\_\_\_ cloth diapers

Other issues to be aware of: \_\_\_\_\_

## **Toilet Habits:**

Is your child toilet trained? \_\_\_\_\_ urination \_\_\_\_\_ bowels

What is used at home: \_\_\_\_\_ potty chair \_\_\_\_\_ special seat \_\_\_\_\_ regular seat

Words used for: \_\_\_\_\_ urination \_\_\_\_\_ bowel movement

Is child reluctant to use the bathroom? \_\_\_\_\_

Does child have accidents? \_\_\_\_\_

## **Sleeping Habits:**

Does child nap during the day? \_\_\_\_\_ When and for how long? \_\_\_\_\_

What time does child: \_\_\_\_\_ go to bed at night \_\_\_\_\_ awake in morning

Describe any special sleeping needs (stuffed animal, blanket, story, etc.): \_\_\_\_\_

## **Social Relationships:**

Previous experience with children: \_\_\_\_\_

Reaction to strangers: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears: \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

## **For Children Ages 5:**

Describe any special interests that your child has that we could support by providing books, games, or other learning materials? \_\_\_\_\_