



FAMILY REGISTRATION

SHEET 1 OF 3

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I.____ Last Name: _____
Physical Address: _____ City _____ St _____ Zip _____
Occupation: _____ Home Phone: () _____
Employed By: _____ Office Phone: () _____
Work Address: _____ Work Hours: _____ Cell Phone: () _____
 Custodial Parent (If married, mark both parents) Mother's SS#: _____
Marital Status: Married Single Divorced Separated Widowed Other _____
Email: _____

Father/Guardian First Name: _____ M.I.____ Last Name: _____
Physical Address: _____ City _____ St _____ Zip _____
Occupation: _____ Home Phone: () _____
Employed By: _____ Office Phone: () _____
Work Address: _____ Work Hours: _____ Cell Phone: () _____
 Custodial Parent (If married, mark both parents) Father's SS#: _____
Marital Status: Married Single Divorced Separated Widowed Other _____
Email: _____

Child Information

1st Child First Name: _____ M.I.____ Last Name: _____
Name child prefers to be called: _____ Gender: Male Female
Date of Birth: _____ Age: _____
List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

(if any allergies we must keep a copy of the physicians statement on file)

Pediatrician's Name: _____ Phone: () _____
Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No



Child Information - Continued

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Gender: Male Female

Date of Birth: _____ Age: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

(if any allergies we must keep a copy of the physicians statement on file)

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Address _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Address _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Address _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Address _____

Able to pick up all children in the family

Not able to pick up the following children: _____



Medical Consent and Release

In the event that my child/children that are enrolled becomes ill or is injured while in the care of Brighter Minds LLC Daycare, I appoint the director or daycare staff to take whatever steps are necessary to administer first aid. If not possible to contact the parents or the Childs doctor for instruction for his/her care. I hereby give my consent to any licensed physician contacted for treatment, administering of drugs, medications, or any surgical procedure as he shall think the existing emergency requires for the relief of pain or to preserve his/her health or life. I release Brighter Minds LLC Daycare and the staff of any liability which may arise on the premises of Brighter Minds LLC, and absolve the daycare and/or staff from any cost of the medical treatment or transportation for my child/children and child's family members as a result of medical services and/or treatment provided by any physician, clinic, hospital or medical transporter. I agree to be fully financially responsible for any injury to my child/children that occurs during inside play, outside play or any activity. I fully understand and agree to the above authorization.

*** Signature of parent or Guardian _____

Meal Authorization Policy

I give my child/children permission to eat and/or consume center snacks and food provided by Brighter Minds LLC Daycare. I have listed any food allergies above in the child section that my child may not have.

*** Signature of Parent or Guardian _____

Photo Permission Policy

Brighter Minds LLC Daycare has my permission to photograph my enrolled child/children. I understand that the photo may be posted on a bulletin board, or be used in a craft project such as a Mother/Fathers Day gift. I understand that the photos may be also used for identification purposes at the Daycare electronically and delivered via the SmartCare App to Parents utilizing the Parent App so that Parents may observe moments in their child's day.

*** Signature of Parent or Guardian _____

Payment Policy

Person above whom enrolled child and is responsible for childcare payment: _____

Childcare fees are due on Monday of each week in advance. If there is an outstanding balance on Wednesday at Noon a late fee of \$20.00 is charged. I understand the payment policy. Pickups that occur after 6:00pm will result in late fees of \$1.00 per minute.

I acknowledge and understand the information and policies I have just signed. I have read the Handbook and understand all policies and procedures of Brighter Minds LLC Daycare and that I am in agreement and will abide by the same.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Signature of parent or guardian: _____ Date: _____

Thank You!