



Brilliant Futures Daycare REGISTRATION FORM

Child's First Name: _____ Middle: _____ Last Name(s): _____
 Address: _____
 City: _____ State: ____ Zip Code: _____ Sex: _____ DOB: ____ / ____ / ____

Parent 1 First Name: _____ Middle: _____ Last Name(s): _____
 Address: _____
 City: _____ State: ____ Zip Code: _____ Relation to Child: _____
 Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ Other: () _____
 Parent 2 First Name: _____ Middle: _____ Last Name(s): _____
 Address: _____
 City: _____ State: ____ Zip Code: _____ Relation to Child: _____
 Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ Other: () _____
 Parent/Guardian with Legal Custody: _____

Emergency Contact (in order of contact preference):

1 - First Name: _____ Middle: _____ Last Name(s): _____
 Address: _____
 City: _____ State: ____ Zip Code: _____ Relation to Child: _____
 2 - First Name: _____ Middle: _____ Last Name(s): _____
 Address: _____
 City: _____ State: ____ Zip Code: _____ Relation to Child: _____
 3 - First Name: _____ Middle: _____ Last Name(s): _____
 Address: _____
 City: _____ State: ____ Zip Code: _____ Relation to Child: _____

Person(s) authorized to drop-off/pick-up the Child at the daycare:

1 - First Name: _____ Middle: _____ Last Name(s): _____
 Address: _____
 City: _____ State: ____ Zip Code: _____ Relation to Child: _____
 2 - First Name: _____ Middle: _____ Last Name(s): _____
 Address: _____
 City: _____ State: ____ Zip Code: _____ Relation to Child: _____
 3 - First Name: _____ Middle: _____ Last Name(s): _____
 Address: _____
 City: _____ State: ____ Zip Code: _____ Relation to Child: _____

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 listed individuals to pick-up my child.

Parent/Guardian Signature: _____ Date: _____

NAPTIME/QUIET TIME - SLEEPING AND NAPPING ARRANGEMENT:

I understand that my child _____ will be using a crib or cot at naptime. He/she will be supervised visually or via baby monitor from the same floor. If my child is an infant, I also understand that my child will be placed on their back to sleep. The general nap schedule is from 12:30pm-2:30pm. I agree to bring every Monday morning a clean sheet/blanket for my child that I will take home on Friday to be cleaned and returned to the daycare.

Parent/Guardian Signature: _____ Date: _____

PARK, WALKS, AND FIELD TRIP PERMISSION SLIP:

I give permission for my child to participate in regular supervised outdoor activities on/off daycare property such as visits to the local library, walks/playtime at nearby parks, and also attend scheduled/planned field trips. For my child to be able to participate in a scheduled field trip, I understand a form will be placed in my child’s cubby. I’ll need to sign a field trip form permission slip prior to the scheduled trip and will be notified at least 1 week in advance to the nature/cost of the field trip.

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

EMERGENCY TRANSPORT AND TREATMENT (FILL OUT EITHER SECTION 1 OR 2 BELOW – Do not fill out both)

1 – Permission to Transport and Secure Treatment:

In the event that I can’t be reached to make arrangements for emergency medical or dental care for my child, I grant permission to Brilliant Futures Daycare to take my child _____ to the nearest hospital or medical or dental facility for treatment for any accident or illness as deemed necessary by Brilliant Futures Daycare. I accept liability for all treatment and ambulance expenses.

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

OR 2 – Refusal to Grant Permission:

In the event that I can’t be reached to make arrangements for emergency medical or dental care for my child, I DO NOT grant permission to Brilliant Futures Daycare to take my child _____ to the nearest hospital or medical or dental facility for treatment for any accident or illness as deemed necessary by Brilliant Futures Daycare. Instead, I wish the following action be taken:

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

PHOTO AND VIDEO RELEASE FORM:

I acknowledge that Brilliant Futures Corporation and/or any of its employees may take pictures or videos that may include my child. I give permission to post the pictures and/or videos to BFC’s website and/or social media page/group and waive any rights of compensation or ownership thereto.

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

APPLICATION OF OVER THE COUNTER MEDICATION:

I authorize BFC Daycare to apply non-prescription over the counter (OTC) medication on my child, as needed, including sunscreen, diaper ointment or cream and insect repellent. All OTC products will be in the original container, and if provided by the parent/guardian, labeled with the child’s name. All OTC products will be used according to the manufacturer’s recommendation and instructions for application and will not be used beyond the expiration date of the product.

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

PARENT HANDBOOK ACKNOWLEDGEMENT:

I acknowledge that I have received a copy of Brilliant Futures Daycare Parent Handbook and agree to abide with all the policies and procedures outlined in the Handbook. I understand that Brilliant Futures Daycare may change the contents of the Parent Handbook at any time provided they offer 30 day notice to the Parents.

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