Dear Parent

Enclosed please find Bright Horizons’ Back-up Child Care Registration Materials. The information requested in these forms is required by Bright Horizons Family 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 Bright Horizons Back-up Child Care Toll-Free Registration Line 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 at UTC**
9255 Towne Center Drive Suite 150
San Diego, CA 92121
(858) 458-0042 phone
(858) 458-0596 fax
utc@brighthorizons.com

**Bright Horizons Irvine**
2010 Main Street Suite 120
Irvine, CA 92614
(949) 261-1200 phone
(949) 261-6880 fax
irvine@brighthorizons.com

**Bright Horizons Palo Alto**
3000 El Camino Real
Palo Alto, CA 94306
(650) 493-3777 phone
(650) 493-3711 fax
paloalto@brighthorizons.com

**Bright Horizons at 2nd Street**
303 2nd Street, 2nd Floor, Suite 250
San Francisco, CA 94107
(415) 495-2500 phone
(408) 495-2507 fax
2ndstreet@brighthorizons.com

**Bright Horizons of Los Gatos**
220 Belgatos Road
Los Gatos, CA 95032
408-356-7989 (phone)
408-365-5340 (fax)
parents@brighthorizons.com

**Bright Horizons Burbank**
115 N. Hollywood Way
Burbank, CA 91505
(818) 526-0580 phone
(818) 526-0581 fax
burbank@brighthorizons.com

**Bright Horizons Los Angeles**
550 South Hope Street Terrace Suite 235
Los Angeles, CA 90071
(213) 623-0072 phone
(213) 622-7693 fax
losangeleshopestreet@brighthorizons.com

**Bright Horizons San Francisco**
555 California Street
San Francisco, CA 94104
(415) 392-7531 phone
(415) 392-7532 fax
sanfranciscocaliforniastreet@brighthorizons.com

**Bright Horizons Family Center – Del Mar**
3720 Arroyo Sorrento Road
San Diego, CA 92130
(866) 273-2773 toll-free
(858) 259-7213 fax
parents@brighthorizons.com
Child Name: 

Child Information Form  (one for each child to be registered)

Participating Parent/Guardian Information Form  (one for each participating guardian in the family)

Non-Participating Parent/Guardian Information Form  (one for each non-participating guardian in the family (if applicable))

Authorization for Release and Emergency Medical Treatment  (one for each child to be registered)

Authorized Non-Parent/Guardian Information Form  (one for each child to be registered)

Medical and Insurance Information Form  (one for each child to be registered)

Photograph of Child*  (see below for photograph requirements)

Photograph of Parent(s)/Guardian(s)*  (see below for photograph requirements)

Photograph(s) of Non-Parent/Guardian Authorized for Release*  (see below for photograph requirements)

CA Medical Form  (one for each child to be registered)

Pre-Admission Helath History - Parent’s Report  (one for each child to be registered)

Registration Agreement  (one for each child to be registered)

Child Care Center Notification of Parent’s Rights  (one for each child to be registered)

Personal Rights Child Care Facilities  (one for each child to be registered)

*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:

---

### School Attending:

(for pre-school and school age children only)

---

### 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:** ___________

---
A participating parent/guardian is a parent/guardian who has access to Bright Horizons back-up child care through his or her employer. If both parents are participating guardians please complete two Participating Parent/Guardian Information Forms.

**Parent/Guardian General Information**

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Relation to Child:</th>
<th>Gender</th>
<th>Employee ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(last, first, middle initial)</td>
<td>(please circle)</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Employer (Company Name):</td>
<td></td>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Email Address</th>
<th>Job Category:</th>
<th>Job Type:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administrative/Support</td>
<td>Mid-Level</td>
<td>Professional</td>
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</tbody>
</table>

| Business Unit, Department or Subsidiary: | |
|------------------------------------------| |

**Work Contact Information**

<table>
<thead>
<tr>
<th>Work Address Line 1</th>
<th>Work Phone</th>
<th>Work Extension</th>
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<table>
<thead>
<tr>
<th>Work Address Line 2</th>
<th>Work Fax</th>
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</table>

<table>
<thead>
<tr>
<th>Work Address Line 3</th>
<th>Work City, State, Zip</th>
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</thead>
</table>

**Home Contact Information**

<table>
<thead>
<tr>
<th>Home Address Line 1</th>
<th>Home Phone</th>
<th>Cell Phone</th>
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<table>
<thead>
<tr>
<th>Home Address Line 2</th>
<th>Home Email</th>
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</table>

<table>
<thead>
<tr>
<th>Home Address Line 3</th>
<th>Home City, State, Zip</th>
</tr>
</thead>
</table>

- 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  
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

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Relation to Child:</th>
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</thead>
<tbody>
<tr>
<td>(last, first, middle initial)</td>
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</table>

<table>
<thead>
<tr>
<th>Employer (Company Name):</th>
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</table>

### Work Contact Information (Required if applicable)

<table>
<thead>
<tr>
<th>Work Address Line 1</th>
<th>Work Phone</th>
<th>Work Extension</th>
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<table>
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<th>Work Address Line 2</th>
<th>Work Fax</th>
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</table>

<table>
<thead>
<tr>
<th>Work Address Line 3</th>
<th>Work City, State, Zip</th>
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</table>

### Home Contact Information

<table>
<thead>
<tr>
<th>Home Address Line 1</th>
<th>Home Phone</th>
<th>Cell Phone</th>
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<tr>
<th>Home Address Line 2</th>
<th>Home Email</th>
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<thead>
<tr>
<th>Home Address Line 3</th>
<th>Home City, State, Zip</th>
</tr>
</thead>
</table>

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

Parent/Guardian Signature: ___________________________ Date: ____________
California requires that each child have at least 1 person(s) other than the child’s parent(s) or guardian(s) authorized for release and 1 person(s) 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:

<table>
<thead>
<tr>
<th>Authorized Non-Parent/Guardian Name:</th>
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</thead>
<tbody>
<tr>
<td>Authorized Non-Parent/Guardian Name:</td>
<td></td>
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<tr>
<td>Authorized Non-Parent/Guardian Name:</td>
<td></td>
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<tr>
<td>Authorized Non-Parent/Guardian Name:</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Authorized Non-Parent/Guardian Name:</th>
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<tbody>
<tr>
<td>Authorized Non-Parent/Guardian Name:</td>
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<tr>
<td>Authorized Non-Parent/Guardian Name:</td>
<td></td>
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<tr>
<td>Authorized Non-Parent/Guardian Name:</td>
<td></td>
</tr>
</tbody>
</table>

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/or make medical decisions for the child in the event of an emergency when the parent(s) or guardian(s) cannot be reached.

Child Name:

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

Authorized Non-Parent/Guardian 1

<table>
<thead>
<tr>
<th>Authorized Non-Parent/Guardian Name:</th>
<th>Relationship to child:</th>
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<tbody>
<tr>
<td>(last, first, middle initial)</td>
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<table>
<thead>
<tr>
<th>Work Phone: (if applicable)</th>
<th>Cell Phone: (if applicable)</th>
<th>Home Phone:</th>
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<table>
<thead>
<tr>
<th>Authorized for emergency medical decisions?:</th>
<th>Authorized for release of child?:</th>
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</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>no</td>
<td>no</td>
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</tbody>
</table>

Authorized Non-Parent/Guardian 2

<table>
<thead>
<tr>
<th>Authorized Non-Parent/Guardian Name:</th>
<th>Relationship to child:</th>
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<tbody>
<tr>
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<th>Work Phone: (if applicable)</th>
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<tr>
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<th>Authorized for release of child?:</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
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<tr>
<td>no</td>
<td>no</td>
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</table>

Authorized Non-Parent/Guardian 3

<table>
<thead>
<tr>
<th>Authorized Non-Parent/Guardian Name:</th>
<th>Relationship to child:</th>
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<thead>
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<th>Work Phone: (if applicable)</th>
<th>Cell Phone: (if applicable)</th>
<th>Home Phone:</th>
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<tr>
<th>Authorized for emergency medical decisions?:</th>
<th>Authorized for release of child?:</th>
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</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
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<tr>
<td>no</td>
<td>no</td>
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Authorized Non-Parent/Guardian 4

<table>
<thead>
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<th>Authorized Non-Parent/Guardian Name:</th>
<th>Relationship to child:</th>
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<tr>
<th>Work Phone: (if applicable)</th>
<th>Cell Phone: (if applicable)</th>
<th>Home Phone:</th>
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<tr>
<th>Authorized for emergency medical decisions?:</th>
<th>Authorized for release of child?:</th>
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<tbody>
<tr>
<td>yes</td>
<td>yes</td>
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<tr>
<td>no</td>
<td>no</td>
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</table>

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

### Doctor Information

<table>
<thead>
<tr>
<th>Doctor/Clinic Name:</th>
<th>Doctor/Clinic Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1</td>
<td>( ) -</td>
<td>( ) -</td>
</tr>
<tr>
<td>Address Line 2</td>
<td>Address Line 3</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
<td></td>
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</table>

### Medical Insurance Information

<table>
<thead>
<tr>
<th>Medical Insurance Carrier:</th>
<th>Membership ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Employer Providing Insurance:</td>
<td>Member Services Phone ( ) -</td>
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</table>

### Hospital Information

<table>
<thead>
<tr>
<th>Affiliate/Preferred Hospital:</th>
<th>Hospital Phone ( ) -</th>
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</thead>
</table>

### Dentist Information

<table>
<thead>
<tr>
<th>Dentist Name:</th>
<th>Dentist Phone</th>
<th>Dentist Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1</td>
<td>( ) -</td>
<td>( ) -</td>
</tr>
<tr>
<td>Address Line 2</td>
<td>Address Line 3</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

Parent/Guardian Signature: ____________________________ Date: ________________
Parent/Guardian Signatures: ___________________________ Date: ________________

**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: ________________
Rights of the Licensing Agency (Section 101200 (b) & (c):

The Department or Licensing Agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any children or staff members. The Department has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. Records may be removed if necessary for copying.

Childs Name: ___________________________________

Signature of Parent/Guardian: ____________________________

Date: __________________

Signature of Center Director: ____________________________

Date: __________________
**PHYSICIAN’S REPORT—CHILD CARE CENTERS**

**PART A — PARENT’S CONSENT (TO BE COMPLETED BY PARENT)**

(NAME OF CHILD), born (BIRTH DATE) is being studied for readiness to enter (NAME OF CHILD CARE CENTER/SCHOOL). This Child Care Center/School provides a program which extends from _____ a.m./p.m. to _____ a.m./p.m., _______ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD’S AUTHORIZED REPRESENTATIVE) (TODAY’S DATE)

**PART B — PHYSICIAN’S REPORT (TO BE COMPLETED BY PHYSICIAN)**

Problems of which you should be aware:

- Hearing:
- Allergies: medicine:
- Vision:
- Insect stings:
- Developmental:
- Food:
- Language/Speech:
- Asthma:
- Dental:
- Other (include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
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<tbody>
<tr>
<td>POLIO (OPV OR IPV)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DTP/DTaP/DTaTd (Diphtheria, Tetanus AND [ACELLULAR] Pertussis OR Tetanus AND Diphtheria ONLY)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, Mumps, and Rubella)</td>
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<tr>
<td>HIB Meningitis (Haemophilus B)</td>
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<tr>
<td>HEPATITIS B</td>
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<tr>
<td>VARICELLA (CHICKENPOX)</td>
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</tbody>
</table>

SCREENING OF TB RISK FACTORS (listing on reverse side)

- [ ] Risk factors not present; TB skin test not required.
- [ ] Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- [ ] Communicable TB disease not present.

I have [ ] have not [ ] reviewed the above information with the parent/guardian.

Physician: ___________________________ Date of Physical Exam: ___________________________
Address: ___________________________ Date This Form Completed: ___________________________
Telephone: ___________________________ Signature: ___________________________

[ ] Physician [ ] Physician’s Assistant [ ] Nurse Practitioner
RISK FACTORS FOR TB IN CHILDREN:

* Have a family member or contacts with a history of confirmed or suspected TB.
* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
* Live in out-of-home placements.
* Have, or are suspected to have, HIV infection.
* Live with an adult with HIV seropositivity.
* Live with an adult who has been incarcerated in the last five years.
* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
* Have abnormalities on chest X-ray suggestive of TB.
* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.
CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME ____________________________ SEX ____________________________ BIRTH DATE ____________________________

FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME ____________________________ DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?

MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME ____________________________ DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?

IS CHILD HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?

DATE OF LAST PHYSICAL/MEDICAL EXAMINATION ____________________________

DEVELOPMENTAL HISTORY (+ For infants and preschool-age children only)

WALKED AT* Began TALKING AT* TOILET TRAINING STARTED AT* MONTHS MONTHS MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

- Chicken Pox
- Asthma
- Rheumatic Fever
- Hay Fever
- Diabetes
- Epilepsy
- Whooping cough
- Mumps
- Poliomyelitis
- Ten-Day Measles (Rubella)
- Three-Day Measles (Rubella)

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

Does child have frequent colds? YES NO

How many in last year? _______________ List any allergies staff should be aware of ____________________________

DAILY ROUTINES (+ For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?* WHAT TIME DOES CHILD GO TO BED?* DOES CHILD SLEEP WELL?*

Does child sleep during the day? YES NO

When? ____________________________ How long? ____________________________

What are usual eating hours?

BREAKFAST ____________________________ LUNCH ____________________________ DINNER ____________________________

ANY FOOD DISLIKES? ____________________________ ANY EATING PROBLEMS? ____________________________

Is child toilet trained? YES NO

If yes, at what stage? ____________________________ Are bowel movements regular? YES NO

What is usual time? ____________________________

Word used for "bowel movement"* ____________________________ Word used for urination* ____________________________

PARENT'S EVALUATION OF CHILD'S HEALTH

Is child presently under a doctor's care? YES NO

If yes, name of doctor: ____________________________

Does child take prescribed medication(s)? YES NO

If yes, what kind and any side effects: ____________________________

Does child use any special device(s)? YES NO

If yes, what kind: ____________________________

Does child use any special device(s) at home? YES NO

If yes, what kind: ____________________________

Parents' evaluation of child's personality ____________________________

How does child get along with parents, brothers, sisters and other children? ____________________________

Has the child had group play experiences? ____________________________

Does the child have any special problems/needs? (Explain.) ____________________________

What is the plan for care when the child is ill? ____________________________

Reason for requesting day care placement ____________________________

Parents' signature ____________________________ Date ____________________________

LIC 702 (8/08) (CONFIDENTIAL)
CHILD CARE CENTER
NOTIFICATION OF PARENTS’ RIGHTS

PARENTS’ RIGHTS
As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee’s public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: ____________________________
Licensing Office Address: __________________________
Licensing Office Telephone #: ________________________

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice “Registered Sex Offender” database, go to www.meganslaw.ca.gov

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS’ RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of ________________________________, have received a copy of the “CHILD CARE CENTER NOTIFICATION OF PARENTS’ RIGHTS” and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center
___________________________

Signature (Parent/Authorized Representative) ____________________________ Date ________________

NOTE: This Acknowledgement must be kept in child’s file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice “Registered Sex Offender” database go to www.meganslaw.ca.gov

LIC 995 (9/08)
PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY	 ZIP CODE	 AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

LIC 613A (8/08)
AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO
________________________________________ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
________________________________________ . THIS CARE MAY BE GIVEN UNDER

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

________________________________________

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE ( ) WORK PHONE ( )

LIC 8127 (0/98) (CONFIDENTIAL)
# IDENTIFICATION AND EMERGENCY INFORMATION

**CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

To Be Completed by Parent or Authorized Representative

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>LAST</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>SEX</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME</th>
<th>LAST</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>BUSINESS TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME ADDRESS</td>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME</th>
<th>LAST</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>BUSINESS TELEPHONE</th>
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<td>NUMBER</td>
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<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON RESPONSIBLE FOR CHILD</th>
<th>LAST NAME</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>HOME TELEPHONE</th>
<th>BUSINESS TELEPHONE</th>
</tr>
</thead>
</table>

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
</table>

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

<table>
<thead>
<tr>
<th>PHYSICIAN</th>
<th>ADDRESS</th>
<th>MEDICAL PLAN AND NUMBER</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENTIST</td>
<td>ADDRESS</td>
<td>MEDICAL PLAN AND NUMBER</td>
<td>TELEPHONE</td>
</tr>
</tbody>
</table>

If physician cannot be reached, what action should be taken?

- [ ] CALL EMERGENCY HOSPITAL
- [ ] OTHER EXPLAIN: ________________________________

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

(Child will not be allowed to leave with any other person without written authorization from parent or authorized representative)

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
</table>

Time child will be called for ________________________________

Signature of parent/guardian or authorized representative

Date ________________________________

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

Date of Admission ________________________________

Date Left ________________________________

LIC 700 (8/08)(CONFIDENTIAL)