

Bright Horizons Back-up Child Care Registration Checklist



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)

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

Registration Agreement ☐
(one for each child to be registered)

Privacy Statement and Consent ☐
(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 Nickname:

Child Date of Birth:

(/ /)

(mm/dd/yyyy)

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 centre

Parent/Guardian Signature: _____

Date: _____

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



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

Parent/Guardian Name:

(last, first, middle initial)

Employer (Company Name):

Relation to Child:

Gender
Male Female

Employee ID #:

Work Email Address

Would you like an account to access your family's registration and reservation information online?	
yes	no
(please circle)	

Job Category:
Administrative/Support Mid-Level Professional
(please circle)

Job Type:
Full Time Part Time
(please circle)

Job Title:

Business Unit, Department or Subsidiary:

Work Contact Information

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 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: _____

Ontario requires that each child have at least 1 person other than the child's parent(s) or guardian(s) authorized for release and 1 person 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 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: _____

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

Authorized Non-Parent/Guardian 1

Authorized Non-Parent/Guardian Name: _____ (last, first, middle initial)		Relationship to child: _____	
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: _____ (last, first, middle initial)		Relationship to child: _____	
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: _____ (last, first, middle initial)		Relationship to child: _____	
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: _____ (last, first, middle initial)		Relationship to child: _____	
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 centre.

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: OHIP OHIP Number

Hospital Information

Affiliate/Preferred Hospital: Hospital Phone () -

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 centre

Parent/Guardian Signature: _____

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 Centre 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 Centre. 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 centres 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 Centre.

2. Parent Handbook; Policies and Procedures; Use of Centre. I have received, reviewed and understand the Parent Handbook and related information concerning the Centre and the backup child care services provided by Bright Horizons. I will use the Centre in accordance with the terms of the Parent Handbook and Bright Horizons policies and procedures made available at the Centre. Use of the Centre 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 Centre. The availability of the Centre 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 Centres, 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 Centre, or participation in the programs and activities conducted by Bright Horizons other than to the extent caused by the negligent or wilful misconduct of Bright Horizons Family Solutions, Inc., Bright Horizons Children's Centres, 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 Centre 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 Centre, or participation in the programs and activities conducted by Bright Horizons.

Parent/Guardian Signature: _____

Date: _____

Bright Horizons Back-up Solutions Privacy Policy

Bright Horizons Family Solutions and its related companies operate child care centres and provide child care services for hundreds of children daily. We are committed to handling any personal information that we may collect concerning you or your child(ren) in the performance of these services in a professional, respectful, and lawful manner. Bright Horizons Family Solutions collects, uses and discloses personal information in accordance with this privacy statement and its privacy policy. If at any time you have any questions or concerns about the manner in which personal information concerning you or your child is being handled, please contact your centre director or the Bright Horizons Family Solutions Chief Administrative and Privacy Officer, at sdreier@brighthorizons.com or at Bright Horizons Family Solutions, 200 Talcott Avenue, Watertown, Massachusetts 02472 USA. A copy of our privacy policy may be obtained at any Bright Horizons Family Solutions child care centre or at our website at www.brighthorizons.com.

Bright Horizons Family Solutions collects personal information about you and your child(ren) for the purposes of: (i) providing child care services in the centre and other child care centres and services available for your use; (ii) serving additional needs of parents and children using the services; (iii) ensuring a secure and safe environment for children at the centre; (iv) serving educational, training, curriculum, communication, administrative, record-keeping and other similar purposes; (v) providing first aid treatment and facilitating emergency medical treatment if required; (vi) reporting information concerning use of the services to your employer; and (vii) complying with laws and regulations that require the collection, use and disclosure of personal information in connection with these services, and Bright Horizons Family Solutions best practices requirements.

The personal information collected about you and your child(ren) includes information supplied by you in registering your child(ren) with Bright Horizons Family Solutions, and additional or updated information which we may collect in the future from you and your child(ren). This information will include the names, addresses, contact information, ages and photographs of you and your child(ren); an emergency contact person and alternative person to whom we may release your child; medical and health information concerning your child(ren); insurance information and employee identification numbers; family background information; legal custody information; and written consents. It is important that the information collected is accurate and up-to-date. While we will endeavour to request updated information from time to time, we will rely on you to provide us with up-to-date and accurate information and to notify us of any changes to information previously collected to ensure that your child(ren)'s records are accurate. To correct or update any personal information, please contact a Bright Horizons Family Solutions staff member at your centre.

Consent

I hereby consent, on behalf of myself and the child named below, to the collection, use and disclosure by Bright Horizons Family Solutions of personal information about me, my family and my child(ren) in accordance with the Bright Horizons Family Solutions Privacy Statement in these registration materials.

Parent/Guardian Signature: _____

Date: _____

East York Civic Centre
850 Coxwell Avenue
Toronto, Ontario M4C 5R1
Tel: 416-392-1250 • Fax: 416-338-2487

Request for Immunization Information for Registrants to Licensed Child Care Programs

To Parent / Guardian:

Please complete the information section below or attach a copy of your child's immunization record. The immunization record is available from your doctor. Return this form to the child care facility within two weeks. Detailed instructions are on the back of this form. If you require further information, call the Toronto Public Health Immunization Infoline at 416-392-1250.

Child's Name _____
SURNAME GIVEN NAME

Address _____
NUMBER STREET NAME UNIT# CITY POSTAL CODE

Date of Birth _____ Sex M ☐ F ☐ (CHECK ONE)
YEAR MONTH DAY

Parent / Guardian Name _____
SURNAME GIVEN NAME

Telephone Number _____ Child Care Facility _____
HOME BUSINESS

ENTER CHILD'S ONTARIO HEALTH CARD NUMBER HERE

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PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR COMPLETE THE SECTION BELOW.

Date (year/month/day)	Pertussis (Whooping Cough)	Diphtheria	Tetanus (Lockjaw)	Polio*	Measles	Mumps	Rubella (German Measles)	Haemophilus B (HIB)	Hepatitis B**	TB Skin Test Results**	BCG**	Varicella (Chicken Pox)**	Comments, other immunizations or tests

*NOTE: If oral polio vaccine was given, indicate with an "O"

**Not Mandatory

The personal information on this form is collected under the City of Toronto Act, 1997 (No.'s 1 & 2, s. 46), By-law No. 110-1998, the Health Protection and Promotion Act, R.S.O. 1990, c.H. 7, s. 4, 5 and the Day Nurseries Act, R.R.O. 1990, Reg. 262, s.62. This information is collected for the purpose of maintaining an immunization record of students attending Licensed Child Care Programs and to take appropriate action to prevent certain vaccine preventable diseases. If you have any questions about this collection please contact: Call Centre Supervisor, Toronto Public Health, 416-392-1250

Child's Immunization Information

New Registrant to Licensed Child Care Programs

Instructions for Parents/Guardians

Please help us keep children in licensed child care programs healthy by making sure your child is properly immunized. You are required to provide an up-to-date record of your child's immunization to Toronto Public Health.

Children enrolled in licensed child care centres are required by law to be immunized against **Pertussis (Whooping Cough), Diphtheria, Tetanus (Lockjaw), Polio, Measles, Mumps, Rubella (German Measles), and Haemophilus influenza type b**, unless exempted by the Medical Officer of Health.

A parent or guardian of a child registering in a licensed child care program must provide one of the following:

An up-to-date record of their child's immunization.

OR

A completed medical exemption form, which clearly states the medical reasons why the child cannot be immunized. This form is to be completed by a qualified medical practitioner. This form is available from Toronto Public Health.

OR

If immunization conflicts with a parent/guardian's religious or conscience beliefs a notarized form must be completed. This form is available from Toronto Public Health.

Toronto Public Health will notify you if your child's immunization is not up to date. If an outbreak occurs, any child who is not adequately immunized may be kept out of the child care facility until the child receives the required vaccine or until all danger of illness has passed.

Instructions

1. Complete the reverse side of this form and return it to the child care facility.
2. Fill in the dates of each needle (including the year, month and day), or attach a clear photocopy of the child's immunization record. Complete both sides of the record.
3. If you do not have an immunization record for your child, take this form to your doctor.
4. When your child receives another needle give a copy of this information to the child care facility.
5. If you do not have an Ontario Health Card call the Immunization Infoline at 416-392-1250. We will tell you how your child can obtain the necessary needles.

**Call the Toronto Public Health Immunization Infoline at 416-392-1250
to ask any questions about immunization.**