

Bright Horizons Back-up Child Care Registration Materials

Dear Parent,

Enclosed please find registration materials for Bright Horizons' back-up child care centers. The information requested in these forms is required by Bright Horizons Back-up 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 the Bright Horizons Back-up Child Care Toll-Free Registration Line at 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 Minneapolis Gaviidae

651 Nicollet Mall
Suite 135
Minneapolis, MN 55402
(612) 339-1014 phone
(612) 339-1015 fax
minneapolisgaviidae@brighthorizons.com

Bright Horizons Minnetonka

111 Cheshire Lane
Suite 900
Minnetonka, MN 55305
(952) 473-1467 phone
(952) 473-2596 fax
minnetonka@brighthorizons.com

Bright Horizons Tenth Street

34 South Tenth Street
Minneapolis, MN 55403
(612) 332-7800 phone
(612) 332-7818 fax
tenthstreet@brighthorizons.com

Bright Horizons Woodbury

8147 Globe Drive
Woodbury, MN 55125
(651) 501-7722 phone
(651) 731-9759 fax
woodbury@brighthorizons.com

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)

Minnesota Health Care Summary and Immunization Record

(one for each child to be registered)

Registration Agreement

(one for each child to be registered)

Background Information Addendum

(one for each child to be registered)

Reporting Policy for Programs Providing Services to Children

(one provided to each family)

*Any photograph is acceptable (copy of driver's 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 center

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):

Work Email Address

Job Category:

Administrative/Support Mid-Level Professional
(please circle)

Business Unit, Department or Subsidiary:

Work Address Line 2

Relation to Child:

Gender

Male Female

Employee ID #:

Would you like an account to access your family's registration and reservation information online?

yes no
(please circle)

Job Type:

Full Time Part Time
(please circle)

Job Title:

Work Contact Information

Work Address Line 1

Work Address Line 3

Work Phone

() -

Work Extension

Work Fax

() -

Home Contact Information

Home Address Line 1

Home Address Line 2

Home Address Line 3

Work City, State, Zip

Home Phone

() -

Cell Phone

() -

Home Email

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)

Employer (Company Name):

Relation to Child:

Work Email Address

Work Contact Information (Required if applicable)

Work Address Line 1

Work Address Line 2

Work Address Line 3

Work Phone

() -

Work Fax

() -

Work Extension

Work City, State, Zip

Home Contact Information

Home Address Line 1

Home Address Line 2

Home Address Line 3

Home Phone

() -

Cell Phone

() -

Home Email

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: _____

Minnesota requires that each child have at least 2 persons other than the child's parent(s) or guardian(s) authorized for release and 2 persons 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

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: _____

Minnesota requires that each child have at least 2 persons other than the child's parent(s) or guardian(s) authorized for release and 2 persons 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: _____	
Home Address _____		Home City, State, Zip _____	
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: _____	
Home Address _____		Home City, State, Zip _____	
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: _____	
Home Address _____		Home City, State, Zip _____	
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: _____	
Home Address _____		Home City, State, Zip _____	
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 center.

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: _____	Membership ID #: _____
Name of Employer Providing Insurance: _____	Member Services Phone () - _____

Hospital Information

Affiliate/Preferred Hospital: _____	Hospital Phone () - _____
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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 center

Dental Insurance Information

Dental Insurance Carrier : _____	Membership ID#: _____
Name of Employer Providing Insurance: _____	Member Services Phone: _____

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 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: _____

Background Information

(required for children up to 36 months only)

Child's Name: _____
DOB: ____ / ____ / ____

To meet MN Rule 3 requirements, please provide the following information to complete your child's file.

How does your child like to be comforted? What methods do you use?

Parent/Guardian Signature:
Date: ____ / ____ / ____

MALTREATMENT OF MINORS MANDATED REPORTING POLICY FOR DHS LICENSED PROGRAMS

Who Should Report Child Abuse and Neglect

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

Where to Report

- If you know or suspect that a child is in immediate danger, call 911.
- All reports concerning suspected abuse or neglect of children occurring in a licensed facility should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at _____ or local law enforcement at _911_.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services, Licensing Division at (651) 431-6500.

What to Report

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

Failure to Report

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

Retaliation Prohibited

An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

Internal Review

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review must include an evaluation of whether:

- (i) related policies and procedures were followed;
- (ii) the policies and procedures were adequate;
- (iii) there is a need for additional staff training;
- (iv) the reported event is similar to past events with the children or the services involved; and
- (v) there is a need for corrective action by the license holder to protect the health and safety of children in care.

Primary and Secondary Person or Position to Ensure Internal Reviews are Completed

The internal review will be completed by __Center Director__ (name or position). If this individual is involved in the alleged or suspected maltreatment, __Regional Manager__ (name or position) will be responsible for completing the internal review.

Documentation of the Internal Review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

Corrective Action Plan

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

Staff Training

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

The mandated reporting policy must be provided to parents of all children at the time of enrollment in the child care program and must be made available upon request.