

## CARE PROFILE/REGISTRATION FORM

### CARE RECIPIENT BASIC INFORMATION

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Name:	Relationship to Client Employee:
Preferred Name:	Is Client Employee a Parent or Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date:	Child Lives With:
Gender:	Custody Issues/Visitation Order? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language:	Custody Details (if applicable):

### HEALTH INFORMATION AND RESTRICTIONS (if Yes, please provide details)

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Food Restrictions:  Yes  No Details:

Food Allergies:  Yes  No Details:

Allergies to Medication:  Yes  No Details:

Other Allergies:  Yes  No Details:

Diagnosed Special Need/Medical Condition:  Yes  No Details:

Activity Restrictions:  Yes  No Details:

### MEDICAL INFORMATION

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Health Insurance Provider:

Policy Number:

Name of Insured:

Physician/Clinic Name:

Physician Phone:

### DENTIST INFORMATION

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Dentist Name:

Dentist Phone:

Address:

### ADDITIONAL INFORMATION

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Regular Care Arrangements:

School Attending:

Sleeping Schedule:

Toilet Schedule:

Developmental Abilities:

Crawling?  Yes  No

Walking?  Yes  No

Toilet Trained?  Yes  No

## CARE PROFILE/REGISTRATION FORM

### Employee:

#### PERSONAL INFORMATION

Name:  
Preferred Name:  
Gender:  
Primary Email:  
Secondary Email:  
Primary Phone:  
Secondary Phone:  
Other Phone:  
Address:

#### EMPLOYMENT INFORMATION

Employer:  
Job Title:  
Work City:  
Work State:

### Authorized Contact (Other Parent/Guardian):

#### PERSONAL INFORMATION

Name:  
Preferred Name:  
Gender:  
Primary Phone:  
Secondary Phone:

#### ACCESS INFORMATION

Relationship to Child:  
Parent/Guardian?  
 Yes  No  
Emergency Contact  Yes  No  
Authorized Pick-Up  Yes  No

## CARE PROFILE/REGISTRATION FORM

### Authorized Contacts (Emergency Contact/Authorized for Pick-up):

**Note:** You must have at least one person that is NOT a parent or legal guardian listed as an Emergency Contact and Authorized Pick-Up

#### PERSONAL INFORMATION

Name:  
Preferred Name:  
Gender:  
Primary Phone:  
Secondary Phone:

#### ACCESS INFORMATION

Relationship to Child:  
Parent/Guardian?  
 Yes  No  
Contact Privileges:  
Emergency Contact  Yes  No  
Authorized Pick-Up  Yes  No

#### PERSONAL INFORMATION

Name:  
Preferred Name:  
Gender:  
Primary Phone:  
Secondary Phone:

#### ACCESS INFORMATION

Relationship to Child:  
Parent/Guardian?  
 Yes  No  
Emergency Contact  Yes  No  
Authorized Pick-Up  Yes  No

### Signatures

PARENT/GUARDIAN:

BRIGHT HORIZONS EMPLOYEE:

DATE:

DATE: