

### Bright Horizons Infant Parent Day Sheet

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Pick-up Time:** \_\_\_\_\_  
**Parent/Guardian's Name:** \_\_\_\_\_ **Today's Phone:** \_\_\_\_\_  
**Other Parent/Guardian's Name:** \_\_\_\_\_ **Today's Phone:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_

**Describe any allergies or food restrictions that your child has, and any related symptoms of an allergic reaction and treatment needed:**

**Person who can locate you today if you cannot be reached at the phone numbers above:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Who will be picking your child up today? (Please circle)**    Self    Other Parent/Guardian    Authorized Release Person on File

**Feeding Schedule:**

Formula / Breast Milk / Other _____ (Please circle)		
Time of last feeding: _____		
<b>Today's formula/milk feeding schedule:</b>		
Time of Feeding (Pls. list in order)	Amount to be given	warm / rm temp / cold (Please circle)
		warm / rm temp / cold
		warm / rm temp / cold
		warm / rm temp / cold

<b>Solid Food</b>			
Time of last feeding: _____			
<b>Today's solid food feeding schedule:</b>			
Time of Feeding (Pls. list in order)	Amount to be given	Food	warm / rm temp / cold (Please circle)
			warm / rm temp / cold
			warm / rm temp / cold
			warm / rm temp / cold

**Additional Info:** \_\_\_\_\_

May we offer your child snacks provided by Bright Horizons?    Yes    No

**Sleeping:** It is Bright Horizons' policy not to place an infant on its side or abdomen while sleeping to reduce the risk of Sudden Infant Death Syndrome. At some centers exceptions to this policy are available with proper documentation. Please see the Center Director to request an exception.

Where does your child sleep?    Crib    Bed    Other \_\_\_\_\_    Pacifier?    Yes    No    Other \_\_\_\_\_

Describe how you put your child to sleep: \_\_\_\_\_

Approximate Daily Sleeping Schedule	
Time of Nap (Please list in order)	Duration of Nap

When was the last time your child slept and for how long? \_\_\_\_\_

Did your child bring a comfort item (blanket, stuffed animal)?

Yes    No    If yes, please describe: \_\_\_\_\_

**Diapering:**    Time of last change? \_\_\_\_\_    Please list special instructions, including ointments, wipes, powder used, etc.:

**Medical: Is your child on any medication or injured today or has your child been on medication or injured in the past 5 days? Yes No**

If yes, please give the type, reason, and for how long: \_\_\_\_\_

Side effects: \_\_\_\_\_

**Outside Time:** Circle 'Yes' if you give permission for your child to leave the premises of the Bright Horizons center for educational purposes, with the understanding that your child will be accompanied by Bright Horizons staff at all times. I understand that this includes local walks or other field trips as specified. I give permission for center staff to apply the sunscreen I have provided.

**Extended Visit: Please initial and date on each consecutive visit**

Monday:    Date:    Tuesday:    Date:    Wednesday:    Date:    Thursday:    Date:    Friday:    Date:

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You will receive a Bright Horizons Parent Survey via email at the end of the week. We appreciate your feedback!