

Bright Horizons School Age 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

Lunch:

Will you be taking your child out to lunch? Yes No If yes, time: _____

Will you be joining your child in the center for lunch? Yes No If yes, time: _____

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

Quiet Time:

Would you like your child to nap during quiet time? Yes No If yes, time and duration: _____

Other Helpful Information:

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.
Yes or No

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: _____