

Bright Star Child Information Sheet

Child's Name _____

Date Of Birth _____ Age _____ Sex _____

Legal Guardians:

Name _____ Relationship _____

Work # _____ Cell # _____

Name _____ Relationship _____

Work # _____ Cell # _____

Home Address _____

Home Phone # _____

Siblings _____ Both Parents Home: Yes _____ No _____

Other Household Members Over 18 _____

Special Needs _____

Dominant Language Spoken at Home _____

Allergies _____

INFORMATION PROVIDED: I HAVE PROVIDED INFORMATION ON MY CHILD SPECIAL NEEDS (ALLERGIES, DIET, DISABILITIES AND/OR MEDICAL INFORMATION) TO BRIGHT STAR AS MAY BE NECESSARY TO ASSIST THE FACILITY IN PROPERLY CARING FOR MY CHILD IN CASE OF EMERGENCY AND DAILY CARE. I AGREE TO UPDATE THIS INFORMATION WHENEVER A CHANGE OCCURS. YES _____ NO _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY OR ILLNESS IN THE ORDER YOU WANT THEM TO BE CALLED:

1. NAME _____ PHONE# _____ RELATIONSHIP _____

2. NAME _____ PHONE# _____ RELATIONSHIP _____

3. NAME _____ PHONE# _____ RELATIONSHIP _____

OTHER PERSONS AUTHORIZED TO PICK UP CHILD:

1. NAME _____ PHONE# _____ RELATIONSHIP _____

2. NAME _____ PHONE# _____ RELATIONSHIP _____

3. NAME _____ PHONE# _____ RELATIONSHIP _____

PERSON TO BE CALLED FOR SCHOOL CLOSINGS

NAME _____ PHONE# _____ RELATIONSHIP _____

EMERGENCY CODE WORD _____

YOUR CHILD WILL NOT BE RELEASED TO ANYONE NOT ON THIS LIST WITHOUT PRIOR WRITTEN CONSENT FROM LEGAL GUARDIAN. ALL AUTHORIZED PERSONS MUST SHOW PHOTO ID IN THE OFFICE.

LEGAL GUARDIAN SIGNATURE _____ **DATE** _____

PLEASE FILL OUT BACK OF FORM

