

## Completing an Enrollment Form

This document reviews the steps necessary to complete an enrollment form in the Family Information Center.

Completing your enrollment forms is easy and quick with the self-populating feature. When you are first invited to start your enrollment forms, you'll be prompted to complete an information review, where you'll review the data we already have on your profile and you'll be asked to provide some additional child and family information.

Once you've completed this section the information will filter down to the applicable fields in the enrollment forms. You'll need to review the required forms, check some boxes, make selections from drop downs, and at times add additional information.

If you need to edit any information in a grayed-out field, you'll need to return to the Family Info tab and edit the child/family data there. When you click **OK** the information will filter down to the applicable field in the forms and you can complete the form.

### Completing a Form

**Step One:** From the **Family Info** tab scroll down to the **Enrollment Forms and Immunizations** section. Locate the form you wish to complete and click the **Complete** button:

**Enrollment Forms and Immunizations**

To comply with **licensing requirements** your child must have up-to-date forms and immunizations to attend a Bright Horizons center. Please complete all required forms. Some forms may be sent back for review and updating periodically.

If your child has any special health needs, additional forms can be found in the **As Needed** section (e.g. Health Care Plans, Topical Ointment, Suspected Allergy/Food Intolerance).

Need to update a form you previously submitted? Locate the form in the **Completed** section.

Review [Bright Horizons Family Guide](#)

Required
As Needed
Documents

These forms are required.

Name	Due Date	Status	Special Instructions	Action
Child Information Form	11-03-2023	Not Started		<a href="#">Complete</a>
Developmental History	11-03-2023	Not Started		<a href="#">Complete</a>
Enrollment Agreement - Jim Greenman Early Education Innovation Center	11-03-2023	Not Started		<a href="#">Complete</a>
Food From Home	11-03-2023	Not Started		<a href="#">Complete</a>
Illness Policy	11-03-2023	Not Started		<a href="#">Complete</a>
Immunization Notification	11-03-2023	Not Started		<a href="#">Complete</a>
Informed Consent	11-03-2023	Not Started		<a href="#">Complete</a>

**Step Two:** Fill out all **required fields** and **checkboxes**. Any **grayed-out field** must be edited in the Family Info section. Once the information is saved it will filter down to the applicable fields in the forms.



[Preview Form](#)

## Bright Horizons Informed Consent

**i** Information displayed in gray fields is prepopulated. Please return to the My Information section to edit or add missing content.

\*Child's Name

Melissa Smith

### Access

I will have access to the center without notice when my child is present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

### Child Release

For a child's safety, Bright Horizons will release a child only to parent(s)/legal guardian(s) or to the third parties I authorized below. Parents/guardians are required to provide a current copy of any relevant Custody Order. Third party pick-up is subject to the following rules:

- At least **two** people other than the parents/guardians must be listed and designated as emergency contacts by checking the corresponding box below. Emergency contacts will be contacted if parents/guardians cannot be reached.
- If the person picking up is listed below, but does not pick up the child regularly, I will notify the center verbally, in advance. Verbal authorization is not permitted for any person not listed on this form.
- If the person picking up is NOT listed below, I must notify the center/school in writing, in advance.
- Photo identification will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.

**\*Select up to 5 Additional Authorized Contacts (who are not parent/guardians) that are authorized to pick up your child**

Cristina Smith

Daniel Smith

Authorized Contact 1	
*Name	*Relationship
Cristina Smith	Aunt/Uncle
*Address	
555 Smith Lane	
*City / State / Zip	
Bayside, NY 11364	
Email	Cell Phone
*Daytime Phone	*Emergency Contact
555-654-7896	No

Bright Horizons will not release a child to anyone who appears impaired. If an impaired person attempts to pick up your child, pick-up will be refused and we will attempt to contact the other parent/guardian or authorized persons. If alternative arrangements cannot be made, the local child protective services agency and/or the local police will be called, as required by state licensing.

**Walk Permission**

Weather permitting, children may go on walks supervised by staff in the surrounding area. Infants and young toddlers are transported in a buggy or stroller. You will be notified regarding walk locations beyond licensed premises. ⓘ

give permission for my child to participate in walks.

Preschool and school-age children may take field trips. A separate Field Trip Permission Slip, describing the activity, will be sent home for signature.

**Child Illness**

If my child becomes ill, I will be called. I maybe required to to pick up my child as soon as possible (within 90 minutes at most). A child must remain out of the center until he/she is symptom free for 24 hours, unless a doctor's note is provided which states that the child is 1) not contagious; and 2) can participate in group care. The Family Guide contains Bright Horizons' full Child Illness Policy, including protocols for contagious illnesses.

**Children's Injuries**

If my child sustains a minor injury during care, I will receive an Occurrence Report when I pick-up describing the incident. I will be contacted immediately if the injury produces any swelling, is on the face or head, or requires medical attention.

**Emergency Medical Care**

If emergency medical attention is needed for my child, Melissa Smith the center will attempt to contact me or the emergency contacts listed (if I cannot be reached). I authorize Bright Horizons to call an ambulance to transport my child for medical treatment to the closest hospital or medical facility, or to my preferred facility, if possible.

Preferred Hospital

Boston Childrens

Staff is trained in pediatric first aid and CPR and I authorize staff to administer the same. My child's health information may be viewed by staff, on a need to know basis, and state licensors for compliance.

\*CHILD'S HEALTH INSURANCE PROVIDER

Harvard Pilgrim

\*NAME OF INSURED

Parent Smith

\*POLICY NUMBER

HP123456

**Family Guide Acknowledgement**

By signing below, I acknowledge and agree that:1) in addition to this Informed Consent, I received the Bright Horizons Family Guide or client equivalent, as well as any center-specific information and relevant state policies; 2) it is my responsibility to read and familiarize myself with all these materials and address any questions with center management; and 3) I will abide by these materials.

**I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS NOTED ABOVE.**

\*SIGNATURE OF PARENT/GUARDIAN

*Smith*

\*DATE

10/25/2023

Save for Later

Submit