

<b>San Diego Brighter Daycare Registration Form</b>				Date child entered care	Date child left care
Child's name Last First Middle			Name (Nickname) used		Birthdate
Street address			City	Zip code	
Child's parent/guardian name		Home phone # ( ) -	Cell phone# ( ) -	Alternative phone # ( ) -	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Child's parent/guardian name		Home phone # ( ) -	Cell phone# ( ) -	Alternative phone # ( ) -	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Other than you, who else has permission to pick up your child? In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them. Parent/Guardian signature: _____					
Name		Address		Telephone number	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Give us an ideal of how many days and time frame your child will be attending.					
Your estimated days and times	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					
Who does not have permission to pick up your child? If applicable (A copy of supporting court document must be on file)					
Name			Reason		

**Child's health information**

Date of child's last physical exam:	Child's health care provider	Telephone number (    )    -
Street address	City	Zip code
Special health problems? Yes or no? If yes, specify.	Allergies, including drug reactions Yes or no? If yes, specify.	
Regular medications? Yes or no? If yes, specify.	Other important information Yes or no? If yes, specify.	
Child's dentist's name	Telephone number (    )    -	
Street address	City	Zip code

**Child's medical insurance coverage**

Insurance company name	Member/policy number
Policy holder name	Employer name
Insurance company name	Member/policy number
Policy holder name	Employer name

**Consent to medical care and treatment of minor children**

I give permission that my child, \_\_\_\_\_, may be given first aid/emergency treatment by a the child care licensee and/or qualified staff at:

Name of Licensee Pyone Thet,

Address of Licensee 2960 Poinsettia Dr, San Diego , CA 92106.

Parent/guardian signature	Date	Parent/guardian signature	Date
<p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of California that this information is true and correct.</p>			
Parent/guardian signature	Date	Parent/guardian signature	Date