



Bright Side Early Care and Learning Center

Circle Location: Dogwood Village North Madison Spicers Mill

Enrollment Date: _____

Withdrawal Date: _____

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information

Child's Information

Child's first name		Child's middle name		Child's last name		Child's nickname	
Age	Sex	Child's primary language		Parent/guardian primary language			
Child's home address			City		State		Zip
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name		Grade		School phone	
School address			Drop off time			Pick up time	

Family Information

List family members your child lives with – include first names, relation and ages of siblings

LIST BELOW ONLY INDIVIDUALS WHO HAVE LEGAL CUSTODY OF CHILD. IF A PARENT IS NOT LISTED OR IF GAURDIAN IS NOT A PARENT, LEGAL PROOF OF CUSTODY MUST BE PROVIDED.

Parent/guardian		Relationship to child		Home phone		Cell phone		
Home address if different from above			City		State		Zip	
Home email		Work email			Work phone			
Employer	Employer address		City		State		Zip	Work hours
Other parent/guardian		Relationship to child		Home phone		Cell phone		
Home address if different from above			City		State		Zip	
Home email		Work email			Work phone			
Employer	Employer address		City		State		Zip	Work hours

Child Emergency Contact and Release Information (do not include parents/guardians) Minimum of 2 required!

Please notify the center if an Emergency Release Contact will pick up your child on a given day.
[For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pickup.]

Person #1		Relationship to child		Home phone		Cell phone		
Home address			City		State		Zip	
Home email		Work email			Work Phone			
Employer	Employer address		City		State		Zip	Work hours
Person #2		Relationship to child		Home phone		Cell phone		
Home address			City		State		Zip	
Home email		Work email			Work Phone			
Employer	Employer address		City		State		Zip	Work hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial _____ Staff initial _____ Date _____

Bright Side Early Care and Learning Center

Medical Information					
Child's name	Birth date	Height	Weight	Hair color	Eye color
Distinguishing marks					
Child's Medical & Developmental History					
1. Does your child have any special medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
2. Does your child have any chronic illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
3. Please list a brief history of your child's serious injuries and hospitalizations. _____					
4. Does your child have diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
5. Does your child have asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
6. Are any medications administered regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes (List medications and reasons) _____					
7. Does your child have any special dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
8. Is your child able to fully participate in all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
9. Does your child have any physical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
10. Does your child function at the level of other children in his/her age group? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
11. Is your child able to walk <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Can your child communicate his/her needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
13. Does your child need assistance at meal time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
14. Does your child rest during the day? <input type="checkbox"/> No <input type="checkbox"/> Yes Typical time of rest: _____ Mood upon waking? _____					
15. Is your child toilet trained? <input type="checkbox"/> No <input type="checkbox"/> Yes Any special toileting needs? _____					
16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
19. Brand of Infant Formula (If applicable) _____ *Please note it is Bright Side's policy to feed infants on demand unless other written instructions are on file from the child's physician.					
Illness History (please check all that apply)					
<input type="checkbox"/> Vision problems		<input type="checkbox"/> Nosebleeds		<input type="checkbox"/> Seizures	
<input type="checkbox"/> Hearing problems		<input type="checkbox"/> Skin rashes		<input type="checkbox"/> Mouth sores	
<input type="checkbox"/> Constipation		<input type="checkbox"/> Sore throats		<input type="checkbox"/> Fainting	
<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Ear infections		<input type="checkbox"/> Persistent cough	
<input type="checkbox"/> Asthma/breathing problems		<input type="checkbox"/> Urinary tract infections		<input type="checkbox"/> Other	
<i>Please attach care instructions from your physician for any of these illnesses.</i>					
Disease History (please check all that apply and add the date)					
<input type="checkbox"/> Chicken Pox (Varicella) _____		<input type="checkbox"/> Mumps _____		<input type="checkbox"/> Rubella (German Measles) _____	
<input type="checkbox"/> Measles Rubeola _____		<input type="checkbox"/> Pertussis (Whooping cough) _____		<input type="checkbox"/> Other _____	
Allergies (please list)					
Medication Allergies		Food Allergies		Reaction	
_____		_____		_____	
_____		_____		_____	
Bee Stings Allergies		Respiratory Allergies		Reaction	
_____		_____		_____	
Other Allergies		Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____		_____			
<i>Please attach care instructions from your physician for any life-threatening allergies.</i>					
Miscellaneous Screenings and Tests (please check all that apply and add the date of last screening)					
<input type="checkbox"/> Mental Health _____		<input type="checkbox"/> Developmental _____		<input type="checkbox"/> Physical Therapy _____	
<input type="checkbox"/> Occupational Therapy _____		<input type="checkbox"/> Aptitude _____		<input type="checkbox"/> Play Therapy _____	
<input type="checkbox"/> Speech Therapy _____		<input type="checkbox"/> Educational _____		<input type="checkbox"/> Other _____	

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Staff initial _____ Date _____

Bright Side Early Care and Learning Center

Medical Information (continued)			
Child's name		Birth date	
Child's Medical Care Provider			
Primary physician's name	Primary physician's practice name		Phone
Physician's practice address		City	State
Preferred hospital/clinic for emergency care		City	State
Dentist's name	Dentist's practice name		Phone
Dentist's practice address		City	State
Child's Insurance Provider			
Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
Child's Immunization History <i>(please attach a copy of your child's immunization records signed by their physician)</i>			
Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state.			
Anthrax	Influenza	Pneumococcal disease	Smallpox
Diphtheria	Lyme Disease	Polio	Tetanus
Haemophilus Influenza type b (Hib)	Measles	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
Hepatitis B	Mumps	Rubella	Varicella (Chickenpox)
Human Papillomavirus (HPV)	Pertussis (Whooping Cough)	Shingles (Herpes Zoster)	Yellow Fever
Additional Medical Policies			
1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations and with Bright Side Policies			Initial _____
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.			_____
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return within 24 hours and until I bring in a physician's note stating that he/she is clear to return.			_____
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 1 hour after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .			_____
Emergency Medical Authorization & Consent			
In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , and lastly my physician.			Initial _____
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.			_____
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.			_____
In case of a medical emergency, I will be responsible for the emergency medical expenses.			_____
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.			_____
Identity Verification		FOR OFFICE USE ONLY	
Place of Birth: _____	Birth Date: _____		
Birth Certificate Number: _____	Date Issued: _____		
Other Form of Proof: _____			
Executive Director/Director Signature: _____			

Parent initial _____ Staff initial _____ Date _____

Bright Side Early Care and Learning Center

Rate Agreement and Contract

Child's name _____

Birth date _____

Hours of Operation

Regular operating hours are Monday – Friday 6:15 AM – 5:30 PM, except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on Facebook, Class Dojo, and on Channel 29 News. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows: (Not to exceed 10 hours per day)

Day of week	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I would prefer to make tuition payments on a weekly bi-weekly (Prepay ONLY) monthly (Prepay ONLY) basis.

Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian after completion)

- Starting on _____ a fee of \$ _____ is due weekly. bi-weekly (Prepay ONLY) monthly (Prepay ONLY) Initial _____
- Tuition is due and payable by Friday at 5:30 PM Every Friday. Every other Friday First Friday of the month. _____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or absence other than hospitalization, or absence at the request of a doctor (a written doctor's note is required to receive credit). _____
- I agree to pay the full tuition in advance of services rendered for Bi-Weekly and Monthly Payment Plans _____
- I agree to pay the full tuition fee even if my child is absent for one or more days. _____
- A late fee of \$25.00 is due if tuition is not received by Tuesday of the following week. _____
- A non-refundable registration fee of \$60.00 is due yearly. _____
- A late pick up fee of \$1 per minute per child is due if my child is not picked up before closing at 5:30 PM. _____
- Accounts two weeks in arrears may result in immediate termination of service. _____
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required. _____
- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$35.00. Two or more returned checks or ACH transactions will result in my account being placed on "cash only" status. _____
- A two-week written notice is required for any child being withdrawn from the program. _____
- A receipt for income tax purposes will be provided yearly in January. _____

Other Agreements

Hold Harmless Agreement

I agree to release and hold harmless Bright Side and its employees from any accident or harm that may occur should I retain the services of any Bright Side Employee for the care of my child(ren) outside the child care center. I understand Bright Side does not condone or encourage its employees to babysit for parents of enrolled children outside of the center. If I retain the services of any Bright Side employee in such capacity, Bright Side has no responsibility and is held harmless from any incident which may occur. Initial _____

Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website, social media, emails, ads, flyers, brochures, other marketing purposes and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. I give permission I DO NOT give permission Initial _____

Parent initial _____ Staff initial _____ Date _____

Bright Side Early Care and Learning Center

Other Agreements <i>(continued)</i>	
Child's name	Birth date
Walking Excursions	
I give my permission for my child to participate in supervised walking excursions near and around the center.	Initial _____
Handbook Acknowledgement	
I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them.	Initial _____
I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.	_____
Information contained in the Family Handbook may be subject to change.	_____
Video Monitoring and Surveillance Policy	
In order to increase the safety of the children in our care and protect the integrity of our staff, motion detected video surveillance cameras are placed in the open areas in our center. Motion detected video surveillance cameras may be placed near the front entrance in order to get a clear picture of everyone who enters and exits our center. Motion detected video surveillance cameras may be placed in each classroom so that children and staff are monitored at any time during learning, playtime and naptime. The only exception to monitoring and surveillance are private areas including restrooms, diaper changing areas, and dressing areas. Motion detected video surveillance cameras continue to monitor our center outside of business hours for security purposes. Motion detected video surveillance footage may be obtained by the provider and used to provide clarity to a captured activity when the safety of a child and/or staff of the center are in question.	
I, _____, have read the Video Monitoring and Surveillance Policy and understand its contents. I also agree with its terms and conditions and my signature below represents my consent to have my child under video surveillance while in care and throughout their time enrolled in your program.	
_____ Parent/Guardian Signature	_____ Date

Bright Side Early Care and Learning Center Financial Policies	
Financial Agreement	
I, _____ (please print name), the parent/guardian of _____ agree to pay my child's tuition no later than Friday of the current week. If I have not paid by Tuesday of the following week, I understand that I will be charged a late fee. I also understand that if I do not pick my child up by the center's closing time, I will incur a late pick up charge. In the event that my child's tuition account becomes two weeks in arrears, I understand that my child care services with Bright Side will be terminated. I also agree to pay all costs and expenses including, without limitation, court costs, reasonable attorney fees, and reasonable collection agency fees incurred by Bright Side in connection with the collection of tuition and the enforcement of this agreement. I understand that Bright Side and its authorized agents will use any personal contact information (home, work, cell and emergency contact numbers) provided to us on this document in an attempt to collect any outstanding balance on the account.	
_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date
Tuition Payment Options	
Please see the options with description below and complete the box on the next page with your preferred method. At any time you may change your preferred method of payment. Please communicate all changes with the Director.	
OPTION 1 – Automatic Electronic Funds Transfer (EFT) You will choose to receive your weekly invoice by email or printed out and given to you at the center. Complete the box on the next page and we will automatically draft payment from your bank account or credit card on an agreed upon schedule. (Weekly or bi-weekly). There is no additional cost for the Electronic Fund Transfer Option.	
OPTION 2 – Cash, Personal Check, or Money Order You will receive a weekly invoice by email or printed and given to you at the center. You can pay with cash, personal check, or money order. Payments should be placed in the locked payment box. Money orders and checks should be made payable to Bright Side.	
OPTION 3 – Click to Pay You will receive your invoice weekly by email. There will be a "Click To Pay" link on your invoice. After clicking the link, you will be able to pay your tuition online by credit card.	

Tuition Payment Options

Parent Name _____ Child's Name(s) _____

At this time, I am choosing to pay the tuition for my child(ren) by the following option:

_____ OPTION 1 – Automatic Electronic Funds Transfer (EFT)

_____ OPTION 2 – Cash, Personal Check, or Money Order

_____ OPTION 3 – Click to Pay

BELOW IS FOR AUTOMATIC WITHDRAWALS ONLY

- Checking Account Withdrawal (Please attach a voided check)
- Credit Card account holder's name and billing address as it appears on the card.

Name: _____

Billing Address: _____

(Circle One): VISA AMEX Mastercard Discover

CARD NUMBER: _____

Expiration Date: _____ / _____ (month/year)

CVC 3 Digit Code: _____

I hereby authorize Bright Side Early Care and Learning Center to withdraw scheduled payment on my behalf from the checking account or credit card listed above. If at any time I decide to make changes or discontinue automatic payment service, I will notify the Director of Bright Side in writing.

Parent/Guardian Signature: _____ Date: _____

Bright Side Early Care and Learning Center Policies

1. I understand that my child must not be left on school grounds without supervision. I agree to walk my child into the school each morning and release my child to a teacher before leaving my child.
2. I understand that all required forms must be completed and on file at the center before my child may attend.
3. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that Bright Side will release children to either parent unless a court order indicating sole custody is provided to the center Director. I agree to give to the center a list of all persons authorized to pick up my child.
4. I understand that I must label my child's lunch bag, infant bottles/cups and food items with their name and date.
5. I agree to support and reinforce the school's rules and procedures that concern the health and safety of my child and other children.
6. I understand that the Director will notify me whenever my child becomes ill and I agree to pick-up my child or make arrangements to have my child picked up by an authorized individual within one hour of notification.
7. I understand that my child cannot attend the school if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free for 24 hours before returning to school after an illness before they can return to school. I also understand that a Doctor's note is required to return to care if my child is treated for a communicable disease.
8. I understand that I am required to inform the center within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
9. I understand that child care services may be terminated for any of the following reasons:
 - My child's tuition account becomes more than two weeks in arrears.
 - Failure to respond in a timely manner when contacted by the center to pick my child when he or she is sick.
 - Failure to adhere to the 24 hour illness recuperation period.
 - Failure to notify the center of changes in my child's attendance.
 - Failure to provide the center with up-to-date emergency contact information for my child.
 - Bright Side does not receive parental support and help if my child is found to have a learning or behavioral problem. This includes failure to attend parent conferences and to follow through with medical and/or educational specialists
 - My child's behavior pattern threatens his or her own health and safety or threatens the health and safety of other children and staff.
 - Parents/Guardians are no longer supportive of Bright Side Early Care and Learning Center's program and philosophy and become negative and uncooperative in their actions and opinion which may undermine the operation of the school.
 - Parents who are repeatedly late will be asked to make other child care arrangements.

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

Primary Parent/Guardian Signature _____

Date _____

Center Staff Signature _____

Date _____

