



Brighter Beginnings Learning Center Family Registration Form

Please visit our website to access the parent handbook and billing policy/forms:
www.brighterblc.com/information

Parent/Guardian Information

Mother/Guardian First Name: _____ Last Name: _____

Address: _____

Home/Cell Phone: () _____ Office Phone: () _____

Employed By: _____ Occupation: _____

Work Address: _____

Work Hours: _____

Custodial Parent (If married mark both parents) (Y) (N) Mother's SS# _____

Date of Birth: _____

Email: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice: _____ 2nd choice _____

Marital Status: Married () Single () Divorced () Separated () Widowed ()

Father/Guardian First Name: _____ Last Name: _____

Address: _____

Home/Cell Phone: () _____ Office Phone: () _____

Employed By: _____ Occupation: _____

Work Address: _____

Work Hours: _____

Custodial Parent (If married mark both parents) (Y) (N) Father's SS# _____

Date of Birth: _____

Email: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice: _____ 2nd choice _____

Marital Status: Married () Single () Divorced () Separated () Widowed ()





Child Information

Start Date _____

Child's Schedule: 3 days 4 days 5 days (M-F)

Has your child ever been expelled from a child care center before? (Y) (N) Why? _____

1st Child First Name _____ M.I. _____ Last Name: _____

Name Child Prefers to be called: _____ Grade Class: _____

Elementary School Child is Attending: Discovery Prospect

Gender () Male () Female Date of Birth: _____ Childs' S.S. # _____

List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? () Yes () No

2nd Child First Name _____ M.I. _____ Last Name: _____

Child's Schedule: 3 days 4 days 5 days

Name Child Prefers to be called: _____ Grade Class: _____

Elementary School Child is Attending: Discovery Prospect

Gender () Male () Female Date of Birth: _____ Childs' S.S. # _____

List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? () Yes () No





Emergency Contact and Authorized Pickup Persons

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the child: _____ PIN for check in/out (4 digits, numbers only) _____

() I authorize this person to pick up all children in the family

() Not able to pick up the following Children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the child: _____ PIN for check in/out (4 digits, numbers only) _____

() I authorize this person to pick up all children in the family

() Not able to pick up the following Children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the child: _____ PIN for check in/out (4 digits, numbers only) _____

() I authorize this person to pick up all children in the family

() Not able to pick up the following Children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the child: _____ PIN for check in/out (4 digits, numbers only) _____

() I authorize this person to pick up all children in the family

() Not able to pick up the following Children: _____





Additional information

Is there any other information about your child(ren) that would be helpful to our staff?

Tuition/Payment Information

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payments or if tuition payment is the responsibility of an adult other than the parents listed above. Anyone with responsibility for payment is required to complete a full registration form. All tuition payments are done by automatic payments through either a credit/debit card or a checking account (EFT). Billing and collections occur each Monday. Automatic payment forms are attached. Returned payments will incur a \$25.00 fee. Field trips and/or special activities might incur an additional fee in advance if you want your child(ren) to participate.

Tuition is due each Monday for the current week’s child care. Payments received after Friday will be assessed a \$10.00 late fee each day up to 10 days after the due date. After 10 days of no payment, children will not be allowed to return to Brighter Beginnings Learning Center until tuition has been paid in full. **Tuition is not based on your child’s attendance, but rather on the space held for your child. Child care tuition will not be adjusted for holidays, late arrivals, early pick-ups or missed days. If your account remains unpaid in full beyond 30 days, we reserve the right to turn over the account to a collections company with the appropriate fees applied.**

I have read and understand the tuition payment and collection policy.

Parent Signature: _____ Date: _____





Daycare Center Hours of Operation and Observed Holidays

Brighter Beginnings Learning Center operating hours are Monday – Friday, 6:30 AM to 6:00 PM. Children picked up after 6:00 PM will incur a \$1.00/minute late fee to their account.

Brighter Beginnings Learning Center will be closed on the following days if they happen to fall on a weekday: New Year’s Day (January 1st), Memorial Day (actual date varies), Independence Day (July 4th), Labor Day (actual date varies), Thanksgiving Day (actual date varies), and Christmas Day (December 25th).

I understand that all children must be picked up from Brighter Beginnings Learning Center by 6:00 PM and that a \$1.00/minute fee will be applied to my account for each minute I am late picking up my child(ren).

Parent Signature: _____ Date: _____

There may be occasions where services are provided outside of these posted hours however those dates, times, and availability will be communicated to parents separately by Brighter Beginnings Learning Center. Additional services offered outside of the normal business hours will incur a separate fee that is above and beyond the normal tuition calculation. Please refer to the posted tuition rates section for evening or weekend care rates and times (when available).

Vacation

After three months at Brighter Beginnings Learning Center, full-time families will receive two weeks (10 days) of vacation and part-time families receive one week (5 days) of vacation per calendar year. Vacation time must be submitted at least two weeks in advance and must be used one week at a time. Unused vacation time does not roll over from year to year.

Termination

A two week notice is required in order to terminate this agreement with Brighter Beginnings Learning Center. By signing this contract agreement, you agree to give a two week notice before terminating care or paying the two week fee to terminate immediately. The two week fee is equivalent to two full weeks of tuition for your child(ren).

I have read and understand that a two week notice is required before terminating my child(ren)’s child care and that I am responsible for payment of the final two weeks or the two week fee, regardless if my child(ren) attends the last two weeks. I also understand that failure to pay will result in collections or legal action.

Parent Signature: _____ Date: _____





Immunization Policy

Immunizations are required by the state of Idaho for all children attending child care.

I understand that current immunizations are required by Brighter Beginnings Learning Center and that my child will not be able to attend if their immunizations are not current.

Parent Signature: _____ Date: _____

Emergency Releases

Consent to Emergency First Aid and Transportation:

I hereby give permission that my child(ren), _____, may be given emergency treatment by a staff member at Brighter Beginnings Learning Center. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold Brighter Beginnings Learning Center and its employees harmless in the event of any accident. I understand that the center will take every precaution and care to insure my child's safety. Adults will provide proper supervision and will exercise every precaution to avoid accidents, in accordance with the state licensing regulations.

Parent Signature: _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by the treating physician, and I (we) agree to hold Brighter Beginnings Learning Center and its employees harmless in the event of any accident. Adults will provide proper supervision and will exercise every precaution to avoid accidents, in accordance with the state licensing regulations.

Parent Signature: _____ Date: _____





Permission to Photograph

I, (parent/guardian name) _____, authorize Brighter Beginnings Learning Center to photograph my child(ren) _____ for the following purposes:

Type	Grant Permission	Decline Permission
Display on daycare bulletin boards and/or in classrooms		
As part of a project that will be sent home with the child		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child’s enrollment.

Parent Signature: _____ Date: _____





Sunscreen and insect repellent consent

I consent for Brighter Beginnings Learning Center to use sunscreen on my child(ren) when he/she plays outside. I also understand that by choosing to deny the use of sunscreen, my child will not be allowed to play outside or go on excursions with Brighter Beginnings Learning Center that are outside. Parents are asked to provide the sunscreen they would like used on their child(ren). Sunscreen must be SPF 30 or higher.

Insect repellent is not required but is recommended for times when insects such as mosquitos may be present outdoors. Parents are asked to provide the insect repellent they would like used on their child(ren).

() I authorize the application of sunscreen and insect repellent on my child(ren)

() I decline the use of sunscreen and insect repellent on my child(ren)

Parent Signature: _____ Date: _____

Transportation Consent

I authorize Brighter Beginnings Learning Center to take my child(ren) on field trips, special excursions, and to nearby public park facilities. I also authorize children to ride as a passenger in the vehicle owned or leased by Brighter Beginnings Learning Center. I understand all such trips are under the supervision of adult providers and that proper child restraints are used in vehicles.

Additionally, I authorize Brighter Beginnings Learning Center to transport my school-aged child to his/her elementary school during the school year. The schools serviced are Prospect Elementary and Discovery Elementary.

Parent Signature: _____ Date: _____





Activity Authorization Form

I, (parent/guardian name) _____, give my permission for my child(ren) to use all toys and equipment and participate in all activities at Brighter Beginnings Learning Center.

I understand that outdoor play equipment, including sports equipment are used on a regular basis.

I will not hold the caregiver responsible for injuries incurred while using equipment at Brighter Beginnings Learning Center, or at public parks (if applicable), provided that the children are supervised and the equipment is in good working order.

Comments, concerns, or restrictions/limitations to the child(ren)'s participation in activities:

Parent Signature: _____ Date: _____

Illness Policy

We strive to keep the children in our center well. The only way we can do that is with the cooperation of our parents and staff.

Each day when a child arrives, the staff will evaluate the child for any signs or symptoms of illness. Questionable symptoms will be referred to the center Director for determination as to whether the child is healthy enough to stay for the day. Children exhibiting symptoms outlined in our parent manual will be immediately excused from the center until they are well enough to return.

We ask that parents help us by not bringing a child to the center when ill. If your child has a fever, it is not acceptable to simply give them Tylenol/ibuprofen to cover the fever. It is also not acceptable to bring them to the center if they have been sick all night and hope that they will 'be fine' during the day.

We will gladly dispense medications to children who require them and/or as prescribed by their doctor. Medication forms must be filled out by the parent/guardian.

Parent Signature: _____ Date: _____





Parent Handbook and Policy Acknowledgement

Please initial that you have read and agree to the policies in Brighter Beginnings Learning Center parent handbook.

_____ I understand that immunizations are required for enrollment at Brighter Beginnings Learning Center.

_____ I understand that children that have been sent home sick will not be permitted to return to child care the next day and must be symptom free for 24 hours before returning to child care.

_____ I understand that Brighter Beginnings Learning Center will be closed New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. If one of these holidays falls on a weekend, the Friday or Monday before or after the holiday may be closed instead. Credit is not given for scheduled closures.

_____ I understand that after three months of attendance at Brighter Beginnings Learning Center, full-time families will receive two weeks (10 days) and part-time families receive one week (5 days) of vacation time per year. Vacation time must be submitted at least two weeks in advance and used one week at a time. Vacation does not roll over from year to year.

_____ I understand that automatic payments by credit/debit card or checking account (EFT) are the primary ways to pay for tuition. Tuition is posted and collected on Monday of each week. EFT is the preferred method of payment. Families utilizing credit/debit card will incur a 3% convenience fee each week.

_____ I understand there is a \$50 annual, per-child materials fee. This is billed and collected during the first week your child(ren) attends Brighter Beginnings Learning Center and annually thereafter.

_____ I understand that a two week notice is required at the time of termination. Parents or guardians must give a two week notice before terminating care or they will be responsible for paying the two week fee to terminate immediately, regardless if their child attends the last two weeks. Failure to pay for the final two weeks will result in turning the account over to a collection agency.





_____ I understand that if my child is part time, they must either have a set schedule. I also understand that if a holiday falls on a scheduled day, there will not be credit given for the holiday. Additionally, if a child comes on a non-scheduled day, they will be charged for that day. **And I understand that if I need to change the schedule or change from full-time to part-time, it is based on availability and is not automatically approved.**

_____ I understand that Brighter Beginnings Learning Center is open from 6:30 AM until 6:00 PM Monday through Friday. Children picked up after 6:00 PM will incur a \$1.00/minute late fee to their account. Extended Friday and Saturday hours are separate from the weekday times. Refer to the posted tuition rates on our website for fees associated with evening and weekend care.

_____ I understand that Brighter Beginnings Learning Center follows the West Ada School District calendar and if schools are closed due to bad weather, Brighter Beginnings Learning Center may have a late start and early closure to ensure the safe travel of our employees. Parents will be notified of any change in hours due to inclement weather.

_____ I understand Brighter Beginnings Learning Center infant feeding policy. We are supporters of breast feeding and mothers are welcome to come breastfeed during infant feeding times. If a mother cannot come breastfeed in person, we encourage parents to bring labeled breast milk so we can feed your baby by bottle when you are not available. This means that infants must be able to feed from a bottle prior to enrollment.

I have received and read the parent handbook and agree to follow the policies above.

Parent Signature: _____ Date: _____





Idaho STARS Steps to Quality Parent/Guardian Consent Form

Brighter Beginnings Learning Center is participating in the IdahoSTARS Quality Rating and Improvement System known as Steps to Quality in an effort to demonstrate our commitment to providing your child with high quality early care and education. Steps to Quality is a building block system, meaning each step is verified through documentation and observation of quality practices during verification visits.

During verification visits, assessors may be conducting the following activities to ensure that quality indicators are in place:

- Observing the child care environment to learn about the materials, activities, and experiences available to support young children
- Interviewing teachers and directors about how they use quality practices to support young children and their families enrolled in our child care program
- Reviewing program files and documentation to learn how our program's policies and procedures support health, safety, partnerships with families, and children's development
- Reviewing child files to see how the program supports and plans for individual children

We would appreciate your permission to share any necessary documents that may pertain to your child during our Steps to Quality verification visit. No documents being reviewed for verification will be collected. Please indicate your decision below:

() My child's file may be reviewed as part of the Steps to Quality verification process

() I would like my child's file excluded from the Steps to Quality verification process

Child(ren) name(s): _____

Parent Signature: _____ Date: _____

