



## Brighter Beginnings Learning Center Family Registration Form

Please visit our website to access the parent handbook and billing policy/forms:  
[www.brighterblc.com/information](http://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: \_\_\_\_\_

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: \_\_\_\_\_

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

**\*\*Brighter Beginnings Learning Center\*\* is also known as "BBLC" or "Center" within this document\*\***





**Child Information**

Start Date \_\_\_\_\_ Will your child(ren) attend greater than 10 hours per day?  YES  No

Child's Schedule:  2 days  3 days  4 days  5 days Days: Mo Tu We Th Fr

Has your child ever been expelled from a childcare center before? (Y) (N) Why? \_\_\_\_\_

1<sup>st</sup> Child First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name Child Prefers to be called: \_\_\_\_\_ Grade Class: \_\_\_\_\_

Elementary School Child is Attending: \_\_\_\_\_

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: ( ) \_\_\_\_\_

2<sup>nd</sup> Child First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Child's Schedule:  2 days  3 days  4 days  5 days Days: Mo Tu We Th Fr

Name Child Prefers to be called: \_\_\_\_\_ Grade Class: \_\_\_\_\_

Elementary School Child is Attending: \_\_\_\_\_

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: ( ) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_





**Emergency Contact and Authorized Pickup Persons**

1st Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

( ) 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: \_\_\_\_\_

( ) 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: \_\_\_\_\_

( ) 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: \_\_\_\_\_

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

( ) Not able to pick up the following Children: \_\_\_\_\_

**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 billing 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 childcare. **Payments received after Friday will be assessed a \$10.00 late fee each day up to 10 days after the due date.** Partial payments are not acceptable and will be assessed the same \$10/day late fee if not received in full by Friday.

After 10 business days (two weeks) of no payment, children will not be allowed to return to BBLC 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. Childcare 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**

BBLC operating hours are Monday – Friday, 6:30 AM to 6:00 PM. Children picked up after 6:00 PM will incur a \$5.00/minute late fee to their account.

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

I understand that all children must be picked up from BBLC by 6:00 PM and that a \$5.00/minute fee will be applied to my account for each minute I am late picking up my child(ren). “Extended care” hours, defined as attending greater than 10 hours in a single day, will incur a \$10 per day charge.

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 BBLC. Additional services offered outside of normal business hours will incur a separate fee that is above and beyond the normal tuition calculation.

**Vacation**

After three months at BBLC, families will receive one week of vacation (equal to the number of days each week your child(ren) normally attend) per calendar year. Vacation time must be submitted at least two weeks in advance and the full week must be used at a time. Unused vacation time does not roll over from year to year and cannot be used in place of the usual weekly tuition payments. Vacation cannot be used to “shorten” a 2-week termination period.





**Termination**

A two-week notice submitted by **EMAIL** is required to terminate this agreement with BBLC. By signing this contract agreement, you agree to give a written 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 turning over the account to collections.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Immunization Policy**

Immunizations are required by the state of Idaho for children attending childcare. BBLC does not allow for religious or philosophical exceptions to this requirement. If you do not agree with this policy, you are free to seek childcare services elsewhere.

I understand that current immunizations are required by BBLC 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 ensure 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**

Our center uses photographs of children for multiple internal (not public) purposes including classroom crafts, nametag and birthday displays, special events or holidays, and through the Procure App to give families updates throughout the day. Our center also uses external (public) platforms such as Facebook, Instagram, Google, and our public business website to highlight our services to both current and prospective families and staff (we encourage our families to follow our social media accounts to stay up to date on the great work our teams do each day/week).

We greatly appreciate your permission to use photographs for the above-stated external/public purposes. However, we will respect your desire to decline permission. Unless otherwise noted below, we will assume you have **authorized** photographs of your child(ren) for the stated purposes.

I **DECLINE** permission for photos of my child(ren) to be used for external/public purposes.

I understand the photograph policy. Parent Signature: \_\_\_\_\_

**Sunscreen and insect repellent consent**

I consent for BBLC 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 may not be allowed to play outside or go on excursions. 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 BBLC 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 BBLC. I understand all such trips are under the supervision of adult providers and that proper child restraints are used in vehicles.

Additionally, I authorize BBLC to transport my school-aged child to his/her elementary school during the school year. The schools serviced are based on need and may vary from year to year.





I understand that it is my responsibility to alert BBLC of any changes to the school pickup schedule. If I fail to communicate that my child does NOT need to be picked up from school, I will incur a \$5 “lost child” fee.

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 BBLC.

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 BBLC and that waiver forms for religious or philosophical reasons are not accepted.

\_\_\_\_\_ I understand that if I disagree with the BBLC immunization policy that I am free to seek childcare services elsewhere at a center that will accommodate my beliefs.

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

\_\_\_\_\_ I understand that BBLC 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 BBLC, families receive one week 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 \$75 per child, non-refundable enrollment fee. This is billed and collected during the first week your child(ren) attends BBLC or before the initial start date to secure a spot in our program. A \$75 per child annual materials fee is billed annually thereafter at the beginning of the school year (August). Families who enroll after June 1 are not subject to a second fee that same year.

\_\_\_\_\_ I understand that a two-week notice submitted by **EMAIL** 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 part-time to full-time, it is based on availability and is not automatically approved.**





\_\_\_\_\_ I understand that BBLC is open from 6:30 AM until 6:00 PM Monday through Friday. Children picked up after 6:00 PM will incur a \$5.00/minute late fee to their account.

\_\_\_\_\_ I understand that “extended care” (over 10 hours) services will be provided at an additional cost of \$10 per day.

\_\_\_\_\_ I understand that BBLC follows the West Ada School District calendar and if schools are closed due to bad weather, BBLC 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 BBLC 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: \_\_\_\_\_

