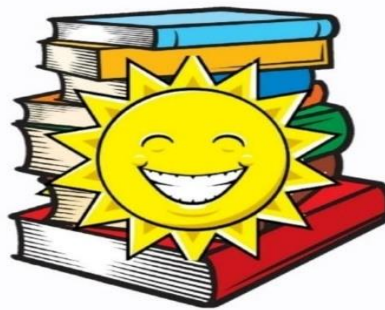


ENROLLMENT AGREEMENT

Bright Future Academy



Bright Future Academy

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 childcare licensing regulations.

Bright Future Academy has a 10-day Probation period to determine if Bright Future Academy can accommodate both the child and family childcare needs. After 10 days both Bright Future Academy Administration and the child parent and or guardian will have a scheduled conference to determine if Bright Future Academy will move forward with the child in enrollment.

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/sponsor 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 & pets your child lives with – include first names, relation, and ages of siblings					
Parent/guardian/sponsor		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/sponsor	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/sponsors)					
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 pick-up.]					
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
Person #3	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 _____

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
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Distinguishing marks

Child's Medical & Developmental History

- Does your child have any special medical conditions? ☐ No ☐ Yes
Explain _____
- Does your child have any chronic illnesses? ☐ No ☐ Yes
Yes Explain _____
- Please list a brief history of your child's serious injuries and hospitalizations. _____
- Does your child have diabetes? ☐ No ☐ Yes *If yes, please attach care instructions from your physician.*
- Does your child have asthma? ☐ No ☐ Yes *If yes, please attach care instructions from your physician.*
- Will medication be administered regularly? ☐ No ☐ Yes *If yes, please attach care instructions from your physician.*
- Does your child have any special dietary needs? ☐ No ☐ Yes
Yes Explain _____
- Is your child able to fully participate in all activities? ☐ Yes ☐ No
Yes ☐ No Explain _____
- Does your child have any physical restrictions? ☐ No ☐ Yes
Yes Explain _____
- Does your child function at the level of other children in his/her age group? ☐ Yes ☐ No
☐ No Explain _____
- Is your child able to walk? ☐ Yes ☐ No
- Can your child communicate his/her needs? ☐ Yes ☐ No
- Does your child need assistance at meal time? ☐ No ☐ Yes
No ☐ Yes Explain _____
- Does your child rest during the day? ☐ No ☐ Yes
- Is your child toilet trained? ☐ No ☐ Yes
- Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? ☐ No ☐ Yes
Explain _____
- Does your child require one-to-one care/supervision on a regular basis for a significant period of time? ☐ No ☐ Yes
Explain _____
- Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting?
☐ No ☐ Yes
Explain _____

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 |

Please attach care instructions from your physician for any of these illnesses.

_____	_____
_____	_____
_____	_____
_____	_____

Allergies (please list)

Medication Allergies	Reaction	Food Allergies	Reaction
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_____	_____	_____	_____
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Bee Stings Allergies	Reaction	Respiratory Allergies	Reaction
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Other Allergies	Reaction	Are any of these allergies life-threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please attach care instructions from your physician for any life-threatening allergies.

Miscellaneous Screenings and Tests (please check all that apply and add the date of last screening)

<input type="checkbox"/> Cf	<input type="checkbox"/> Vision	<input type="checkbox"/> Developmental	<input type="checkbox"/> Tuberculosis (PPD)
<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech	<input type="checkbox"/> Aptitude	<input type="checkbox"/> Sickle Cell Anemia
<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 _____

Medical Information (continued)

Child's name	Birth date
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Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address	City	State Zip
Preferred hospital/clinic for emergency care	City	State
Dentist's name	Dentist's practice name	Phone
Dentist's practice address	City	State Zip

Child's Insurance Provider/

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
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Child's Immunization History (please attach a copy of your child's immunization records) (upon request)

Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state. [Check with your state requirements. You may do this at <http://www.immunize.org/states/> Bold any immunization below that is a requirement.]

Anthrax	Influenza	Pneumococcal disease	Smallpox
Diphtheria	Lyme Disease	Polio	Tetanus
Haemophilus Influenzae 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 (upon request)

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 childcare regulations.	Initial
2. I agree to provide information to the childcare 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 until I bring in a physician's note stating that he/she is no longer contagious.	
4. If my child becomes ill during his/her time at the childcare 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 2 hours 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.

I give my permission to this center to apply ☐ sunscreen and
☐ insect repellant to my child. *Please check which products
you will permit.*

Initial

I understand that I must supply my own sunscreen and/or
insect repellant with a valid expiration date, and it will be
labeled with my child's name.

I ☐ have ☐ do not have special
instructions for the
application process.

Parent initial _____ Staff initial _____ Date _____

Rate Agreement and Contract

Child's name

Birth date

Hours of Operation

Regular operating hours are 6:30am-6:00pm except closings for various holidays, and inclement weather. 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 through text message. 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 childcare are as follows:

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

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

- Starting on _____ a fee of ☐ weekly. Initial
\$ _____ is due

- Tuition is due and payable by
- Friday prior to the week of care
- 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.
- I agree to pay the full tuition fee even if my child is absent for one or more days.
(Tuition is for a spot not per hour)
- A late fee is due if tuition is not received on time. (Listed in parent handbook)
- A non-refundable registration fee of \$ 35.00 is due yearly.
- A late pick up fee will apply per minute per child. \$5.00
- 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. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.

A two-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in forfeiture of deposit.

ALL Families who receive CAPS payments are responsible for maintaining benefit approval. If benefits are Lost parent or guardian are responsible for full payment to continue service.

Other Agreements

Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain from any such arrangement.

Initial _____

Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.

Initial _____

Parent initial _____ Staff initial _____ Date _____

Other Agreements (*continued*)

Child's name	Birth date
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Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center.	Initial _____
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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.	_____

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this <i>Enrollment Agreement</i> .			
Primary Parent/Guardian/Sponsor Signature	Date	Center Staff Signature	Date

Transportation and After School Activity

Name of authorized person to pick up / drop off your child for the extracurricular activity:				

Your child's safety is our number one priority. **Bright Future Academy** will not release children from the program without the above information in writing.

Primary Parent/Guardian/Sponsor Signature

Date