



**Bright From The Start
Child Development Center, LLC
Child Registration Form**



CHILD INFORMATION

Child's Full Name: _____

Name child goes by: _____

Date of Birth: _____ Gender: _____ Ethnicity: _____

Child's Home Address: _____ City & Zip: _____

Child's Home Phone Number: _____ School: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Mother's Address: _____ City & Zip: _____

Mother's Home Phone Number: _____ Cell Phone: _____

Mother's Social Security Number (last 4 digits only): _____

Mother's Place of Employment: _____

Employer Address: _____ Phone: _____ Ext: _____

Mother's Work Schedule: (Days) _____ (Hours) _____

Does the child live with mother? YES / NO Email address: _____

Father's Name: _____

Father's Address: _____ City & Zip: _____

Father's Home Phone Number: _____ Cell Phone: _____

Father's Social Security Number (last 4 digits only): _____

Father's Place of Employment: _____

Employer Address: _____ Phone: _____ Ext: _____

Father's Work Schedule: (Days) _____ (Hours) _____

Does the child live with father? YES / NO Email address: _____

AUTHORZIED PICK UP LIST/EMERGENCY CONTACTS

Full Name: _____ Relationship: _____

Home Address: _____ City & Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

May this person be used as an emergency contact? YES / NO

Full Name: _____ Relationship: _____

Home Address: _____ City & Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

May this person be used as an emergency contact? YES / NO

Full Name: _____ Relationship: _____

Home Address: _____ City & Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

May this person be used as an emergency contact? YES / NO

Full Name: _____ Relationship: _____

Home Address: _____ City & Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

May this person be used as an emergency contact? YES / NO

Additional Information: _____

UNAUTHORIZED PICK UP LIST

Full Name: _____ Relationship: _____

Home Address: _____ City & Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

May this person be used as an emergency contact? YES / NO

Full Name: _____ Relationship: _____

Home Address: _____ City & Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

May this person be used as an emergency contact? YES / NO

Full Name: _____ Relationship: _____

Home Address: _____ City & Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

May this person be used as an emergency contact? YES / NO

Additional Information: _____

PLEASE NOTE THAT BRIGHT FROM THE START CHILD DEVELOPMENT CENTER, LLC MUST HAVE A COPY OF RESTRAINING ORDERS OR CUSTODY PAPERS ON FILE TO RESTRICT A NON-CUSTODIAL PARENT/GUARDIAN FROM VISITING OR PICKING UP A CHILD.

GETTING TO KNOW YOU!!!

Child's Name: _____

My nickname is: _____

I have ___ brother(s) & ___ sister(s), their names & ages are: _____

My favorite activity is: _____

My favorite food is: _____

My least favorite food is: _____

My favorite person is: _____

My favorite toy is: _____

I am afraid of: _____

Has your child been in daycare previous to BFTS? YES / NO

Please list previous caregivers/centers: _____

Has or does your child have any known health problems? YES /NO (Please explain YES)

Is your Child Allergic to anything? (list reaction) _____

Does your child need regular medication? YES / NO

If yes please name medication(s), time to be given, & amount: _____

Has your child had any of the following communicable diseases? Chicken pox, measles, mumps, other _____

Is your child prone to: upset stomach, colds, seasonal allergies, earaches, headaches, sore throat, nose bleeds, other? _____

Are there any indications of hearing or vision problems? YES / NO (Please explain YES)

Any disorders/developmental issues (slow or advanced) diagnosed or suspected? YES / NO
(Please explain YES)

Does your child have any physical or mental disabilities? YES / NO (Please explain YES)

Is your child right or left handed? Right Left

Type of discipline used at home: _____

Does your child eat unaided? YES /NO (Please explain No)_____

Does your child enjoy eating? _____

Does your child have a special diet? YES / NO (Please explain YES)_____

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods which should not be given to your child? YES / NO (Please list foods and why)

How does your child go to sleep?_____

Is there a special blanket/doll/toy that your child sleeps with?_____

What is the usual length of naps taken each day?_____

How long does your child usually sleep at night?_____

Is your child potty trained? YES / NO

What words does your child use for toileting? _____

Please list any personal habits such as thumb/finger sucking, nail biting, etc. your child may have_____

What are your main expectations of this program? _____

How did you hear about us? _____

Additional information: _____

CHILD IMMUNIZATION RECORDS

Bright From The Start must obtain a copy of all child immunization records within 30 days of enrollment. If your child does not have his/her immunizations you must fill out a "Refusal to Immunize" form which are available in the office. Please attach a copy to the registration form. Immunization records can also be faxed directly to our office from your doctor. Fax # 402-884-7687 & Attention to Jillian or Megan

Vaccine	Vaccine Type	Dose	Normal Schedule	Date Given			Doctor or Clinic Administering
				Mo.	Day	Yr.	
Polio OPV or IPV		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	4-6 yrs.				
DTP/DT Diphtheria Tetanus Pertussis		1	2mo.				
		2	4 mo.				
		3	6 mo.				
		4	15 mo.				
		5	4-6 yrs.				
M-M-R		1	12-15 mo.				
		2	4-5 yrs.				
Hep B		1	Today				
		2	1 mo. After 1				
		3	5 mo after 2				
Hib Haemophilus Influenza B		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	15 mo.				
Other							

Documentation of Varicella (Chickenpox) Disease

This form is to be filled out by the parent, guardian, or medical provider of the child/student. If the child/student has not yet had the chickenpox then please indicate as such below.

This document is being submitted on behalf of:

(Child's Name) (DOB)

I _____ verify that the above listed child had the varicella disease in _____(year).

I _____ verify that the above listed child **HAS NOT** yet had varicella disease.

(signature of parent/guardian/medical provider)

Photograph Policy

I, _____ give Bright From The Start Child Development Center permission to photograph my child, _____ for the following purposes:

Type of Use:	Grant Permission	Decline Permission
Still Photographs:		
Display in providers personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin Boards, shown to current and prospective clients		
Display still photos on facility's website*		
Use still photos in promotional materials		
Use for classroom projects		
Videos:		
Give video to current parents		
Use videos in promotional materials		

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

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.

Signed:

(Parent/Guardian's signature and date)

PERMISSION FOR HEALTH CARE

Child's Name: _____ Date of Enrollment: _____

Child's Physician: _____ Phone Number: _____

Address: _____ Hospital: _____

AUTHORIZED ADULTS

In the event of an emergency, please indicate where you & another authorized person can be reached.

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

Authorized Person: _____ Phone Number: _____

FIRST AID

In the event of an emergency, I authorize the staff of Bright From The Start to provide any first aid care deemed necessary for my child.

Signature & Date

EMERGENCY CARE

In the event of an emergency in which I cannot be reached, the physician listed above & the local hospital are hereby authorized to provide any emergency care deemed necessary for my child. BFTS will not transport injured children to the hospital. If advanced medical care is deemed necessary an ambulance will be called for transport.

Signature & Date

HEALTH RECORD TRANSFER

In the event of an emergency, I hereby authorize the transfer of my child's records.

Signature & Date

PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATIONS & PRODUCTS

I hereby give BRIGHT FROM THE START permission to administer the following nonprescription medications and products to my child, _____, according to the manufacturer's instruction or otherwise specified.

I deem that Bright From The Start is competent to give my child, _____, medication when necessary. I understand that I must fill out a medication log prior to administration of medication. The correct dosage & times must be filled out by a parent/guardian. All medications must be in its original container and the child's name written on it.

Parent's Signature & Date

Parent's Signature & Date

Provider's Signature & Date

Please check all items that can be administered.

- ____ Vaseline
- ____ Antiseptic Wipes
- ____ Insect Repellent
- ____ Sun-block
- ____ Baby Powder
- ____ Baby Oil
- ____ Baby Lotion
- ____ First Aid Spray
- ____ Burn Cream/Spray
- ____ Rash Ointments
- ____ Others _____

Parent/Guardian Signature & Date

Provider's Signature & Date

Field Trip/Transportation Policy

I, _____, give my permission for Bright From The Start to transport my child, _____, in the event of a field trip or transportation to & from _____ school.

I understand that there may be a fee charged in the event of a field trip. Notice will be given to all parents when their child's class will be leaving the premises.

However, I do give permission for my child to participate in the following activities:

Participate in walking field trips around the area of BFTS..... YES / NO

Visits to local library.....YES / NO

(Parent/Guardian Signature)

(Date)

(Provider's Signature)

(Date)



Parent Contract & Rate Agreement

We (I), _____ & _____ have received and read the Bright From Start Child Development Center Handbook of Policies & Procedures and will comply with all provisions contained therein, and shall at this time enter into an agreement on _____ (date) with Jillian Beller & Megan Enger, Co-Owners of Bright From The Start Child Development Center, LLC for the care of my (our) child(ren):

1st Child's Full Name _____

DOB _____

Status: Full-Time/Part-Time (Circle one)

Date of Enrollment _____

2nd Child's Full Name _____

DOB _____

Status: Full-Time/Part-Time (Circle one)

Date of Enrollment _____

3rd Child's Full Name _____

DOB _____

Status: Full-Time/Part-Time (Circle one)

Date of Enrollment _____

We (I) understand that all contracts will be for full-time children. Part-time openings & rates will be available only if enrollment allows. The initial non-refundable registration fee of \$50.00/child or \$75.00/family secures your place on our enrollment list. There will be an annual re-registration fee of \$25.00/child or \$50.00/family thereafter.

X _____ (initial here)

We (I) understand that all payments are due by 6:00 P.M. Monday evening for current week's/months tuition as set up in this contract. After 6:00 P.M., a late fee of \$10.00 per day will be assessed. If payment is not made within 3 days at drop-off, our (my) child will not be accepted into care until payment, including all late fees, is made. If a period of 1 week passes without payment received, the contract will be terminated, the position filled, and the collection process begun. We (I) understand that we (I) will be responsible for any costs related to collection of the childcare fees. These costs will include late fees, collection cost fees, & childcare fees. Cash or check is accepted & a receipt will be given upon request.

X_____ (initial here)

A year-end statement will be made available by January 31st of the New Year. A fee of \$30.00 will be charged for any returned checks. All future payments must be made in cash. Childcare fees are due regardless of whether or not our (my) child(ren) attends. We (I) understand that we are paying for a position, as well as a service. No refunds are given for late arrivals or early departures.

X_____ (initial here)

Our (my) contracted days and hours (not to exceed 10 hours in one day) for our (my) child(ren) beginning on _____(date) are as follows:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Hours	Hours	Hours	Hours	Hours

We (I), agree to pay \$_____ per week for my child, _____.

Payments will be made weekly, bi-weekly, monthly (circle one). If made weekly the payment is due on Monday for that week's tuition. If bi-weekly the tuition is due on Monday for the next two weeks tuition and if monthly payment is selected then the tuition payment is due the first Monday of the month for that month's tuition.

X_____ (initial here)

This contract is a legal document obligating Bright From The Start to provide a service for you & obligating you to pay Bright From The Start Child Development Center, LLC for those services. Bright FromThe Start urges you to thoroughly read the contract and

parent handbook & recognize that it is legal & you will be held liable for each item in this contract. A minimum of two-weeks notice of changes in day/hours of care or termination of this contract is required by the parent(s). Lack of enforcement of any policy at any time by the Provider does not indicate that the particular policy is no longer in effect. By signing the contract, you are accepting it in all its terms.

Bright From The Start has the right to terminate a contract without notice in the case of harm to other children and/or staff, or a dangerous situation due to action that the child has caused intentionally or otherwise.

Parent's (Guardian) Signature	Date
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Parent's (Guardian) Signature	Date
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Provider's Signature	Date
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Provider's Signature	Date
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