



Enrollment Forms

Brighter Minds Learning Center
brightermindslearningcenter.com

Please complete every section and return before your child's first day.



Section 1 Admission Information

Complete every section. The parent or guardian completes this form in its entirety and returns it to Brighter Minds Learning Center before the child's first day of enrollment.

Operation's Name (Brighter Minds Learning Center)

Director's Name

Child's Full Name

Child's Date of Birth

Child Lives With:

Both parents Mom Dad Guardian

Child's Home Address

Date of Admission

Date of Withdrawal

Name of Parent/Guardian Completing Form

Address of Parent/Guardian (if different)

Phone numbers where parents/guardian may be reached while child is in care:

Parent 1 Phone

Parent 2 Phone

Guardian Phone

Custody Documents on File?

Yes No

In case of an emergency, call:

Name of Emergency Contact

Relationship

Phone

Address

I authorize Brighter Minds Learning Center **to release** my child to leave the operation **ONLY** with the following persons. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Authorized Pickup 1 — Name

Phone

Authorized Pickup 2 — Name

Phone



Authorized Pickup 3 — Name

Phone

Section 2 Consent — Transportation, Field Trips & Water Activities

I give consent for my child to be transported and supervised by the operation's employees:

- | | |
|---|---|
| <input type="checkbox"/> for emergency care | <input type="checkbox"/> on field trips |
| <input type="checkbox"/> to and from home | <input type="checkbox"/> to and from school |

Field Trips

I give consent for my child to participate in field trips I do not give consent

Comments

Water activities (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> water table play | <input type="checkbox"/> sprinkler play | <input type="checkbox"/> splashing or wading pools |
| <input type="checkbox"/> swimming pools | <input type="checkbox"/> aquatic playgrounds | |

Can your child swim without assistance? Yes No

Any condition putting them at risk? Yes No

Wear a life jacket near pools? Yes No

Section 3 Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|--|--|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Suspension and expulsion |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for conducting health checks |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Procedures to discuss concerns with the director |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity | <input type="checkbox"/> Procedures for parents to participate in activities |
| <input type="checkbox"/> Procedures for release of children | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Procedures for dispensing medications | <input type="checkbox"/> Immunization requirements |
| <input type="checkbox"/> Meals and food service practices | <input type="checkbox"/> Visiting the center without prior approval |
| <input type="checkbox"/> Procedures for supporting inclusive services | <input type="checkbox"/> Contacting CCR, DFPS, and the Child Abuse Hotline |

Section 4 Meals

The following meals will be served to my child while in care:

- None
- Breakfast
- Morning snack
- Lunch
- Afternoon snack
- Supper
- Evening snack

Section 5 Days and Times in Care

Day	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Parent/Guardian Signature

Date

Section 6 Child's Special Care Needs

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment (include instructions) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (past 12 months) | <input type="checkbox"/> Medications prescribed for continuous long-term use |
- Other (specify)

Explain any needs selected above

Diagnosed food allergies? () Yes () No

Food Allergy Emergency Plan Submitted Date

Child day care operations are public accommodations under the ADA, Title III. See ada.gov/resources/child-care-centers.

Parent/Guardian Signature

Date

Section 7 School-Age Children

School my child attends

School Phone

My child has permission to:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> walk to or from school or home | <input type="checkbox"/> ride a bus | <input type="checkbox"/> be released to the care of a sibling under 18 |
|---|-------------------------------------|--|

Authorized pickup/drop-off locations other than child's address

Child's required immunizations, vision/hearing screening, and TB screening are current and on file at their school.

Section 8 Authorization for Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician

Address

Phone

Name of Emergency Care Facility

Address

Phone

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent/Guardian Signature

Date

Section 9 Health Screening & Admission Requirement

I have attached a signed and dated affidavit declining immunizations for reason of conscience, including religious belief.

I have attached a signed and dated affidavit stating that vision/hearing screening conflicts with the tenets of a church or religious denomination I am a member of.

Vision Exam Results

Right Eye 20/

Left Eye 20/

Pass / Fail

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass / Fail
Right				
Left				

Admission Requirement — If your child does not attend pre-kindergarten or school away from the operation, select **only one**:

Health Care Professional's Statement: I have examined the child within the past year and find that he or she is able to take part in the day care program.

A signed and dated copy of a health care professional's statement is attached.

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization I am a member of (affidavit attached).



[] My child has been examined within the past year by a health care professional and is able to participate; within 12 months of admission I will obtain and submit a signed statement.

Name of Health Care Professional

Address of Health Care Professional

Parent/Guardian Signature

Date

Section 10 Vaccine Information

Provide the date your child received each dose:

Vaccine	Schedule	Date Received
Hepatitis B	Birth (1st dose)	
	1–2 months (2nd)	
	6–18 months (3rd)	
Rotavirus	2 months	
	4 months	
	6 months	
Diphtheria, Tetanus, Pertussis	2 mo	
	4 mo	
	6 mo	
	15–18 mo	
	4–6 yrs	
Haemophilus Influenza Type B	2 mo	
	4 mo	
	6 mo	
	12–15 mo	
Pneumococcal	2 mo	
	4 mo	
	6 mo	
	12–15 mo	
Inactivated Poliovirus	2 mo	
	4 mo	
	6–18 mo	
	4–6 yrs	
Influenza	Yearly, starting at 6 months	
Measles, Mumps, Rubella	12–15 mo	
	4–6 yrs	
Varicella	12–15 mo	
	4–6 yrs	
Hepatitis A	12–23 mo	



	Second 6–18 mo after first	
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If child had varicella (chickenpox), date of disease (no vaccine needed)

TB Test (if required): () Positive () Negative Date: _____



Section 11 Application for Admission

Child's Name

Nickname

D.O.B.

Age as of Sept 1

Gender

Parent / Legal Guardian 1

Parent/Guardian 1 Name

Phone

Work Phone

Email

Parent / Legal Guardian 2

Parent/Guardian 2 Name

Phone

Work Phone

Email

Educational Programs & Fees

Item	Ages	Coverage	Price	Select
Tuition	18 months – 5 years	One Month	\$1,000.00	[]
Tuition	18 months – 5 years	Every 2 Weeks	\$500.00	[]
Registration Fee	All ages	One-time, non-refundable	\$125.00	[]
Extended Care	All ages	One Month	\$250.00	[]

Section 12 Enrollment Agreement

I agree to the following:

1. The school will open at 6:00 a.m. and will close 6:30 p.m. daily, Monday–Friday. A fee will be charged for any child not picked up before the school's regular closing time. This charge shall be \$20.00 per child for the first 15 minutes and an additional \$5.00 per child per 5-minute period thereafter.
2. I am responsible for communicating all contact information updates as well as maintaining an open line of communication during all hours that my child/children are in care.
3. The school's non-refundable registration fee of \$125.00 shall be paid upon enrollment.
4. Monthly tuition is due on the first of each month, it will be considered late after the 7th, and a late fee of \$50 will be added to the due tuition.
5. Monthly tuition fees are non-refundable, and no credit is issued regardless of scheduled school closings and holidays, children's illness, vacation, inclement weather days, and/or "Acts of God". The School will make reasonable efforts to open in inclement weather; however, the School may choose to close at the discretion of the school's owners/leadership.
6. A fee of \$50 will be charged for checks returned by the school's bank.
7. I am responsible for receiving, reading, and abiding by all information in the Brighter Minds Learning Center Community Norms and Expectations.

The undersigned parent(s) understand the terms of this agreement and agree to be bound by them.

Parent 1 Name (printed)

Parent {i} Signature

Date

Parent 2 Name (printed)

Parent {i} Signature

Date

Section 13 Multimedia Release

I give my consent for Brighter Minds Learning Center to photograph or video my child and/or me or use photographs or videos of my child or me that were taken in the childcare setting. I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on websites owned or sponsored by Brighter Minds Learning Center. I give Brighter Minds Learning Center permission to publish, exhibit and distribute these materials.

Child's Name

Choose One: Full Use In-House Only No Photos

Agreement Not to Post Photos of Other Children: I agree that I will not post nor use any photographs or videos that I take at Brighter Minds Learning Center (or at an event sponsored by Brighter Minds Learning Center) that include children other than my own child(ren).

Parent Name (printed)

Signature

Date

Section 14 Parent's Rights Acknowledgement

A parent or guardian of a child at this facility has the right to enter and examine the facility during operating hours; review the facility's publicly accessible records, policies, procedures, and inspection reports; review staff training records and curriculum; review written records concerning their child; inspect video recordings of an alleged incident of abuse or neglect involving their child (subject to conditions); have the facility comply with court orders; receive Child Care Regulation contact information; file complaints; and be free from any retaliatory action by the facility for exercising these rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Parent/Guardian Signature

Date