



## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up.

**Name #1:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Emergency Contact & Release  Release Only

**Name #2:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Emergency Contact & Release  Release Only

**Name #3:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Emergency Contact & Release  Release Only

### PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Hospital or Clinic: \_\_\_\_\_

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity. For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee per every 15 minute or portion of 15 minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

# ENROLLMENT AGREEMENT

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

## SECTION 1: TUITION AND FEES

\_\_\_\_\_REGISTRATION FEE: I understand that an annual, non-refundable, Registration Fee of \$0 shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than July of each year.

\_\_\_\_\_TUITION and MODIFICATIONS CONDITIONS: I understand that rates are subject to change with reasonable notice as conditions require.

I have enrolled my child in the following program(s):

Days: (check all that apply)  M  T  W  TH  F From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
(10 hr maximum)

\_\_\_\_\_PAYMENT OF TUITION: I understand that tuition is due and payable, on the first day of attendance each month.

\_\_\_\_\_LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$25.00 after the 5<sup>th</sup> of the month. There is an additional \$25.00 fee if the full month of tuition is not paid before the 20<sup>th</sup> of the month. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than two weeks, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

\_\_\_\_\_CHARGES AND PROCEDURE FOR LATE PICK-UP: Bright Smiles Daycare is open from 6am to 6pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$2 per minute, per child, until the child(ren) are picked up.

\_\_\_\_\_DISCOUNTS: I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

\_\_\_\_\_RETURNED CHECKS: I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. I am responsible for the principal amount plus all returned check fees as well as a \$50.00 return check fee.

## **SECTION 2: DAILY PROCEDURE**

\_\_\_\_\_DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated staff member each day. I agree to complete the required computer or manual sign-in and sign-out procedures.

\_\_\_\_\_ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Parent Handbook.

\_\_\_\_\_MODEL RELEASE: The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

\_\_\_\_\_PHOTOGRAPHS, VIDEOS AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_\_INTERVIEWING CHILDREN AND INSPECTING RECORDS: I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_\_WITHDRAWAL FROM PROGRAM: I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

## **SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS**

\_\_\_\_\_HOLIDAYS: I understand that the school is closed on the following holidays: New Year's Eve, New Year's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Day After Thanksgiving, Christmas Day, as well as either Martin Luther King, Jr. Day and President's Day for in-service training. Bright Smiles is also closed the week of Christmas and New Years. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days.

\_\_\_\_\_EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

**SECTION 4: STATE LICENSING AND OUR POLICIES**

\_\_\_\_\_ALL POLICIES & STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

\_\_\_\_\_FAMILY HANDBOOK: I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

\_\_\_\_\_DISCIPLINE POLICY: I have read and received a copy of the discipline policy. I understand and agree to the content and policy.

\_\_\_\_\_NO MODIFICATIONS: No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CHILD CARE CONSENT FORM

NAME OF CHILD \_\_\_\_\_

## EMERGENCY MEDICAL CARE

This authorizes Bright Smiles Daycare's Infant Suite to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement. is the preferred doctor/clinic/hospital.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## ADMINISTER PRESCRIPTION MEDICINE

I/we authorize Bright Smiles Daycare's Infant Suite to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## ADMINISTER OVER-THE-COUNTER MEDICINE

(Administer only in accord with the appropriate standards for licensure)

I/we authorize Bright Smiles Daycare's Infant Suite to administer over-the-counter medicine to my/our child as specified in written instructions.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize Bright Smiles Daycare's Infant Suite to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date