



Please complete the enclosed forms and return to our office along with your child's physical form (GOLD) and his/her immunization form (BLUE) on or before the child's first day of school. (Elementary students are exempt from the required medical forms.) **For security purposes, please include a copy of each parent/guardian's driver's license.**

**Today's Date:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**EMERGENCY SYSTEM PASSWORD:** \_\_\_\_\_

**OFFICE USE ONLY**

School Year: \_\_\_\_\_

Classroom/Camp: \_\_\_\_\_

5 Day  3 Day  VPK Wraparound

Date Enrolled: \_\_\_\_\_

Start Date: \_\_\_\_\_

Weekly Tuition/Camp Rate: \_\_\_\_\_

Reg. Fee Charged: \_\_\_\_\_

Supply Fee Charged: \_\_\_\_\_

Aftercare School: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Address:** \_\_\_\_\_  
(Street) (City) (Zip)

**Home Phone Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Hours:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Hours:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Parent/Guardian with legal custody:** \_\_\_\_\_

Parents are: Married  Divorced  Separated  Widowed  Single

(Enrollment Form continued on next page)

**Other Household Members:**

Names: \_\_\_\_\_ Ages: \_\_\_\_\_

Relationships: \_\_\_\_\_

Please list any medical conditions we should be aware of: \_\_\_\_\_

Please list any medications your child takes on a regular basis \_\_\_\_\_

Please list any allergies your child has \_\_\_\_\_

Is there anything we should know about your child that may help us to better care for your child? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May Bright Beginnings of Lake Worth, Inc. contact another Physician if unable to contact the above? Yes  No

Insurance company covering child: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Persons to notify in case of illness, accident, or emergency if parent cannot be reached.**

**Primary Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Secondary Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SCHOOL AGE TRANSPORTATION AGREEMENT**

This is certify that I give Bright Beginnings of Lake Worth, Inc. permission to transport my child from \_\_\_\_\_ Elementary School for aftercare.

This is to certify that I give Bright Beginnings of Lake Worth, Inc. permission to transport my child \_\_\_\_\_ on special events/field trips/camps.

In the event that my child is not to be transported as outlined above, I agree to notify Bright Beginnings of Lake Worth at least 1.5 hours in advance of my child's pick-up time.

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

(Enrollment Form continued on next page)

### AUTHORIZATION FOR PICKUP

When your child arrives at the center, it is your responsibility to escort your child into the building and sign in your child at the front desk. Bright Beginnings of Lake Worth, Inc. does not allow children to be dropped off in the parking lot. You are required to sign out your child at the front desk at the end of the day. Your child will not be released to anyone who does not have written authorization in your child's file. If your child is not allowed to be picked up by a parent due to a court order, it is your responsibility to notify the Director and provide a copy of the court order which will be kept confidential. If there are any changes or conditions, it is the parents'/legal guardian's responsibility to provide written documentation to the center. In the event of an emergency we will implement the password system (indicate password on first page of this enrollment form).

**Person(s) authorized to pickup my child:** (Besides parents, guardians or emergency contacts)

Name(s): \_\_\_\_\_  
Comment: \_\_\_\_\_

**Person(s) NOT authorized to pickup my child:**

Name(s): \_\_\_\_\_  
Comment: \_\_\_\_\_

### WATER ACTIVITY AGREEMENT

I give my child \_\_\_\_\_ permission to be involved in any water activities on or off premises at Bright Beginnings of Lake Worth, Inc.

**Signature (Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### BRIGHT BEGINNINGS OF LAKE WORTH, INC. FINANCIAL ENROLLMENT AGREEMENT

I consent to the enrollment of my child \_\_\_\_\_ at Bright Beginnings of Lake Worth, Inc. **Please INITIAL all bulleted items:**

- I agree to pay the weekly tuition with no discounts for illness, partial absentees, holidays or withdrawals. (Initial) \_\_\_\_\_
- I understand and agree that all tuition fees are DUE on Friday and must be paid in advance of services rendered and that failure to do so could result in my child being dropped from enrollment. (Initial) \_\_\_\_\_
- I understand and agree to pay a \$20 late fee per week for tuition/fees not paid by Tuesday, unless prior arrangements are made with the Director. (Initial) \_\_\_\_\_
- I understand and agree to pay a \$25 return check fee for any check returned and further understand and agree that this may result in future payments be provided in cash or by money order. (Initial) \_\_\_\_\_
- I understand and agree that I will pay \$1.00 per minute for every minute I am late picking my child up after closing. (Initial) \_\_\_\_\_
- I understand and agree that I must give (2) weeks prior notice to receive vacation credit or to terminate service. (Initial) \_\_\_\_\_
- I agree to pay an annual non-refundable registration fee of \$100 per child. (Initial) \_\_\_\_\_
- I agree to pay a \$50 non-refundable fee of \$50 for Aftercare and Summer Camp. (Initial) \_\_\_\_\_
- **I understand that this is a legally binding contract, and have read it and understand it.** (Initial) \_\_\_\_\_

**Signature (Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# PARENT / GUARDIAN AGREEMENT

CHILD'S NAME: \_\_\_\_\_

I, \_\_\_\_\_, HAVE READ AND UNDERSTAND THE FOLLOWING:  
(Parent or Legal Guardian First and Last Name)

1. If PBC Public Schools close for severe storm warnings or any emergency situation, **Bright Beginnings of Lake Worth, Inc.** will also close. I understand I must immediately pick up my child.
2. I have read and understand **Bright Beginnings of Lake Worth, Inc.** Health policy. I agree to abide by these policies for the protection of my child as well as my child's classmates and our staff members. I understand if my child becomes ill while at **Bright Beginnings of Lake Worth, Inc.** it is my responsibility to pick my child up immediately. I understand if my child is not picked up within 1 hour after the call I will be charged \$10.00 per hour.
3. Children are asked to remain home 24 hours after lice, fever, vomiting or diarrhea has subsided. Please make other arrangements during that time for care.
4. According to Children & Family Services, all medication must have a prescription label with child's correct name, doctor's name, date and proper dosage. A medication measuring device with exact measurement must accompany all medications. Parent/Guardian must sign a medication permission slip before medication is administered. If medication exceeds one week a new medication permission slip must be signed. I understand that if any part of this requirement is missing we will not be able to administer the medication.
5. I have received and read the brochure provided by Children & Family Services, KNOW YOUR CHILD CARE CENTER.
6. I have read and understand the Discipline Policy and Biting Policy of **Bright Beginnings of Lake Worth, Inc.**
7. I have read and understand the Financial Enrollment Agreement of **Bright Beginnings of Lake Worth, Inc.**
8. I understand the Rules and Regulations Governing Child Care for the State of Florida require all students to have on file (on or before attending class) all medical records (physical & immunization) and all necessary registration forms.
9. **Bright Beginnings of Lake Worth, Inc.** agrees to provide a morning and afternoon snack for my child. It is my responsibility to provide a nutritious lunch each day or purchase a school lunch. (Please no glass items, no soda and limit your sweets).
10. Permission is given to use non---medication physical barrier lotions, ointments and creams such as sunscreen, diaper ointments (which I have provided) on my child if the situation arises. (Initial) \_\_\_\_\_
11. I understand that **Bright Beginnings of Lake Worth, Inc.** classrooms and schedules are created to meet the needs of children academically, socially, and emotionally in an age appropriate setting. If after a reasonable period of time, a child is not able to adjust to the group and its scheduled activities or if there are special needs **Bright Beginnings of Lake Worth, Inc.** is unable to meet, the parents/guardian may choose or be asked to withdraw the child. If a child demonstrates a behavior which **Bright Beginnings of Lake Worth, Inc.** administration considers detrimental to the child or his/her classmates this action may be a cause for dismissal.
12. Permission is given to **Bright Beginnings of Lake Worth, Inc.** to use photographs or video of my daughter / son in the program promotions, including newspapers, magazines, news bulletins, television, and in training materials. I understand that no payment will be made for said photos/videos. (Initial) \_\_\_\_\_
13. I hereby declare that I am the parent / guardian of \_\_\_\_\_ and give my consent for his/her participation in center activities other than the designated classroom as well as scheduled field trips.
14. I hereby give my consent to any hospital, paramedic, etc., to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency, at which time I cannot be reached. I give my consent to transport my child, by ambulance, if the situation warrants. My preferred hospital is \_\_\_\_\_.

**PARENT/ GUARDIAN AGREEMENT CONTINUED...**

- 15. With my signature on this form, I release **Bright Beginnings of Lake Worth, Inc.**, its staff and owners from responsibility and Hold Harmless for any illness or injury.
- 16. I understand the center's hours of operation are 6:30am---6pm. All students are asked to arrive by 9am. Students being picked up after hours will be charged \$1.00 per minute, per child. Please be prepared to make this payment upon arrival in cash.
- 17. We understand as your child turns a year older he/she enjoy celebrating their birthday with their classmates. We are happy to have you schedule this special day with your child's teacher. However we ask these celebrations be limited to cake/cupcakes and juice. Please no special guest.
- 18. Students are entitled to one week of vacation after 3 months of attendance with advance notice and a completed *Vacation Form* available in our office.
- 19. If for any reason I chose to **withdraw** \_\_\_\_\_ (your child) from **Bright Beginnings of Lake Worth, Inc.** I agree to give the office a **two week notice** in writing.
- 20. I am responsible for covering my child's mat or crib mattress which is provided by **Bright Beginnings**. The center has the right to bill the student's account for a mat cover if one is not provided.
- 21. I understand if my child does not meet the required attendance by the VPK Program I may be charged the additional rates not paid by the state. (Initial) \_\_\_\_\_
- 22. Students enrolled in the VPK Program will be billed regular tuition for the holiday weeks.
- 23. Reporting Child Abuse and Neglect: Every staff member at **Bright Beginnings of Lake Worth, Inc.** has the legal responsibility to report any suspected child abuse and/or neglect to proper authorities. An individual failing to report or knowingly preventing another from doing so can be prosecuted. **Bright Beginnings** complies with Federal and State laws on child abuse and neglect by insuring that through the report, the child will be protected and the family will receive the needed services. It is imperative that families communicate with us regarding any accidents your child might have outside of **Bright Beginnings of Lake Worth, Inc.**, so we are always aware of any injuries and/or health needs of your child.
- 23. **Bright Beginnings of Lake Worth, Inc.** reserves the right to cancel the enrollment of a child for the following reasons: Nonpayment or excessive late payments of fees; physical and/or verbal abuse of staff or children by parent or child; or, not observing the rules of the center as outlined in this Parental / Guardian Agreement.

I have read and agree to abide by all policies stated in the Welcome Packet, Parent / Guardian Agreement and the Financial Agreement.

Signature of Parent / Guardian	PRINT NAME	Date
Witness Signature	PRINT NAME	Date

**NOTARY**

State of Florida County of \_\_\_\_\_

Before me, \_\_\_\_\_ on this day personally appeared \_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_ or through (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, (year).

\_\_\_\_\_ (Personalized Seal) Notary Public's Signature

