

# Bright and Early Discoveries Learning Center



## Application Package

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

DATE: \_\_\_\_\_

### Parent-Provider Mutual Agreement Form

It is our sincere desire to provide responsible and loving care for your child. You should feel confident that your child will be safe and happy with us. Bright & Early Discoveries will work with you to help your youngster develop emotionally, physically, socially and mentally at his/her developmental stage. We will also work with your child to enhance their individuality and independence. It is understood that each child is to be treated as equal to the provider's own. We welcome your suggestion and input so that you are completely happy and comfortable with your childcare arrangement. We offer programs for infants, toddlers, preschoolers, pre-kindergarten and before/aftercare.

The following agreement should keep our relationship mutually satisfactory:

The following is an agreement between \_\_\_\_\_ & B.E.D. childcare for child(ren) in care: (parent /guardian) (provider)

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Proposed Start Date:

This agreement will be reviewed each year and is subject to change. A 1-month trial period begins the first day of care. A deposit of \$\_\_\_\_\_ will hold a childcare space and will be applied to the last week of care. Deposit refunded with two weeks' notice, if the parent decides not to enroll the child(ren).

Desired hours of care:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

**\*Please notify us by 8:30AM if the child is unable to attend\***

At the Bright and Early Discoveries Child Care, we provide a healthy, happy and loving family environment just as you would like for your child. We want you to feel secure and have a peace of mind about your child while you are at work, home or school. We are committed to provide the highest quality of professional childcare in your absence. We believe that open communication and mutual respect is the key to a happy, long-lasting relationship between a childcare provider and the child's parents. Please feel free to keep us informed of anything that affects your child and we will do the same. Please make a copy of the agreement for yourself if you wish to. I have received and read the attached child-care contract and rules and agree to comply with all the rules and responsibilities stated in them.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY FORM - MUST BE NOTARIZED**

Child's Name: \_\_\_\_\_

If the child requires medical care, the following procedures will be followed: We will call you immediately. If I cannot reach you, the child's family doctor will be called at:

Child's Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

If the doctor is not available, the child will be taken to the nearest hospital emergency room for treatment. Nearest Hospital: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Emergency Release Form

I hereby give my consent to Bright and Early Discoveries Child Care to authorize (Child Care Provider) medical, surgical, and/or dental treatment including hospitalization for my child(ren) \_\_\_\_\_ while they are in child care.

(Child(ren) Names)

### PICK UP

The following people are authorized to pick up the child at the provider's home:

Mother:

Father:

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone/Cell #: \_\_\_\_\_

Phone/Cell #: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Work Location: \_\_\_\_\_

Work Location: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

If parents cannot be reached in an emergency, please contact:

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

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

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Financial Agreement

### **Registration**

A registration fee is charged for each child entering Bright and Early Discoveries, this fee is nonrefundable and is paid upon registering your child(ren).

Security Deposit

### **Payment of Fees**

All fees must be paid in advance. Monthly payments, due every 1st of the month.

Weekly payments are due the Friday before your child attends.

A late fee after three (3) business days.

#### Forms of Payment:

Cash (receipt will be provided)

Check (made payable to Bright and Early Discoveries)

Online

*\*Account must be put on file\**

Departures, Schedule Changes, Vacations, Absences

Schedule Changes

Late Pick-Up

Returned Checks

\*Checks returned for non-sufficient funds will be charged a \$30.00 fee\*

Upon the occurrence of two (2) checks returned for non-sufficient funds, you will be required

*Our fees are based off an annual attendance: sick time, vacation time, storms, etc.  
Therefore, your child's normal fee will be charged, regardless if your child is in attendance*

If your child will be late or absent, please contact administration so we know whether to expect your child. After 11:00AM we will assume your child is not attending. **We do not provide make up days.** In order to provide the best care possible for your child, and maintain state regulation, we must always adhere to an extremely strict staff: student ratio.

Thank you for entrusting Bright and Early Discoveries and its staff with your child's early childhood education. If you have any questions about this agreement, please speak to administration at any time.

### **Trial Period:**

Either party may terminate the contract within one month of care without advance notice. The registration fee plus any fees for care provided by the facility will be kept by the provider.

## **Holidays:**

(Please review our updated Holidays and closed days)

Bright and Early Discoveries will observe the following holidays:

New Year's Day  
President's Day  
Memorial Day  
Independence Day  
Labor Day  
Veterans Day  
Thanksgiving Day  
Christmas Eve  
Christmas Day

## **Early Closing and Vacation**

Should there be an emergency requiring early closing, parents will be notified.

## **Daily Sign In/Out**

The sign in/out form must be completed daily, with first and last name written legibly by authorized persons.

## **Visit**

Parents are welcome to drop by at any time to check on their child's wellbeing.

## **Meals**

The facility is committed to provide the children with nutritious meals when your child can eat most table foods. The following schedule will be:

Breakfast: 7:30AM-8:30AM

Lunch: 11:30AM/12PM

Snack:

## **Dress**

Please dress your children according to the weather conditions and in comfortable play attire.

## **Supplies**

On the first day of care, please provide the children with the following items: extra clothing (2 sets min), 2 small blankets, diapers, diaper cream, wipes, tissues

*\*Everything must be labeled\**

**Medicine:**

At this time, we are not licensed to administer medication. Any non-prescription medication will be administered, if provided by parent. By signing this agreement parents are giving the childcare provider on duty permission to apply antiseptic and first aid cream to a minor cut,

**Illness:**

A child with contagious illness such as fever, diarrhea, and colored discharge from eyes, unusual spots or rashes will not be allowed at the facility. If a child becomes ill, the parent or the emergency contact person will be notified. The child will be separated from other children to reduce the risk of virus transmission to other children. The parent is responsible for the payment of medical expenses incurred in the care and treatment of your child. The medical, health and accident insurance of each parent should be used to pay any medical bills incurred in treating your child for illness or injury.

**Immunization Record:**

Please keep your child(ren) immunization up to date and provide us with a copy of the child’s immunization history.

**Field Trips**

We will give permission for our child \_\_\_\_\_ for occasional field trips, supervised walks in the neighborhood and trips to the park, taking pictures or video.

Yes \_\_\_\_\_

No \_\_\_\_\_

*Please Remember:*

- Have children dressed and ready for the day upon arrival time.
- Notify in advance of vacation plans, days off, appointments, etc.
- Have a back-up caregiver in case of illness, emergencies or closed days.
- No ill children
- Provide spare season appropriate clothing
- Operational hours are M-F, 7AM-6PM but caregiving during contracted hours only.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DAY CARE ENROLLMENT**

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: ( ) -		
	CHILD'S FULL NAME:				DATE OF BIRTH: / /		
	PREFERRED NAME/NICKNAME:				GENDER:		
	CHILD'S HOME ADDRESS:						
NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____				
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: ( ) - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):				
EMAIL ADDRESS:							
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER		OTHER PHONE NUMBER / EMAIL	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text		( ) - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text		( ) - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text		( ) - <input type="checkbox"/> ok to text	
<b>FOR PROGRAM USE ONLY</b>				<b>FOR PROGRAM USE ONLY</b>			
DATE OF ENROLLMENT: / /				DATE OF DISENROLLMENT: / /			

CHILD'S FULL NAME:		DATE OF BIRTH: / /	
<b>Check boxes below to indicate if your child has any special needs/services:</b>			
<input type="checkbox"/> Early Intervention/Special Education		<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Allergies (Please list) _____		<input type="checkbox"/> Speech/Language	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Physical Therapy	
Please provide information here <b>AND</b> discuss with your child care provider:			
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: ( ) -	
PREFERRED HOSPITAL:		PHONE NUMBER: ( ) -	
CHILD'S DENTAL CARE:		PHONE NUMBER: ( ) -	
<b>Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b>			
<b>AGREEMENTS</b>			
• I consent to emergency medical treatment for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:			DATE: / /





Parent Authorization Form for Sunscreen

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

The staff at BRIGHT AND EARLY DISCOVERIES may use sunscreen on my child, which I have provided and is clearly labeled. Sunscreen should be applied to:

\_\_\_\_\_

(what parts of the body: all exposed areas or just specific areas)

\_\_\_\_\_

(Parent/Guardian Signature)

Today's Date

**Parental Permission to Apply Over-the-Counter Topical Ointments**

I, \_\_\_\_\_, give permission for my child care  
(Parent)  
provider, \_\_\_\_\_, to administer over-the-counter  
(Provider)

topical ointments to my child, \_\_\_\_\_, on an as  
(Child)  
needed basis. These topical ointments may include, but are not limited to,  
sunscreen, diaper cream and insect repellent.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent)



**SLEEPING AND NAPPING AGREEMENT:**  
Bright and Early Discovers Learning Center

Sleeping and napping arrangements must be made in writing between the parent and the childcare provider. The provider shall maintain this completed agreement on file in the childcare center. This arrangement is required by New York State Child Day Care.

I, \_\_\_\_\_ (parent/guardian's name), understand that my child \_\_\_\_\_ (child's name), while under the care Bright & Early Discoveries, will be napping on a (cot/crib/mat) in the \_\_\_\_\_ classroom. I understand that while my child is napping, there will be competent supervision at all times, via direct supervision of a caregiver who is in the same room and has direct visual contact with my child.

If my child is an infant, I also understand that my child will be placed on his/her back to sleep in a crib. I must provide a medical note from my child's pediatrician if another sleeping arrangement must be made due to a health condition my child may have. I understand that my infant falls asleep in a swing, or bouncer, that he/she will immediately be moved to a crib. In addition, the sleeping and napping agreement must be updated as child moves from one classroom to another.

If a child is unable to sleep during the classroom's scheduled nap time, my child will be provided with a quiet activity. Electronic devices cannot be implemented during this time of day (Tablets/iPads), as per NYSOCFS Child Daycare Regulations.

\*It is recommended that parents of all Preschool and PreK children provide a nap mat (see application package)\*

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**Signature of Parent or Guardian:**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Signature of Child Care Provider:**

Name/Title (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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



## Permission to engage in Waterplay Activities

I/We \_\_\_\_\_ give our child(ren) \_\_\_\_\_  
permission to participate in water activities (sprinklers, indoor and outdoor waterparks, water  
balloons, etc.) on and off site, while enrolled **Bright and Early Discoveries.**

We understand that there will be an adult present while he/she is participating in such activities. I  
(we), acknowledge that water activities can be dangerous if policies are not followed. My child is  
aware that failure to follow policies will result in the loss of water play privileges. Policies and  
rules have been explained to each student thoroughly.

I grant my child (named below) my permission to participate in any and all water play activities  
taking place while enrolled at **Bright and Early Discoveries:** Yes \_\_\_\_\_ No \_\_\_\_\_

My child will engage in all waterplay activities except, \_\_\_\_\_

Please print:

Child's Name \_\_\_\_\_

Age(s) \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

Name of Child:	Date of Birth: / /	Date of Examination: / /
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**Immunizations required for entry into day care**

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).  Yes  No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

**Tests**

Tuberculin Test Date: / / Mantoux Results:  Positive  Negative \_\_\_\_\_ mm  
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.  
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /  
 Attach lead level statement

**Lead Screening (Include All Dates and Results)**

1 year / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

2 years / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Most recent date of lead screening (if different from above):**  
 / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.**  
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

*(Continued on reverse side)*

## CHILD IN CARE MEDICAL STATEMENT *(continued)*

<b>Health Specifics</b>	<b>Comments</b>
Are there allergies? (Specify) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Is medication regularly taken? (Specify drug and condition) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Is a special diet required? (Specify diet and condition) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Are there any hearing, visual or dental conditions requiring special attention? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Are there any medical or developmental conditions requiring special attention? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

### **Summary of Physical Exam**

Include special recommendations to child day care providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.  Yes  No

Signature of Examiner	Address												
Please Print Name	City, State, Zip												
Title	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 15%;">(     )</td> <td style="text-align: center; width: 10%;">-</td> <td style="width: 15%;"></td> <td style="text-align: center; width: 10%;">/</td> <td style="text-align: center; width: 10%;">/</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Phone</td> <td></td> <td></td> <td></td> <td style="text-align: center;">Date</td> </tr> </table>	(     )	-		/	/			Phone				Date
(     )	-		/	/									
	Phone				Date								



**Permission to Photograph**

I, \_\_\_\_\_, give permission for **BRIGHT & EARLY DISCOVERIES** to photograph my child(ren): \_\_\_\_\_ for the following purposes:

<b>Type of Use:</b>	<b>Grant Permission</b>	<b>Decline Permission</b>
<b><u>Still Photographs</u></b>		
Display in provider’s personal scrapbook		
Give photographs to current families		
Display in facility’s scrapbook or bulletin boards, shown to current and prospective families		
Display photos on facility’s website		
Use still photos in promotional materials		
Display still photos on Facebook/Instagram Page		
Use still photos for arts & crafts projects		
<b><u>Videos</u></b>		
Give video to current families		
Display video on facility website		
Use videos in promotional materials		
Use videos on Facebook/Instagram Page		
Video Surveillance		
Other: (please list)		

\*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’s 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.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

