

# BRIGHT BEGINNINGS ACADEMY

EARLY CHILDHOOD CENTER

## Enrollment Agreement

1. \_\_\_\_ I understand tuition is due every Monday in FULL for the week of service, tuition is not decreased by: absences, scheduled holiday closings, or closing due to inclement weather
2. \_\_\_\_ I understand my child **is required to be at school by 9:30.**
3. \_\_\_\_ I understand that my child may not attend Bright Beginnings Academy if he/she is ill and exhibiting any of the symptoms outlined in the handbook. Additionally, I agree to pick up my child early from the center within a reasonable amount of travel time, if he/she becomes ill or is exhibiting any of the symptoms outlined in the handbook. I understand these issues are state mandated and enforced for the safety and comfort of all children and staff members. I further understand that my child may not return to the center until they have been fever free for 24 hours and not dependent on medication for a fever free condition.
4. \_\_\_\_ I agree to pay the late pick-up fee that I may be charged of \$5 every five minutes late. I understand the center is open from 6:00A.M. To 6:00P.M.
5. \_\_\_\_ I understand I must sign up for auto draft for weekly tuition with brighthwheel.
6. \_\_\_\_ I agree to give Bright Beginnings Academy a two (2) week notice prior to withdrawing my child for any reason. I further understand that I will be liable for two weeks of tuitions if notice is not given before my child is withdrawn.
7. \_\_\_\_ My child's photograph may be taken/displayed at the center, on the website, Facebook or in the local newspaper.
8. –I will notify the center if someone other than those listed on the enrollment forms will be picking up my child. If you have not notified the center, we will call you to confirm.
9. \_\_\_\_ I understand that attempts will be made to notify me at once in the case of an emergency regarding my child. If I cannot be reached in the event of an emergency, I hereby authorize Bright Beginnings Academy to arrange the necessary transportation and medical attention for my child. I fully understand that I will be responsible for all costs of transportation and medical services provided to my child. If there is a medical emergency I understand that my child will be taken to the nearest hospital/trauma center.

10. \_\_\_ I understand that toys may not be brought into BBA. We do not want personal toys lost or broken. Please help us by leaving toys in the car.
11. \_\_\_ I understand breakfast will not be served after 8:00AM. If you want your child to be served breakfast, please have them at BBA BEFORE 8:00AM.
12. \_\_\_ I understand my child may not enter BBA with outside food (McDonalds). Please do not send your child into BBA to finish their meal.
13. \_\_\_ I understand all medications must be in the original container with all the child's information-name, amount and times given. A Dr. note must be given to BBA before we can administer ANY prescription medication!

Child Name(s): \_\_\_\_\_

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

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