



Entrance Date _____ Withdrawal Date _____

Child's Name _____ Gender _____ Age _____

Date of birth _____ Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Father's Name _____

Cell Phone Number _____ Email Address _____ Date of birth _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Cell Phone Number _____

Email Address _____ Date of birth _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following

Name _____

Address _____

Telephone Number _____

Relationship to child _____ Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Name _____

Address _____

Telephone Number _____

Relationship to child _____ Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached

Name _____ Relationship to child _____ Telephone Number _____

Name _____ Relationship to child _____ Telephone Number _____

Name _____ Relationship to child _____ Telephone Number _____

Name of Public or Private School child attends, if any _____

Child's doctor or clinic name _____

Doctor/clinic phone number _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

suffer an injury or illness while in the care of Start Bright Academy Hiram and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature _____ Date _____

Facility Administrator/Person-In-Charge Signature _____ Date _____

Parental Agreements with Child Care Facility

Start Bright Academy Hiram agrees to provide childcare for _____

(Name of Child)

on (circle all applicable days)

Monday

Tuesday

Wednesday

Thursday

Friday

_____ AM to _____ PM from _____ to _____

(Month)

(Month)

My child will participate in the following meal plan (circle applicable meals and snacks)

Breakfast

Lunch

Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given.

Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Start Bright Academy Hiram agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the childcare facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Start Bright Academy Hiram.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Parent/Guardian Signature _____ Date _____

Facility Administrator/Person-In-Charge Signature _____ Date _____



Tuition Policy

Tuition is due and payable on the Thursday before the week care is provided.

Tuition is due whether your child is in attendance or not. This includes sick time, vacation time, and holidays.

You are allowed one annual vacation credit equal to one week's tuition once your child has been continuously enrolled with Start Bright Academy Hiram for one year or more. A one-week notice must be given prior to.

Tuition will be considered delinquent if not paid by 6:30pm on the Thursday before the week care is provided and a \$35.00 late fee will be applied to your account.

If your account balance is not paid by the Thursday before the week care is provided, your child will not be allowed to return to the center until all fees, including late fees, are paid in full. If your account remains delinquent after one week and you have not agreed to a payment arrangement, your child will be dismissed from Start Bright Academy and no refunds will be issued to you.

Parents wishing to pay tuition on a biweekly schedule will be required to pay all tuition and fees in advance. Payment arrangements are available upon request, and we encourage you to place a credit/debit card on file to streamline the payment process.

If you are receiving childcare tuition assistance and your child does not attend at least one day during the service week, you will be required to pay tuition for that week to hold your child's spot. Failure to pay may result in the termination of childcare services.

We are licensed to be in operation from Monday-Saturday 6am to 12am and Sunday 6am to 4pm, January-December. All children not enrolled in the extended care program must be picked up by 6:30pm. If children are not picked up by 6:30pm, we will be required to charge a late fee of \$2.00 per minute (the first 5 minutes), then \$5.00 per minute after the first 5 minutes for each child, to cover expenses. State licensing guidelines require us to contact Child Protective Services in the event we have not heard from you or another authorized pick-up person by 7:15pm.

An annual \$100.00 registration fee will be applied to your account on the anniversary of your enrollment date to cover the costs of administrative expenses and must be paid within 30 days to avoid a \$50.00 late fee.

If you decide to unenroll your child, a two-week written notice is required. Payment is still due for the two-week period, whether your child attends or not. Outstanding fees must be paid prior to your child's last day.

Child's Name _____ Child's Name _____ Child's Name _____
Parent Signature _____ Date _____
Director Signature _____ Date _____



Tuition Fees

Registration Fee	\$125/per child \$150/ per family
Infants	\$280/wk
Toddlers	\$260/wk
Two's	\$260/wk
Three's Non-Potty Trained	\$260/wk
Preschool	\$230/wk
Pre-K	\$230/wk
Drop In Rate	\$90/day

School Age Tuition Fees

After Care	\$120/wk
School Breaks/Summer Camp	\$220/wk
*Discount not available	
*Sibling Discount	\$10 off one child's regular tuition fees
*Military/Police/Medical Discount	\$10 off one child's regular tuition fees
*Discount cannot be combined.	



****According to BFTS Guidelines, a two-year-old must be fully potty trained and accident free for two weeks to transition to the preschool classroom****

*****A two-week written notice is required for any child who is withdrawing from our center*****

Child's Name _____ Child's Name _____

Child's Name _____ Child's Name _____

Parent's Signature _____ Date _____

Director's Signature _____ Date _____



Parent Handbook Acknowledgement Form

Dear Parents,

Please familiarize yourselves with Start Bright Academy's policies detailed in the parent handbook located in the front lobby.

Should you have any questions, concerns, or remarks regarding the center's policies, please feel free to speak with the center director. Otherwise, please return this form, after signing, for your child's file.

I, _____, the parent of a child/children at Start Bright Academy hereby acknowledge that I have read or had access to Start Bright Academy's parent handbook. I agree to adhere to the policies and procedures set forth in the parent handbook.

Child's Name _____ Child's Name _____ Child's Name _____
Parent Signature _____ Date _____
Director Signature _____ Date _____



Photo/Video Release Form

Start Bright Academy Hiram uses Facebook, Instagram, and our company website, www.startbrightinc.org, to promote the academy's services and to stay connected to families by sharing precious and exciting moments of play and learning. Please complete the bottom portion of this form granting, Start Bright Academy Hiram, permission to post photos and/or videos of your child, along with their work, for educational and marketing purposes. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release. Please complete and sign this consent form and provide any additional notes.

☐ I am the parent/legal guardian of _____ and I give permission for my child to be photographed/recorded during school-related activities. I give, Start Bright Academy Hiram, permission to post photos/videos of my child on their social media platforms (Facebook/Instagram) and company website (www.startbrightinc.org).

☐ I am the parent/legal guardian of _____ and I **DO NOT** give permission for my child to be photographed/recorded during school-related activities. I **DO NOT** give, Start Bright Academy Hiram, permission to post photos/videos of my child on their social media platforms (Facebook/Instagram) and company website (www.startbrightinc.org).

Parent Signature _____ Date _____

Director Signature _____ Date _____



Authorization to Dispense External Preparations

590-1-1-.20(1) Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give Start Bright Academy Hiram permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

center should maintain in child's file

Child's Name _____ Child's Name _____ Child's Name _____

Parent Signature _____ Date _____

Director Signature _____ Date _____



Food Allergy Notification Form

Child's Name _____ Date of birth _____

Because your child is participating in the Child and Adult Care Food Program (CACFP) at Start Bright Academy Hiram, it is important to be fully informed about any potential food allergies that he or she may have.

Please list any food your child is allergic to, as well as the nature of your child's allergic reaction to the food and the severity of the reaction. **Please place an asterisk(*) next to any foods that would cause a life-threatening reaction in your child and list these foods first.**

FOOD	REACTION OCCURS BY: SKIN CONTACT, INDIGESTION, INHALATION	NATURE OF THE ALLERGIC REACTION TO THE FOOD	MILD	MODERATE	SEVERE

☐ No food allergy to report currently.

Parent Signature _____ Date _____

Director Signature _____ Date _____



Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____ Father's Name _____

Cell Phone _____ Work Phone _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Person to notify in an emergency if parents cannot be reached:

Name _____ Cell Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses **Wellstar Paulding Hospital** Phone **470-644-7000**

Address **2518 Jimmy Lee Smith Parkway Hiram, Georgia 30141**

Child's allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if Start Bright Academy Hiram cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____



CAPS Policy - Child Care

Provider Rights and Responsibilities

If you are receiving childcare tuition assistance and your child does not attend at least one day during the service week, you will be required to pay tuition for that week to hold your child's spot. Failure to pay may result in the termination of childcare services. Please refer to the CAPS policies and procedures stated below. If you have any questions or concerns, please see a member of management.

12.4.8.5 CAPS will not pay if the child did not attend at least one day during the service week as listed on the child care scholarship, except in instances where the provider is requesting payment to hold a slot (refer to Holding Slots section below).

Note: As prescribed in CAPS Case Changes and Documentations Policy (CAPS/00-13), excessive unexplained absences for 30 calendar days or more may result in closure of CAPS case. The excessive unexplained absence should be reported to the SPMA.

12.4.10 Holding Slots

12.4.10.1 There may be situations when a child cannot attend the childcare program for an extended time frame.

A. CAPS may authorize payment to a provider to hold a slot for a maximum of two service weeks during the eligibility period when a child is absent from care.

B. The provider must be open for business in order to receive payment for holding slots and must include specific payment requirements for holding slots in its policy. This policy must be on file with the SPMA.



Credit Card Authorization Form

Name on Card:	
Type of Card:	
Card Number:	
Expiration Date:	
CVV:	
Billing Address:	
City, State, Zip:	
Phone Number:	
Email Address:	

Authorization of card use:

- ☐ I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate.
- ☐ I hereby authorize Start Bright Academy Hiram to charge the balance due on my account each week and agree to the terms set forth in this agreement. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.
- ☐ Payment is considered late every Thursday after 6:30pm. Any balance remaining will be charged to the card on file. In addition, a late fee will be assessed in the amount of \$50.00.

Signature _____ Date _____