



START BRIGHT ACADEMY
Learning & Development Center

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 _____



START BRIGHT ACADEMY
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Monthly Tuition Fees

Registration fee \$100/annually

	<u>4 weeks</u>	<u>5 weeks</u>
Infants	\$702	\$877.50
Wobblers	\$666	\$832.50
Toddlers	\$630	\$787.50
Three years old to five years old	\$504	\$630

School Age Monthly Tuition Fees

Before and after care \$306 \$382.50

*Sibling discount \$10 off one child's regular tuition fees

*Military/Police discount \$10 off one child's regular tuition fees

Monthly discount of 10% off regular tuition fees if tuition is paid within the first week of the month

*Discounts cannot be combined.

According to BFTS Guidelines, a two-year-old must be fully potty trained and accident free for two weeks in order to transition to the three-year-old 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 _____
 Parent Signature _____ Date _____
 Director Signature _____ Date _____



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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 _____



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Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex ____ Age ____ Date of birth _____

Home Address (Street) _____

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 _____



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Photo Release Form

I, _____, the parent of a child/children at Start Bright Academy Hiram agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the center during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting childcare services, either in print or on the Internet.

The child(ren) are known as: _____

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the center's services. 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.

Parent Signature _____ Date _____

Director Signature _____ Date _____





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Tuition Policy

Tuition is due and payable the Friday before 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. A one-week notice must be given prior to.

Tuition will be considered delinquent if not paid by 10am on Monday and a \$25.00 late fee will be applied to your account.

If your account becomes delinquent, 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 two weeks 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.

We are licensed to be in operation from Monday-Friday 6:00am to 7:00pm, January-December. All children must be picked up by 7:00pm. If children are not picked up by 7:00pm, we will have to charge a late fee of \$2.00 per minute 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 7:45pm.

An annual \$100.00 registration fee will be applied to your account within the first week of every new year to cover the costs of administrative expenses and must be paid by January 31st to avoid a \$25.00 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 before child’s last day.

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



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Tuition Fees

Registration fee	\$100/annually
Infants	\$195/wk
Wobblers	\$185/wk
Toddlers	\$175/wk
Three years old to five years old	\$140/wk
Drop In Rate	\$45/day

School Age Tuition Fees

Before care only	\$35/wk
After care only	\$65/wk
Before and after care	\$85/wk
School breaks/summer camp *Discount not available*	\$150/wk
Virtual Learning	\$150/wk

*Sibling discount \$10 off one child's regular tuition fees

*Military/Police discount \$10 off one child's regular tuition fees

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