



START BRIGHT ACADEMY

Learning & Development Center

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 _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ 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

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 agrees to provide childcare for

_____ on _____
(Name of Child) (Days of Week)
_____ 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 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.

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 _____