

Bright Beginnings
PRESCHOOL AND DAYCARE CENTER

Student Information Form

Students's Name _____
Student's Address _____
Students DOB _____ Date of Enrollment _____

Mother's Name _____
Address _____
Home Number _____ Cell Number _____
Employer & Address of Employer _____
Business Phone _____ Ext _____
Father's Name _____
Address _____
Home Number _____ Cell Number _____
Employer & Address of Employer _____
Business Phone _____ Ext _____

Student's Physician's _____
Physician's Telephone Number _____
Name of Child's Health Insurance Carrier _____
Telephone Number _____
Policy # _____ Group # _____

Authorized adults if parents cannot be reached in an emergency
Name _____
Address _____
Telephone _____ cell phone _____

Name _____
Address _____
Telephone _____ cell phone _____

Bright Beginnings
PRESCHOOL AND DAYCARE CENTER LLC

Registration Form

Child's Name _____ Gender _____
Child's DOB _____

Address _____ City/State/Zip _____

Home Telephone _____

Mother's Name _____ SSN _____

Employer _____

Business phone _____ Cell Phone _____

Father's Name _____ SSN _____

Employer _____

Business phone _____ Cell Phone _____

Program Preference 1 2 3 4 5 days Full Day Half Day

(circle)

Monday Tuesday Wednesday Thursday Friday

(circle)

Arrival Time _____ Departure Time _____

Date your child will start at Bright Beginnings _____

Signature of Parent(s) _____

I have read and agree to all of Bright Beginnings Operating/Billing Policies

Signature of Parent(s) _____

Bright Beginnings
PRESCHOOL AND DAYCARE CENTER
Emergency Contact Form

I permit the following adults to take my child to or from the Center and to assume full responsibility for my child in an emergency, should I not be able to be reached.

1).	Name _____
	Address _____
	Home Phone _____
	Work Phone _____
	Cell Phone _____
	Relationship to child _____

2).	Name _____
	Address _____
	Home Phone _____
	Work Phone _____
	Cell Phone _____
	Relationship to child _____

Bright Beginnings
PRESCHOOL AND DAYCARE CENTER LLC
Emergency Medical Care Release

Should my child become seriously injured or ill, I permit him/her to be transported and treated as necessary by medical technicians from a licensed facility.

I understand that Bright Beginnings will contact the nearest available medical facility in case of an emergency.

Child's Name: _____

Parent(s) Signature: _____

Date: _____

Bright Beginnings
 PRESCHOOL AND DAYCARE CENTER LLC
 Immunization Record

I hereby certify that this child's health is satisfactory and recommend that the child may attend the above mentioned day care center in the state of New Jersey.

Physician's Signature _____

Date _____

Date of last health examination _____

Date of admission to Bright Beginnings _____

Immunization Record

DT DTP 1 _____

DT DTP 2 _____

DT DTP 3 _____

DT DTP DTAP4 _____

DT DTP DTAP5 _____

DTP Hib 1 _____

DTP Hib 2 _____

DTP Hib 3 _____

DTP Hib 4 _____

OPV IPV 1

OPV IPV 2

OPV IPV 3

OPV IPV 4

Hib 1

Hib 2

Hib 3

Hib 4

HEP B 1 _____

HEP B 2 _____

HEP B 3 _____

MMR 1 _____

MMR 2 _____

Td 1 _____

Td 2 _____

Time _____

Varicella

Prevnar

Other

Patient History

Chicken Pox

Asthma

Convulsions

Pertussis

Measles

Rubella

Mumps

Scarlet Fever

Diphtheria

Rhuematic Fever

Heart, congenital murmur

Tonsillitis

Ear Infections

Surgery

Other

Bright Beginnings
PRESCHOOL AND DAYCARE CENTER LLC
Health Examination Certification

Child's Name _____

Child's Address _____

Child's Home Phone _____

Physician's Name _____

Physician's Address _____

Physician's Number _____

Please have your physician fill out the following information about your child:

Height _____ Weight _____ Eye Color _____

Blood Type _____

Comments on General Health

Information on any condition, allergy, handicap, or special requirements:

Additional Comments: _____

Food Sensitivities: _____

Bright Beginnings
PRESCHOOL AND DAYCARE CENTER LLC
Food Allergy Action Plan

Student's Name: _____ **DOB** _____

Teacher: _____

ALLERGY TO: _____

Asthmatic Yes No **High risk for severe reaction

Signs of Allergic Reaction

Systems	Symptoms
Mouth	Itching & swelling of the lips, tongue, or mouth
Throat	Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	Hives, itchy rash, and/or swelling about the face or extremities
Gut	Nausea, abdominal cramps, vomiting, and/or diarrhea
Lung	Shortness of breath, repetitive coughing, and/or wheezing
Heart	"Thready" pulse, "passing-out"

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation.

Action for Minor Reaction

1). If only symptom(s) are _____ give _____
Medication/dose/route

Then call:

2). Mother _____, Father _____
Or emergency contacts.

3). Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

Action for Major

Bright Beginnings
PRESCHOOL AND DAYCARE CENTER LLC
100 Youngs Road, Suite 7
Hamilton, NJ 08619
Tele: 609-588-5100
Fax: 609-588-5910

Child Care Connections

We at Bright Beginnings Preschool and Daycare Center accept those participants of the Child Care Connection program as a **courtesy** to those parents who are in need of their services.

This means, as a participating parent, **you** are responsible to ensure all factors with regards to compliance are being met. For example, all correspondence, any related pertinent forms, any phone calls ect. that are required is ultimately your responsibility. When time allows, we will be more than happy to help you in any way we can.

If CCC fails to pay for your child care for whatever reason, **you are responsible for your balance**. Also, if CCC should fall more than six weeks behind payments, **you are responsible for the balance**.

There are two balances that you are responsible for:

- 1). The difference in fees. CCC has a standard monthly amount that they recognize and base their payment scale on. For example, they may base their payment on a \$500/month fee for an infant. **Our** fee is \$675.00/month. You would be responsible for the \$175.00 difference, regardless of what portion CCC ultimately pays.
- 2). Your Co-pay.

Also, there is a \$100.00 yearly administrative fee if you participate in this program. The fee is to cover paperwork, postage and administrative time.

I acknowledge and understand all of Bright Beginnings Child Care Connection policies.

Signature of Parent

Bright Beginnings
PRESCHOOL AND DAYCARE CENTER LLC
Kinder View Web Camera Access Permission Slip

I am the legal guardian of a child enrolled at Bright Beginnings Preschool and Daycare Center LLC. I have read the kinder view web camera policy and I understand that the cameras have been installed at Bright Beginnings for the purpose of streaming enrolled children over the internet for parents to access.

I will not share or disclose my password to anyone.

It will be my responsible to maintain exclusive control and use of my username and password and protect it from inadvertent disclosure to others. **YOU SHOULD NEVER GIVE YOUR PASSWORD TO ANYONE.**

While we have implemented maximum security levels against unauthorized access, we will not be responsible but you as the parents are responsible for protecting the username and password.

I acknowledge and understand all of the kinder view web camera access policy.

Signature of Parent

Date: _____