



Bright Beginnings

Preschool and Daycare Center LLC
100 Youngs Road Suite 7
Hamilton NJ 08619

Registration Package

- **Registration Fee \$75.00**
- **Registration Form**
- **Emergency Contact Form**
- **Emergency Medical Care Release**
- **Immunization Record/Child's Health History**
- **Food Allergy Action Plan**
- **Child Care Connections**
- **About Your Child**
- **Consent and Authorization**



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Registration Form A registration fee of \$75.00 is needed for enrollment.

<i>Child's Name:</i>		<i>Gender: M F</i>	
<i>D.O.B:</i>			
<i>Address:</i>			
<i>City/State/Zip:</i>		<i>Home Telephone:</i>	
<i>Mother's Name:</i>		<i>Work Number:</i>	
<i>Employer:</i>		<i>Cell Number:</i>	
<i>Father's Name:</i>		<i>Work Number:</i>	
<i>Employer:</i>		<i>Cell Number:</i>	
Program Preference 1 2 3 4 5 days Full Day Half Day (circle)			
Monday Tuesday Wednesday Thursday Friday (circle)			
Date your child will start at Bright Beginnings:			
I have read and agree to all of Bright Beginnings Operating/Billing Policies			
Signature of Parent(s) _____			

Arrival Time _____ **Departure Time** _____



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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.

Photo ID must be presented at pick up: Drivers License

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

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



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Emergency Medical Care Release

I hereby give permission that my child, _____ may be given emergency treatment to include first aid and CPR by a qualified staff member at Bright Beginnings Preschool and Daycare Center LLC. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right to informed consent to such treatment.

Signature of Parent/Guardian: _____

Date: _____



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Immunization Record

I hereby certify that this child's health is satisfactory and recommend that the child may attend Bright Beginnings Preschool and Daycare center LLC in the state of New Jersey.

Physician's Signature _____ **Date** _____

Date of last health examination _____

CHILD'S HEALTH HISTORY:

Child's Physician: _____ Phone: _____

Date of Last Physical Exam: _____ Preferred Hospital: _____

Medical Insurance Plan: _____

Group & ID#: _____

Insurance Holder's Name & SSN#: _____

Allergies/Food Allergies & Health Concerns:

Regular Medications: _____

Blood Type: _____

Medicine Allergic To: _____

Please provide an updated copy of your child's Immunization Record before enrollment.



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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 lifethreatening
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: Call 911



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100 Youngs Road, Suite 7

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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 Copay.

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



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ABOUT YOUR CHILD:

1. What **FOODS** does your child especially like? _____

2. Especially **DISLIKE**? _____

3. Favorite toys, games, activities? _____

4. Is your child **TOILET TRAINED**? _____

What words do your child use for toilet? _____

5. How does your child express **ANGER** or frustration? _____

6. Does your child have any special **FEARS**? _____

Explain: _____

7. When your child is upset, what helps to **COMFORT** him/her? _____

8. How do you **DISCIPLINE** your child? _____

9. Special **FAMILY** situations (*such as custody specifications, problem arising from situations etc.*)?

10. Anticipated **ADJUSTMENT** problems? _____

11. Any disorders/developmental (slow, advanced) Diagnosed or suspected? _____

12. Previous childcare child attended? _____

13. Any problems at previous daycare or learning center's? _____

14. Other **COMMENTS**?



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Consent and Authorization

I authorize Bright Beginnings Preschool and Daycare Center LLC to provide care for my child: _____

Signature of Parent/Guardian: _____ **Date:** _____

PHOTOGRAPHY:

Bright Beginnings Preschool and Daycare Center LLC takes pictures of group time, your child in action, and special celebrations of program activities to be used in Bright Beginnings Preschool and Daycare Center LLC publicity, bulletin boards, website, or news releases:

_____ Yes, Bright Beginnings has my permission to use pictures of my child.

_____ **NO, BRIGHT BEGINNINGS MAY NOT USE PICTURES OF MY CHILD.**

Signature of Parent/Guardian: _____ **Date:** _____

