

Brilliant Bloomers

Nursery School, LLC

2024-2025 Registration Packet

Please complete the attached forms and scan/email them to brilliantbloomers@gmail.com

or mail them to:

Brilliant Bloomers Nursery School, LLC

PO Box 1215

Wells, ME 04090

*Please submit your child’s first tuition payment via Venmo (pictured here) or mail it to the address above. Receipt of both the first tuition payment and the registration paperwork are necessary to hold your child’s spot. No additional registration fee/deposit is required.*

**Brilliant Bloomers Nursery School, LLC**

**2024-2025 Registration form**

Please check the program in which you would like to enroll your child.

**\_\_\_ Tuesday/Thursday (juniors) 8:45 – 12:00, 2 days/week**

**\_\_\_ Monday/Wednesday/Friday class (seniors) 8:45 - 1:15, 3 days/week**

**\_\_\_ Monday - Friday class (seniors only) see times above, 5 days/week**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone #: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work and/or cell #: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work and/or cell #: \_\_\_\_\_\_\_\_\_\_\_

Preferred email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s name/address for either or both parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medications: \_\_\_\_\_\_\_\_\_\_\_

Health Insurance: Insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contacts: 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_

(Please list 2)

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the name and relationship of anyone else who is allowed to pick up your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about your child

(Feel free to elaborate on the back, as needed.)

Favorite activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite comfort items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experiences with other children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experiences with other adults: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected separation behavior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Usual discipline at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fears: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members of the household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any recent or upcoming changes in your child’s life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my consent in the event of a medical emergency, for the teachers at Brilliant Bloomers Nursery School, LLC to obtain whatever treatment may be deemed necessary for my child. This authorization includes consent for my child to receive treatment by a physician and/or nurse in any hospital emergency department.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Date

\*Please include a current copy of your child’s immunization records with this enrollment form, if possible. However, you may send the immunization records later if you want to return this form quickly. Thank you!

2024-2025 Enrollment Contract, Brilliant Bloomers Nursery School, LLC

**>>**Please ***initial*** the following & sign below to indicate that these terms are understood and agreed upon:

\_\_\_ The yearly tuition has been divided into ***10 equal payments*** to make budgeting easier for parents. Tuition payment amounts are as follows\*:

 TuTh juniors**: $265\*** MWF seniors**: $390\*** M – F seniors**: $615\***

\* *Brilliant Bloomers offers returning family, sibling, and full-year payment discounts.*

\_\_\_ For families who are new to the Brilliant Bloomers community, the **full first tuition payment** is due at the time of registration. For families who are already part of the Brilliant Bloomers community, **$100 is due at the time of registration** and the remainder is due by June 15th, 2024.

\_\_\_ The remaining tuition payments are due on the **15th of every month**, beginning with September 15th, 2024 and ending with May 15th, 2025. Unless other arrangements are made,

a $10 late fee will be assessed if the tuition payment is not received within one week of the due date. If payment is not received before the end of the month, the child will not be allowed to return to school until the tuition and the extra late fee ($25) are paid.

\_\_\_ Brilliant Bloomers Nursery School follows the WOCSD school calendar, so with very few exceptions, preschool classes are in session when WOCSD schools are open. In case of a **force majeure** (“act of God”), Brilliant Bloomers may or may not have the option to remain open for classes. In this case we will discuss our options as a preschool community and the owner/director will make the final decision about whether classes will continue to be taught directly at school, through teacher-directed at-home learning, or both. Full tuition will be due for the month in which the force majeure occurs (the first tuition payment, in case of a summer emergency). If teacher-directed at-home learning is the only option offered for subsequent months, this will be at 25% off normal tuition.

\_\_\_ If a child misses school days due to vacation, illness, quarantine, or another reason, the full monthly tuition payment is still due. If a child has to leave the program due to a move or change in circumstances, the full tuition payment for the month in which he/she leaves is due.

\_\_\_ Any parent who arrives more than 10 minutes late for pick-up will be charged a $5 fee and an additional $5 for each 5 minutes after that.

\_\_\_ If the Brilliant Bloomers teachers determine that a child’s behavior requires constant, direct support, a professional one-on-one aide must be provided by the parents during all hours that their child attends the preschool program in order for the child to remain at Brilliant Bloomers.

\_\_\_ Brilliant Bloomers Nursery School reserves the right to dismiss a child from the program if we determine that the child is compromising the well-being of other children.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Printed name of Parent Parent’s signature Date