



Child's Full Name: _____

**Shine Bright Extended Day Program
At Savannah Lakes Elementary School
Enrollment Application**

Shine Bright Office
11200 Broadway Street, Unit 1070
Pearland, TX 77584
Located at The Pearland Town Center
(713) 436-7827

Directors: Stefany Mechelle Thomas and Claudine Mechelle Wilson

GENERAL INFORMATION

Child's Full Name _____ Child's Date of Birth ____/____/____

Child Lives With

(Check one)

Both Parents

Mother

Father

Guardian

Child's Home Address (Complete address required):

House number and Street Name

Apartment #

City

State

Zip Code

Full Name of Parent or Guardian Completing Form _____

Address of Parent or Guardian Completing Form:

Same address as the child listed above

House number and Street Name

Apartment #

City

State

Zip Code

The Shine Bright Extended Day Program is governed and managed by Brighter Rays of Hope, a non-profit 501(c)3 tax exempt organization inspiring children to shine brighter.



Child's Full Name: _____

List the name(s) and telephone number(s) below where parents/guardians may be reached while the child is in care.

Parent 1 Full Name _____ Relationship (circle one): Father Mother

Mobile Number _____ - _____ - _____
(required)

Home Number _____ - _____ - _____ Work Number _____ - _____ - _____

Parent 2 Full Name _____ Relationship (circle one): Father Mother

Mobile Number _____ - _____ - _____
(required)

Home Number _____ - _____ - _____ Work Number _____ - _____ - _____

Guardian Full Name _____ Relationship _____

Mobile Number _____ - _____ - _____
(required)

Home Number _____ - _____ - _____ Work Number _____ - _____ - _____

Are there custody documents on file?

- Yes
- No

Give the name(s) and phone number(s) of the responsible individuals to call in case of an emergency if parents/guardians cannot be reached. (At least one required)

Name: _____ Phone number: _____

Name: _____ Phone number: _____

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Authorized Individuals to pick up child

I authorize the Shine Bright Extended Day Program operation to release my child to leave the child care operation **ONLY** with the following persons. Please list a name and telephone number for each. Children will only be released to a parent/guardian or to a person designated by the parent/guardian through Procure Software checkout procedure or after verification of ID.

List ALL authorized pick-up persons (including authorized parents):

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

CONSENT INFORMATION

Check All That Apply:

1. Transportation

I give consent for my child to be transported and supervised by the operation's staff:

for emergency care

on field trip

2. Field Trips

I give consent for my child to participate in field trips.

I do not give consent for my child to participate in field trips.

Comments:

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3. Water Activities

I give consent for my child to participate in the following water activities:

- water table play sprinkler play aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- Hours of operation
- Visitors/Parental concerns
- Severe weather
- Tuition fees, payments, and discounts
- Behavior, discipline and guidance
- Suspension and expulsion
- Withdrawal
- Check in, check out, and late fee
- Medical Emergencies
- Emergency Preparedness Plan
- Illness and exclusion
- Medication authorization
- Meals and food service

5. Meals (Check All that Apply)

I understand that an afternoon snack/light supper will be provided and served to my child while in care.

- My child can enjoy an afternoon snack/ light supper.
- I acknowledge and understand I must send my child to Shine Bright Extended Day with a snack if they are unable to eat the snacks provided by the childcare operation.
- My child is not allowed to eat any foods or drinks provided by the program at Shine Bright Extended Day.

Initials

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6. Days and Times in Care

Please select your plan for attendance.

- Monday - Friday during the 2023-2024 school year
- Drop In here and there based on availability
- Fall Semester Only (August 2023 - December 2023)
- Spring Semester Only (January 2024 - May 2024)
- Other (please explain in comments below)

Comments:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge at Shine Bright Extended Day to take my child to:

Name of Physician

Phone Number

Full Address

Name of Emergency Care Facility

Phone Number

Full Address

- I give consent for the facility to secure any and all necessary emergency medical care for my child.**

Signature of Parent or Legal Guardian

Date



Child's Full Name: _____

CHILD'S ADDITIONAL INFORMATION

List **any special needs** that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have **diagnosed** food allergies?

- Yes
- No

If yes, an Allergy Plan signed by the child's physician must be submitted.

I will submit this plan for my child with food allergies on or before ____ / ____ / ____ . ____
MM DD YY Initials

Signature—Parent or Legal Guardian

Date

Childcare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

SCHOOL-AGE CHILDREN

My child attends Savannah Lakes Elementary of Alvin ISD, located at 5151 Savannah Pkwy, Rosharon, TX 77583.

I certify that the statement above is true.

Signature

Date

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Choose the statement below that is true:

- My child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.
- My child's required immunizations, vision and hearing screening, and TB screening are not current and/ OR not on file at their school.

REQUIREMENTS FOR EXCLUSION

- I have emailed a signed and dated affidavit stating that I decline immunizations for a reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 30th day after the affidavit is notarized.
- I have emailed a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or a religious denomination that I am an adherent or member of.
- I will submit a current copy of my child's required immunizations, vision and hearing screening, and TB screening before the first day of school and/or extended day.

GANG-FREE ZONE

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

PRIVACY STATEMENT

Brighter Rays of Hope values your privacy. For more information, read our privacy policy online by clicking [here](#) or visiting our website.

SIGNATURES

Signature—Parent or Legal Guardian

Date

Signature—Shine Bright Extended Day Director or Designee

Date

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