

Barbara's Bright Beginnings

1515 North Fulton Ave.
Baltimore Maryland 21217
443-337-1180
443-835-1759

Welcome to Barbara's Bright Beginnings

Thank you for your interest in applying for placement in our childcare program. This packet contains information that is required to assist you with your application for our full day program, before school and or after school program or our part-time program.

The following forms should be completed as soon as possible in order to secure a space in the program.

- ☐ Application with non-refundable (1 child \$50.00, 2 or more \$75.00)
- ☐ Enrollment Agreement
- ☐ Acknowledgement from "guide to Regulated Child Care" booklet.

The enclosed medical and emergency forms must be completed and returned on your child's start date.

- ☐ Emergency Form/ Medical Condition form
- ☐ Health Inventory (Part I and II)
- ☐ Immunization Record
- ☐ Health Inventory Addendum (Lead Screen for all children under six years old)

Thank you for choosing Barbara's Bright Beginnings as the place where "where bright futures begins" embodied with loving care and excellence.

Sincerely,
Barbara Warford (Director)

Barbara's Bright Beginnings
Baltimore Maryland 21217 443-337-1180 443-835-1759

STUDENT _____ DOB _____ M _____ F _____

NEW STUDENT _____ RETURNING STUDENT _____ SIBLING ENROLLED _____

STREET _____ HOME PHONE _____

CITY/ ZIP _____ EMAIL _____

FATHER/ GUARDIAN _____ SS# _____

EMPLOYER _____ WORK PHONE _____

MOTHER/ GUARDIAN _____ SS# _____

EMPLOYER _____ WORK PHONE _____

GOVERNMENT SUBSIDY PROGRAM Y or N POC _____ WPA _____ OTHER _____

Programs

Infant _____ Toddler _____ Preschool _____ Before/After _____ Before Only _____
After Only _____ Summer Camp _____

Payment Schedule

Bi-Weekly _____ Weekly _____

A non-refunded application fee of _____ per family and a security deposit are required prior to admission. StartDate: _____

Child must attend the program at level one (1) and give a (2) week written notice of withdrawal to the Director in order to receive a security deposit refund. Allow 10 business days for the refund.

Parent/ Guardian _____ Date _____

OFFICIAL USE

Interview/Tour/ Date _____ **Staff Initial** _____ **Copyto Office** _____

Application fee: _____ **Date** _____ **Check#** _____

Security Deposit: _____ **Date** _____ **Check#** _____

Monthly Tuition _____ **Class** _____ **Written Withdrawal Date** _____

Termination Date _____ **Prorated First Month?** _____

Special Needs or Special Health Care Needs: Barbara's Bright Beginnings believes all children benefit from a high quality preschool education. Are there areas where you feel your child may need any kind of extra help or support? Does your child have an ISP/ IEP ? Does your child have any special needs we should be aware of ? Please describe.

TO THE PARENT: Please read this Agreement carefully. If you do not understand any part of it, feel free to ask the Center Director about it. This Agreement and its attachments establish your legal rights and responsibilities, and those of Barbara's Bright Beginnings LLC, regarding your child's participation in Barbara's Bright Beginnings.

By executing this Agreement, You _____ agree to enroll your child _____ in **Barbara's Bright Beginnings** and **Barbara's Bright Beginnings** agrees to accept your child's enrollment, under the terms and conditions as stated below.

1. Program and Hours of Care :

Beginning on _____, 202____ the Center will provide care for your child at **Barbara's Bright Beginnings Center**.

_____ Full-time: Weekdays: Monday-Friday From _____ a.m. until _____ p.m.

_____ Part-time Circled days Mon. Tues. Wed. Thurs. Fri From ____ a.m. ____ p.m.

2. Payment :

A. Registration Fee : A non-refundable Registration Fee of (1 child \$50.00), 2 or more \$75.00 is due and payable on the date your child's Enrollment Application is returned. Payment of this fee will place your child on the waiting list if no space is available at the time you apply.

B. Enrollment Deposit : Upon executing this Agreement , you have paid an Enrollment Deposit of \$_____ (one week's tuition)
This Enrollment Deposit will serve as security for the performance of your obligations under this Agreement, including non-payment of tuition, late fees, damage, or other charges. If you terminate this Agreement **with at least two weeks written notice**, your Enrollment Deposit may be credited to your last week tuition.

C. Tuition: Tuition for your child will be \$_____ per _____. **Weekly tuition is due each Friday before closing.** Weekly tuition is late and is subject to late of \$5.00 per day

on Tuesday at noon, Unless prior arrangement has been made with the Center Director.

3. Method of Payment.

Payment may be made by cash, personal check, credit card or money order. If any payment by check is returned unpaid, you will owe a service fee of \$ 35.00 in addition to the other amount due and thereafter you must pay by cash, certified check or money order.

4. Late Fees, Suspension, and Termination for Late Payment .

If the Center has not received your tuition by Tuesday at noon for weekly tuition, the Center may refuse to admit your child to the Center until you pay the amount due, and your child's enrollment may be terminated by the Center. You hereby agree that , if **BARBARA'S BRIGHT BEGINNINGS LLC** , has to take collection action to collect unpaid fees, you will be responsible for all accrued late charges until the date collected, and for reasonable collection costs, including attorney's fees.

5. Late Pick- Up Penalties

If your child is picked up after the scheduled closing time, you will owe a late fee of \$5.00 for each 1-minutes period, or portion thereof, after the scheduled closing time. These late pick-up penalties must be paid immediately to the staff attending your child.

6.Damage to Center Property

You hereby agree that you will be responsible for any damage to Center property or equipment caused by you or your child, normal wear and tear excepted, including repairs made necessary by your actions or your child's actions.

7. Changes in Tuition

You understand that tuition rates are subject to change, and you agree that you will pay the new rate after the Center gives you at least thirty (30) days notice of such change.

8. Absences:

You are responsible for paying full tuition for your child until you terminate the enrollment, even if your child is absent due to illness, vacation, or other cause. You agree to notify the Center in writing at least two weeks in advance if your child will not attend due to vacation.

9. Readmission After Illness

State licensing regulations require that, if your child has been ill, he or she may not be readmitted to the Center until he or she is free of symptoms for 24 hours. You hereby agree to abide by this requirement and agree that the decision of the Center Director shall govern such a readmission.

10. Holidays and Other Closing

The Center will be closed on the following holidays: New Year's Day, Martin Luther King Jr's Birthday, President Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve and Christmas Day. If any holidays falls on a Saturday or Sunday, Barbara's Bright Beginnings may be closed on the following Monday. Barbara's Bright Beginning is also closed one day in April or May for staff participation in the Maryland State Child Care Association Conference, and one day at the end of the summer for clean-up. Tuition is due in full for these days.

11. Snow Center Closing Policy

The Center will be closed in case of snow or other inclement weather and the decision to close on any day will be at the discretion of the Director. There will be no refund or credit for tuition fees of any such closing. In the event of an early closing due to snow or other inclement weather , you agree to make arrangements to pick up your child promptly when called by the Center.

12. Suspension

In the judgment of the Center Director, or designated, if the child's behavior threatens the physical or mental health of other children of the staff of the Center, the Center Director or designated will call the parent(s) or guardian(s) to remove the child for the rest of the day. **Barbara's Bright Beginnings** requires that the child be picked-up within the hour of being notified. Parents or guardians continue to be responsible for daily tuition for that day.

13. Withdrawal by Parent

You must give the Center Director at least two weeks' notice in writing if you wish to withdraw your child from the Center. If you give such notice, you may use the entire Enrollment Deposit as a credit against your last week's tuition. If you don't give such notice , your entire Enrollment Deposit and any prepaid tuition will be forfeited.

14. Termination by Center

a. Immediate The center may terminate your child's enrollment in the Center, effective immediately, if any of the following conditions arise:

1. In the judgment of the Center Director, the child's behavior or the parent's behavior in the Center threatens the physical or mental health of the children or of the staff of the Center.
2. Tuition is not paid on or before the fifth calendar day of the month if tuition is paid monthly, or by Wednesday at noon if tuition is paid weekly.

3. The child is routinely picked up later than the Center closing time or more than thirty (30) minutes late two (2) or more times in one month period.

15. Photo

I agree that photographs and/or videos recordings to be taken of my child while attending **Barbara's Bright Beginnings** and **Barbara's Bright Beginnings** has the right to utilize these in the Center, our brochures, newsletter, fliers, website, and other internet sites used by the Center to include in emails shared with Center families and staff.

16. Liability Release

Barbara's Bright Beginnings maintains an insurance policy to cover its liability for injuries, losses, and damage that may occur to your child, your child's property or your property caused by fire, theft, storm, or other causes. Acting on behalf of yourself and your child, **START** or against any officer, shareholder, employee, or agent of **Barbara's Bright Beginnings**.

I have received, read, understanding, and agree to the guidelines in the Parent Handbook.

AGREED TO

Parent's or Guardian's Signature

Date

Parent's or Guardian's Signature

Date

Center Director's/Assistant Director's

Date

Center

Barbara's Bright Beginnings Enrollment Agreement

Addendum 1.0: TRANSPORTATION PERMISSION SLIP

I, _____, give Barbara's Bright
Beginnings, LLC permission to transport my
child/ren _____

_____ by
Barbara's Bright Beginnings, Van or walk to and from Barbara's Bright
Beginnings, before and after school program, field trips as announced,
and between other nearby destination (Library, swim, club, parks, etc.) .
I understand that I will be notified of any such trips beforehand , that
trips will be supervised and that all precautions will be made for the
safety and well being of all the children. I/we also understand that
Barbara's Bright Beginnings, LLC will not be liable for any accident or
injury.

In case of emergency such as a national emergency, your signature on
this blanket permission slip allows your child/ren to be transported by a
Maryland certified bus company, Barbara's Bright Beginnings Van or
Barbara's Bright Beginnings staffer vehicle to the nearest disaster relief
shelter. Barbara's Bright Beginnings will notify parents/ guardians of
children's emergency location via telephone call. The emergency
telephone number (S) we use to contact parents/guardians are listed on
the child's emergency form.

Parent Signature

Date

Parent Signature

Date

Barbara's Bright Beginnings

Enrollment Agreement

Addendum 2.0: Nature Walk PERMISSION SLIP

From time to time we like to take the children outdoors on nature walks in the neighborhood. Our walks will be in the immediate neighborhood within a few blocks of our center. Both a teacher and an aide will carefully supervise the children during these short outings.

I give my children,

permission to participate in outdoor walks.

Parent Signature	Date
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Parent Signature	Date
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