



Enrollment Contract

2026 | FAMILY AGREEMENT

Please initial each statement to acknowledge that you understand and agree to these policies.

Child(ren) enrolling

Enrollment Agreement

☐

It is my desire to enroll my child(ren) in the program at Brite Beginnings Childcare Center.

☐

I have received a copy of the Brite Beginnings Childcare Center Parent Handbook. I have read, understand, and agree to abide by all policies contained within. I understand that failure to follow center policies may result in the removal of my child(ren) from the program.

Withdrawal Policy

☐

I agree to provide a two-week written notice if withdrawing my child(ren) from care. If a two-week notice is not given, I agree to pay full tuition for the final two weeks.

Health Requirements

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I understand that a Health Appraisal Form must be submitted before my child begins care and updated annually.

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I understand that up-to-date immunization records must be provided prior to starting care and updated as new immunizations are received.

Policies & Procedures

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I understand the pickup policy regarding individuals authorized to pick up my child other than a parent/guardian.

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I have read and understand the Illness Policy.

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I understand the Discipline Policy and agree to review center rules with my child(ren), when age-appropriate.

☐

I have read and understand the Biting Policy.



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Meals & Supplies

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I understand that I am responsible for providing my child's lunch daily. If lunch is not provided, a \$5 fee will be added to my weekly bill.

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I understand that I am responsible for providing infant formula, breastmilk, baby food, and snacks for my infant.

Fees & Payments

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I understand there is a non-refundable registration fee of \$75 for one child or \$100 per family. If my child withdraws and later re-enrolls, a new registration fee will be required.

☐

I understand that if my child is in care for 10 hours or more per day, there is an additional fee of \$10 per child, per day.

☐

I understand that if my child is picked up after 5:30 PM, a late fee of \$10 per minute per child will be added to my weekly tuition bill.

☐

I understand that tuition payments are due by 5:30 PM on Monday at the start of each week. A \$25 late fee will be applied if payment is not received on time.

☐

I understand that accepted forms of payment include cash, check, money order, automatic withdrawal, and credit/debit card. Credit/debit card payments will include a 3.5% processing fee. Automatic withdrawal includes a \$1 weekly fee.

☐

I understand that I must complete an automatic withdrawal authorization form for the center to keep on file.

☐

I understand there will be an additional charge during school weeks for school-age children when there are snow days, late starts, or early dismissals.

☐

I understand there is a \$25 returned check fee per occurrence.



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Contracted Hours of Care

I am contracting the following hours for my child(ren):

DAY	DROP-OFF TIME	PICK-UP TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

☐ I understand these are my contracted hours of care.

☐ I understand that dropping off earlier or picking up later than contracted times will result in a \$5 per child fee added to my weekly tuition. Staff schedules are based on contracted hours, and deviations may impact licensing ratio requirements.

Signatures

Parent / guardian
Printed name

Signature (or type name)

Date

Director signature

Date

Director Use Only

Weekly base tuition rate (\$)

Excludes additional fees