



PARENTAL CONTRACT

Please read and sign below:

I/We have read and understand all of the policies and procedures set forth by A Bright Beginning. I/We hereby agree to comply with all of the policies, procedures, rules and regulations of A Bright Beginning and Office for Child Care Services, regarding but not limited to: fees; attendance; healthcare management and school closings. I/ We hereby agree to notify the school two weeks in advance of withdrawal.

Parent/Guardian Signature

Date

a bright beginning

school for young children

52 Turnpike Road, Rowley, MA 01969
132 North Street, Danvers, MA 019

Name of Child _____ DOB _____

Address _____

Home Phone # _____ Parent/Guardian work # _____

E-Mail address _____

Name of Parent(s) and/or Guardian(s)

Weekly Contracted Schedule:

Monday () 7:30 () 8:00 pick-up time _____

Tuesday () 7:30 () 8:00 pick-up time _____

Wednesday () 7:30 () 8:00 pick-up time _____

Thursday () 7:30 () 8:00 pick-up time _____

Friday () 7:30 () 8:00 pick-up time _____

Parent/Guardian Signature

Date

Director

Date



school for young children

POLICIES

****Please read and initial EACH policy below ****

1. A non-refundable registration fee of \$75.00 must be paid at the time of registration for the 1st year of school. Each year there after the fee is \$50.00. If a child withdraws from the program and re-enters at a later date a new fee must be paid. Also a non-refundable deposit of one week's tuition must be paid at the time of registration, and will be applied to the child's last week of attendance.
2. The school is open Monday through Friday 7:30-6:00 pm. We close promptly at 6:00 pm. Any child in school after 6:00pm will be considered a late pick-up. The same fee schedule applies to late pick-up and early drop-off beyond a child's contracted time, regardless, for example, if pick-up is 12:30 or 5:30. The assessed fee schedule is included in your packet. We have tried many policies and this seems to be the only solution. Our first concern with late pick-up is the child's feeling of abandonment. Also, our teachers have obligations outside of ABB. There is also the liability that is placed upon the school. Fees for late pick-up and early drop-off: **First 15 minutes \$25.00, every minute thereafter, \$1.00 per minute.**
3. Drop-offs must be between 7:30 and 8:30, this is to insure smooth progression of the morning program.
4. Frequent late pick-up of your child (5 times) without prior notification to the teachers will result in a mandated report to the Department of Social Services.
5. We will not release a child to anyone we suspect is under the influence of any kind of drug or alcohol. Due to the fact that we have no sophisticated methods for detecting impairment, we must err on the side of caution. The teachers will assist in finding a safe way home for the child.
6. Families with 2 or more children enrolled 26+ hours per week will Receive a 20% discount off of the lesser weekly bill.
7. Termination from our program must be given in writing two weeks in Advance.
8. Tuition must be paid on the 1st of every month. Late tuition is subject To a late fee of \$25.00.
9. The cost of any legal action resulting from non-payment will be added to the outstanding balance.

10. Any scheduling changes must be submitted in writing to the director for approval.
11. Please call the school in the morning if your child will be absent or tardy.
12. No credit or refunds will be given for a child's absence on a scheduled day (includes sickness, snow days and holidays)
13. Each family will receive a 1-week tuition-free vacation of their choice. Please submit at least two weeks in advance.
14. There will be a \$25.00 service charge for any check that must be deposited by our bank for any reason, this charge also applies to checks returned to ABB as NSF
15. The school will be closed on the following days:

Friday before Labor Day
Labor Day
Columbus Day
Veteran's Day
Thanksgiving (Thurs & Fri)
December 24 – school will close @ 12:00pm
Christmas (Dec. 25 & 26)
New Years Day
Martin Luther King Jr. Day
President's Day
Memorial Day
Independence Day

Holidays falling on a Saturday will be observed the preceding Friday. Holidays falling on Sunday will be observed the following Monday.

*****Please initial if you do not object to having your address given out for the purpose of receiving birthday invitations from classmates. _____**

If you have any questions regarding these policies, please feel free to speak to the Director.

Parent/Guardian Signature

Date

For center use

Date of admission: _____

Age at admission: _____

CHILD'S FACE SHEET/ ENROLLMENT FORM - CHILD INFORMATION

Child's Name _____

Date of Birth _____

Home Address _____

Home Telephone _____

Place of Birth _____

Primary Language _____

Child's Identifying Information (required by OFC regulations)

Eye Color _____ Hair Color _____ Sex _____

Height _____ Weight _____ Skin Color _____

Identifying Marks _____

Allergies _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to child _____ Relationship to child _____

Home Address _____ Home Address _____

Home Tel. # _____ Home Tel. # _____

Cell # _____ Cell # _____

Bus. Name _____ Bus. Name _____

Bus. Address _____ Bus. Address _____

Work Tel. # _____ Work Tel. # _____

Hours @ work _____ Hours @ work _____

IF PARENTS CANNOT BE CONTACTED, PLEASE NOTIFY

Name _____

Name _____

Address _____

Address _____

Relationship to Child _____

Relationship to Child _____

Day time # _____

Day time # _____

Child's Physician/Clinic _____

Physician/Clinic Tel. # _____



Parent/Guardian Signature

Date

AUTHORIZATION AND CONSENT FORM

I understand that every effort will be made to contact me in the event of an emergency

Requiring medical attention for my child _____
Child's name

However, if I cannot be reached I hereby authorize _____
Center's name

To transport my child to the _____ Hospital
Name of Hospital

(or nearest hospital) and to secure for my child the necessary medical treatment.

I understand the staff members in the day care center are trained in the basics of First Aid
and I authorize them to give my child first aid when appropriate.

Parent/Guardian Signature

Date

EMERGENCY RELEASE FORM

I give my permission for my child to be released from and to be received at the end of the program to the following people.

Name _____ **Relationship to Child** _____
Address _____ **Tel. #** _____

Name _____ **Relationship to Child** _____
Address _____ **Tel. #** _____

Name _____ **Relationship to Child** _____
Address _____ **Tel. #** _____

Parent/Guardian Signature

Date

PERMISSION/AUTHORIZATION

A Bright Beginning will photograph children as the work and play. The photos and videotapes will be for non-commercial use. Photos will be displayed in photo albums or in individual classrooms at ABB. The purpose of the photographs and videotapes is so that parents/guardians & children as well as the teachers will have a lasting memory of the learning experiences that the children have while in our care.

I have read and understand the above paragraph.

Parent/Guardian Signature: _____

I give my permission to the teachers/director at ABB to photograph/video tape my child at school.

Parent/Guardian Signature: _____

Playing outside is an important part of a child's day at ABB. Each child will need a parent's permission in order to play in the fenced in play area.

I give my permission to the staff at ABB to take my child out to the play area.

Parent/Guardian Signature: _____

ADMINISTRATION OF MEDICATION

In order for the teachers to administer medication, the following procedures must be followed, no exceptions will be made.

NON-PRESCRIPTION: TOPICAL

Non-prescription ointments and sunscreens can only be applied to a child when we have received written authorization from the parents/ guardian.

I authorize the teachers/director at ABB to apply sunscreen and topical ointment, which I have supplied, (specific brand) or Sunscreen provided by ABB.

Parent/Guardian Signature

Date

MEDICATIONS

Prescription and nonprescription medications can only be given when we receive a written order signed by the child's physician as well as the parent/guardian.

All medication must come to school in the original bottle. Medication not in its original container will NOT be administered.

Prescription labels serve as the written authorization from the physician.

Parental authorization forms are provided by ABB.

Attach a written order from your child's physician in regards to the administration of prescription and nonprescription medications. The order must include dosage and time of day.

**A Bright Beginning
Amendment to Health Care Policy
Creating a Peanut/Tree Nut Free Environment
Effective Monday, November 3, 2003**

A Bright Beginning has made the decision to institute a mandatory Peanut/Tree Nut Environment Policy, which will be effective on a school-wide basis beginning Monday, November 3, 2003. Below are required guidelines we are implementing in order to become Peanut/Tree Nut Free

1. Please ensure that if your child eats peanut butter before entering ABB in the morning, they have washed their hands, before coming into the school.
2. Please read all labels pertaining to the contents of your child's lunch and refrain from sending in anything that contains peanuts or tree nuts. If you are sending your child in with soy butter sandwiches, please label it so the teachers do not mistake it for peanut butter. (We can provide you with materials on how to read labels for a peanut/tree nut free diet)
3. Snack programs will become strictly voluntary. The classes will post a blank calendar outside of the class, and if you wish to sign up for a snack day, you must bring in the label if it is store bought, and a list of ingredients used if it is homemade.
4. Although it is the parents' responsibility no to send any foods containing peanut or tree nut to school, the Teachers will also endeavor to double check labels to ensure that we are providing a safe environment. However, failure to follow these guidelines will be counseled, and if serious or persistent, will result in remedial measures.

****Please sign below to acknowledge that you have read and understand the above policy, and that you will abide by it.**

Parent/Guardian Signature

Date