



**Registration Form**  
2018 – 2019 School Year

Child's Full Name: \_\_\_\_\_

Nick name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father (Guardian 1): \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother (Guardian 2): \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Does your child have any special needs: \_\_\_\_\_

Chronic medical conditions: \_\_\_\_\_

Allergies (including any food allergies): \_\_\_\_\_

Previous childcare experience: \_\_\_\_\_

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

List other children in the family (names and birthdates): \_\_\_\_\_

**Attendance:**

**Full-Time (Monday – Friday 7:30 a.m. – 4:00 p.m.)**

**Which days:**                      **Mon** \_\_\_\_\_ **Tues** \_\_\_\_\_ **Wed** \_\_\_\_\_ **Thurs** \_\_\_\_\_ **Fri** \_\_\_\_\_  
2 days/week \$388.00 per month                      3 days/week \$495.00 per month  
4 days/week \$544.00 per month                      5 days/week \$587.00 per month

**Part-Time (Monday – Friday 9:00 a.m. - 12:00 p.m. or 1:00 p.m. – 4:00 p.m.)**

**Which days (morning):**    **Mon** \_\_\_\_\_ **Tues** \_\_\_\_\_ **Wed** \_\_\_\_\_ **Thurs** \_\_\_\_\_ **Fri** \_\_\_\_\_  
**Which days (afternoon):**    **Mon** \_\_\_\_\_ **Tues** \_\_\_\_\_ **Wed** \_\_\_\_\_ **Thurs** \_\_\_\_\_  
2 days/week \$168.00 per month                      3 days/week \$234.00 per month  
4 days/week \$298.00 per month                      5 days/week \$354.00 per month

**Extra Care Costs (part-time families only):**

Before School Care needed (7:30 a.m. – 9:00 a.m.):                      Yes \_\_\_\_\_ No \_\_\_\_\_  
Lunch Bunch Care needed (12:00 p.m. – 1:00 p.m.):                      Yes \_\_\_\_\_ No \_\_\_\_\_  
(\$4.00/ hour – not included in tuition)

**APPLICATION COMPLETION CHECKLIST:**

- \* Signed Registration Form & Contract for Services
- \* Copy of Immunization Record
- \* Non-refundable Registration Fee paid

**PARENT NOTES:**

- We understand that to be considered for enrollment the \$75.00 Registration Fee must accompany this application. This fee is non-refundable unless the desired class is full when this application is processed. (checks made out to BBLC)
- We understand that there is a \$75.00 Materials Fee **Due in January**. This fee is non-refundable.
- We understand that our child is not officially enrolled until we are notified of our child’s acceptance into the school and we have paid the first month’s tuition.
- Open House will be held in August. At this time, August tuition will be due and additional paperwork will be filled out, if not complete.
- School is scheduled to start in August and will follow the LCPS calendar with a few exceptions.
- You are welcome to call us with any questions at any time:  
Bright Beginnings 522- 8220 or 636-7490 or email: bblcdirector@gmail.com

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Contract for Services 2018-2019

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_  
by placing my initials, have read and/or understand:

- ❖ \_\_\_\_\_ That BBLC is an educational environment that is Christ centered and reflects the Christian faith.
- ❖ \_\_\_\_\_ The BBLC Family Handbook and will abide by the policies within.
- ❖ \_\_\_\_\_ That my child is registered for

\_\_\_\_ Full Time (7:30 a.m. – 4:00 p.m.)      \_\_\_\_ Morning Session (9:00 a.m. – 12:00 p.m.)

\_\_\_\_ Afternoon Session (1:00 p.m. – 4:00 p.m.)

- ❖ \_\_\_\_\_ Before School care starts at 7:30 a.m. and lunch bunch starts at 12:00 p.m. and ends at 1:00 p.m. (student must bring own lunch). Additional care is \$4.00/hour.
- ❖ \_\_\_\_\_ Registration fee is \$75.00 and must be paid prior to enrollment.
- ❖ \_\_\_\_\_ Materials Fee is \$75.00 and must be paid by January 31<sup>st</sup>.
- ❖ \_\_\_\_\_ That my monthly tuition amount is:

Full-Time (Monday – Friday 7:30 a.m. – 4:00 p.m.)

2 days/week \$388.00 per month

3 days/week \$495.00 per month

4 days/week \$544.00 per month

5 days/week \$587.00 per month

Part-Time (Mon – Fri 9:00 a.m. – 12:00 p.m. or 1:00 p.m. – 4:00 p.m.)

2 days/week \$168.00 per month

3 days/week \$234.00 per month

4 days/week \$298.00 per month

5 days/week \$354.00 per month

- ❖ \_\_\_\_\_ That there is a \$10.00 per month per child Snack Fee
- ❖ \_\_\_\_\_ That I may pay tuition using a Debit/Credit card using the online payment portal and consenting to pay the processing fee of 2.5%, if I do not pay the processing fee, I agree to pay the \$10 penalty fee.
- ❖ \_\_\_\_\_ That I am responsible for paying a copay (if applicable) and making up any difference in the cost of full tuition if I am receiving any type of childcare assistance to compensate for times, days and events not covered by the CYFD contract.
- ❖ \_\_\_\_\_ That my tuition payment secures my child’s space in the program and therefore agree that full tuition is due by the 10<sup>th</sup> of each month **regardless of attendance.**
- ❖ \_\_\_\_\_ That I am eligible for a 10% discount on a second child’s tuition if and only if my tuition is paid in full no later than the 10<sup>th</sup> of each month.

- ❖ \_\_\_\_\_ That holidays and inclement weather days are built into my tuition, in which I will not be reimbursed tuition.
- ❖ \_\_\_\_\_ That I will be charged a late fee of \$20.00 for payments made after the 10<sup>th</sup> of a month with additional charges of \$5.00 per day after the 11<sup>th</sup> of the month, if no arrangements have been made with the Director or Assistant Director.
- ❖ \_\_\_\_\_ That my child will not be allowed to stay in the program if my tuition payment has not been made as of the 15<sup>th</sup> and will not be allowed to return until all tuition payments and late charges have been paid.
- ❖ \_\_\_\_\_ That after 30 days my delinquent account will be turned over to collections and I will be responsible for any additional fees associated with collecting my account balance.
- ❖ \_\_\_\_\_ That I must give BBLC **2 weeks** written notice if I wish to withdraw my child. I understand that I will be charged 2-week tuition regardless of attendance if I do not give the appropriate notice of withdrawal.
- ❖ \_\_\_\_\_ That I must pick up and drop off my child on time, or designate someone else to do so, unless there is an emergency. If my child is not picked up on time, I agree to pay as outlined in the Family Handbook, the late pick up fee per child of:
  - \$5.00 for every 5 minutes will be assessed if a student is picked up late beginning at 12:15, 1:15 or 4:15. If there is an emergency and you are unable to pick up your student by dismissal time, 12:00, 1:00 or 4:00, please call the Director at 636-7490 or 522-8220
- ❖ \_\_\_\_\_ That my child may attend on a day they are not scheduled for an additional \$30.00 per session **if there is room in their classroom for the requested day.**
- ❖ \_\_\_\_\_ That I cannot bring my child to BBLC if they are displaying symptoms as outlined in the Family Handbook's Health & Safety Policy and that I will be asked to pick my child up immediately if they develop any of these symptoms during the course of the day.
- ❖ \_\_\_\_\_ That if any payment for tuition, fees or registration is returned for insufficient funds I will be charged \$30.00 and may be responsible for any other charges incurred by my returned check.
- ❖ \_\_\_\_\_ That my insurance or myself is responsible for any accident or injury to my child that is in need of medical attention while at BBLC.
- ❖ \_\_\_\_\_ That this is a contract for services and appropriate measures can be taken if I don't abide by all the conditions listed above and in the Family Handbook.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of BBLC Director or Assistant Director

\_\_\_\_\_  
Date



**Student Emergency Information**  
2018-2019

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father or (Guardian 1) Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother or (Guardian 2) Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

May we contact either parent/guardian if a need arises? YES / NO

If no, please explain: \_\_\_\_\_

Are both parents/guardians listed above authorized to pick child up? YES / NO

If no, please explain: \_\_\_\_\_

In the event a parent/guardian cannot be reached, I authorize the following individuals to be contacted to pick up my child. **ONLY** the people listed on this form will be allowed to pick up your child. A photo ID may be required. **TWO** contacts must be Las Cruces residents! A minimum of **THREE** contacts are required.

<u>Name</u>	<u>Relationship</u>	<u>Phone Numbers</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Medical History:** (Preschool staff cannot administer medication without written consent) – Check each one that applies:

- Asthma
- Diabetes
- Seizures
- ADHD
- Bleeding Disorders
- Heart Problems
- High Blood Pressure
- Migraine Headaches
- Other: \_\_\_\_\_

**Allergies** – Please list:

- Food: \_\_\_\_\_
- Medicine: \_\_\_\_\_
- Insect Bites: \_\_\_\_\_
- Seasonal Allergies: \_\_\_\_\_
- Other: \_\_\_\_\_

List all medications child is currently taking: \_\_\_\_\_  
\_\_\_\_\_

Family Physician and phone number: \_\_\_\_\_

Date of Last Child Well Check: \_\_\_\_\_

Date of Last Dental Screening: \_\_\_\_\_

If your child has not seen a dentist, please see attached sheet for Dentists in the Las Cruces Area

Preferred Hospital and phone number (please circle one):

Memorial Medical Center    575-522-8641                      Mountain View Medical Center                      575-556-7600

**CONSENT FOR TREATMENT:**

I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs the need. Nothing in this section shall be construed to impose liability on any employee who, in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

By signing this agreement, I have read the above information and received the Doctor and Dentist Referrals. This consent will be valid through **June 30, 2019** or until rescinded in writing by the parent or guardian.

\_\_\_\_\_  
Signature of parent/guardian completing this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to student



## Parent Handbook Acknowledgement 2018 – 2019

I have read, understand and agree with all provisions contained in the Bright Beginnings Learning Center Parent Handbook.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Guidance/Discipline Policy

I have read, understand and agree with all provisions contained within the Bright Beginnings Learning Center Guidance/Discipline Policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Photo Permission Form for Parent/Guardian

- I give permission for my child (name of student) \_\_\_\_\_, to be photographed for the purposes of promoting students/programs of BBLC in various media. Names of students will not be revealed.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

- I give permission for my child (name of student) \_\_\_\_\_, to be photographed for the purposes of classroom use **ONLY**.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature



## Home Language Survey 2018 – 2019

Please help us determine your child's language background by answering the following questions. This information is helpful in providing the best instruction possible for all students.

Name of Student \_\_\_\_\_

Guardian Name(s) \_\_\_\_\_

Please check any appropriate answers. If OTHER is selected, please write the language on the line.

1. In what language(s) did your child learn to communicate at home, daycare or with caregivers?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

2. What language does your child use most often?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

3. What language (s) is commonly used in communicating with your child by parents, relatives and caregivers?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date