

Brightmont School



ADMISSION INFORMATION



Child's First date of attendance:	Child Resides with: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other				
Child's Full Name:		Date of Birth:	Phone		
Child's Home Address:	City:	Zip:	Subdivision:		

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other:		Email address			
Name:					
Address: <input type="checkbox"/> check here if same as child's	City:	Zip:	Date of Birth:		
Employer:	Address:		Last 4 Digits of SS# (for security purposes):		
List telephone numbers below where parent/guardian can be reached while child is in care					
Call this number first: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home			
Call this number second: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home			

2nd Parent/Guardian: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other:		Email address			
Name:					
Address: <input type="checkbox"/> check here if same as child's	City:	Zip:	Date of Birth:		
Employer:	Address:		Last 4 Digits of SS# (for security purposes):		
List telephone numbers below where parent/guardian can be reached while child is in care					
Call this number first: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home			
Call this number second: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home			

I hereby authorize Brightmont School to allow my child to leave the facility ONLY with the following persons. Children will only be released to a person designated below by the parent/guardian after verification of ID.

1st Authorized Person:	Relationship to child:	Phone:
2nd Authorized Person:	Relationship to child:	Phone:
Does your child have permission to be released to the care of a sibling(s) under 18 yrs. of age?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Sibling(s) Name:		

HEALTH / ADMISSION REQUIREMENTS

Within One Week of Admission, you must provide:

A signed statement from your child's physician stating that your child has been examined within the last 12 months and is able to participate in Brightmont School's program.

A copy of your child's current immunization records, and an updated copy each time vaccines are administered.

For additional information regarding immunizations, visit the Texas Department of Health Services website at www.dshs.state.tx.us/immunize/public.shtm

EMERGENCY MEDICAL INFORMATION: Please complete in detail.

1 st Emergency Contact Name:		Relationship to child:		
Address:		City:		Zip:
Call this number first: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home		
Call this number second: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home		

2 nd Emergency Contact Name:		Relationship to child:		
Address:		City:		Zip:
Call this number first: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home		
Call this number second: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home		

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to the closest emergency room:

Name of emergency care facility: HCA HOUSTON NW HOSPITAL	Address: 701 Cypress Creek Pkwy 77090	Phone: 281-440-1000
Child's Physician:	Address:	Phone:

I give my consent for my child to be transported and supervised by Brightmont School employee's and or by emergency transportation services.

Signature – Parent or Legal Guardian

Date

PARENT AUTHORIZATION

Brightmont Shool Staff, has my permission to perform the following (Please mark ALL that apply):

Apply sunscreen , Apply insect repellent , Apply anti-itch or antibiotic ointment , remove splinters/stingers

Water Activities: Sprinkler Play , Splashing / Wading Pool , Water Play Table

Signature – Parent or Legal Guardian

Date

I understand that Brightmont School takes photographs of center events & classroom activities throughout the year. I give my permission for Brightmont School to use these pictures for decorations, projects and to post to the center's website and social media account. Yes No

Signature – Parent or Legal Guardian

Date

ENROLLMENT CONDITION:

Research shows that a consistent environment is directly related to the healthy development of a child's social-emotional being and that moving a child from center to center is detrimental to his/her social-emotional growth. It is the goal of Brightmont School to provide a pleasant, stimulating, healthy and stable environment to all children enrolled. Please acknowledge that you stand behind and agree to do your part in achieving this by;

- Notifying management of any questionable situation or condition
- Keeping open lines of communication between my family and Brightmont Shool
- Communicating my family's needs and desires
- Advising Brightmont School of any illness in my family and keeping sick children home
- Advising Brightmont School of any family issues that may affect my child's behavior
- Understanding the importance of paying my tuition in a timely manner

Signature – Parent or Legal Guardian

Date

DAY'S AND TIMES IN CARE

My child is normally in care on the following days and times:

Day of the Week	AM	PM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

ADDITIONAL CHILD INFORMATION

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

Child Care Operations are public accommodations under the American 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) (800) 514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

RECEIPT OF WRITTEN OPERATIONAL POLICIES (CHECK ALL THAT APPLY)

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

- Discipline and Guidance
- Suspension and Expulsion
- Emergency Plan
- Procedures for conducting health checks
- Safe Sleep
- Procedures to discuss concerns with the Director
- Procedures to participate in center activities
- Procedures for release of children
- Illness and exclusion criteria
- Procedures for dispensing medicine
- Immunization requirements
- Meals and food service practices
- Procedure to visit the center
- Procedure to contact CCI, DFPS, and Child Abuse Hotline

Signature – Parent or Legal Guardian

Date