



PARENT AGREEMENT

Child's Name:
Date of Birth:
Parents' Name:

PARENT
INITIAL

SATISFACTION GUARANTEE

I understand that a satisfaction guarantee applies to my child's first calendar week of attendance as a new enrollee. If I should have concerns that cannot be resolved to my satisfaction on or before Friday of the first week of attendance, I must submit my written request for a refund and notice of withdrawal. I understand that the Registration Fee will not be refunded.

TUITION AND MODIFICATIONS CONDITIONS

I have enrolled my child in the following program:
From _____ am/pm to _____ am/pm Days: (Circle) M T W TH F

The current tuition rate for the program I have chosen is \$_____ per week. I understand that rates are subject to change as conditions require. I will receive as much advance notice as possible. Payment of any tuition in excess of any agency reimbursement is my responsibility. Any attendance constitutes as a full weeks tuition.

PAYMENT OF TUITION

I understand that tuition is due and payable in advance. The payment of weekly tuition is due on Friday prior to the week of service. If payment in full is not received on that day, I agree to pay a late payment fee of \$10.00 per day, I understand that if my account is continuously delinquent, I must withdraw my child. I understand that a processing fee of \$25.00 will be added to my account for any returned checks. If more than two checks are returned within a calendar year, I will be required to pay in cash or money order. All checks made out to Brighton Academy ONLY.

REGISTRATION FEE

I understand that an annual non-refundable Registration Fee of \$_____ shall be paid to enroll my child. There is also a supply fee of _____ that is paid at the time of registration and renewed every 6 months.

FAMILY DISCOUNTS

A ten percent (10%) tuition discount is offered each additional child from the immediate family enrolled in the center. The discount is applied to the least costly tuition rate. Family discounts are not available for Registration Fees, Re-Enrollment Fees, special programs or for any other fees or services. The family discount may not be combined with any other discount or promotion. These discounts are available only to those clients who pay in advance for services rendered.

CHARGES FOR LATE PICK-UP

Our center is open from _____ a.m. to _____ p.m. Monday through Friday, January through December. I understand that if my child remains past the scheduled closing time. I will be charged, and I agree to pay an additional fee of \$2.00 per every minute. MUST BE PAID IN CASH AT TIME OF PICKUP.

HOLIDAYS

I understand that the center is closed for the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and after, Christmas Eve, and Christmas Day. I agree that I am not entitled to any refund, credit, make-up day, or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday; or in accordance with the at-work/management contract holiday schedule.

ABSENCES

I understand that no allowances shall be made for occasional absences. Refunds, credits, or make-up days cannot be granted. An absentee credit of 50% off the regular week's tuition will be granted for absence of one full week only. I agree to pay a holding fee of \$ _____ per week to guarantee my child's space in the program during the period of absence. Regular tuition is due for absences less than one full week.

WITHDRAWAL FROM PROGRAM

I understand that I must provide two weeks' written notice of withdrawal from the program. If written notification is not provided, I agree to pay all fees for the program in which my child was scheduled to attend. I understand that my child will then be automatically withdrawn and can be readmitted only if space is available. If I wish to re-enroll, an additional Registration Fee is due and payable.

CHILD ACCIDENT INSURANCE

Accident insurance is provided for all children during their hours of attendance for accidents which may occur while at the center. I understand that it is an excess policy, covering only those costs not covered by any other insurance.

DAILY SIGN-IN

I agree to complete the Sign-In/Sign-Out form, including complete signatures, on a daily basis. All parents are required to escort their children to and from their designated classroom.

SPECIAL INSTRUCTIONS

I understand that field trips and optional programs such as swimming, gymnastics, and special summer programs may be offered. Most of these programs require fees in addition to regular tuition and these fees are payable by the first day of the program. In instances of agency reimbursement, fees for these programs are my responsibility.

RELEASE OF CHILD

I understand that my child will be released only to those persons whose names I have listed on the Child Enrollment Card and the Information Card. I understand that I must advise the director or other designated person in charge, in writing, if any person other than those listed is to pick up my child. Brighton Academy employees will require proof of identification from a caller or any persons arriving to pick up my child. A telephone authorization will be confirmed with the custodial parent at a previously designated telephone number.

MODEL RELEASE

Brighton Academy LLC.. its licensees and signees _____ may _____ may not use photographs, reproductions, and/or sound recordings of my child. Such use may include advertising and publicity purposes.

ILLNESS/GOOD HEALTH

I understand that I will be notified should my child become ill during the day, and that it will be necessary to make arrangements to have my child picked up as soon as possible after notification. If my child is exposed to or contracts a contagious disease, I agree to notify the Director. I understand that I will be notified of communicable diseases in accordance with Health Department regulations. If I have authorized in the required format, a designated Brighton Academy employee may administer properly labeled prescription medications to my child. I will be notified should any adverse reaction occur. "Over the counter" medications will be administered only with written authorization from my child's physician. I understand that I must authorize this administration in the required format on a daily basis. Medication is only given at 11:00 a.m. and 3:00 p.m.

FIELD TRIPS

Supervised field trips may be scheduled to local settings of interest. I understand that I must complete and sign a permission slip for each event in which I wish my child to participate.

INTERVIEWING CHILDREN/ INSPECTING RECORDS

The Department of Social Services or licensing agency shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child(ren) or any staff member, and for the examination of all records relating to the operation of the facility. The department or licensing agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren). Website www.dfps.state.tx.us main number (936)441-1775 toll free number 1-800-252-5400.

INCLEMENT WEATHER

In an effort to service our parents and families, it is our intent to remain open every day (except weekends and designated holidays). If inclement weather occurs, please call the center to ensure that we are open.

TRANSPORTATION

Brighton Academy may transport children to and from public schools. A signed Transportation Agreement must be on file for transportation services to be used.

PERSONAL ITEMS

Brighton Academy is not responsible for personal items brought to the center such as toys or jewelry. Personal items such as coats and backpacks should be labeled with child's full name.

PARENT GUIDE

I have received a copy of Brighton Academy Operation Policies. I understand and will comply with the policies included within.

Parent/Guardian

Date

Center Director/Asst Director

Date

Brighton Academy's Operational Policies Update

_____ Release Policy: Children will be released ONLY to persons listed on the admission form. Any changes to this list must be made in writing prior to the child being released. Persons unknown to facility must provide proper identification which will be photocopied and remain on file.

_____ Illness Policy: Children who are ill will not be admitted for care if the child has an oral temperature of 100.4 degrees or greater, accompanied by behavior changes or other signs or symptoms of illness. Child will be re-admitted after being examined by a health care professional. Please provide verification.

_____ Medical Emergency: In case of a medical emergency, parents will be notified immediately.

_____ Parental Notification: Parents will be notified in writing when there is a change in the operational policies.

_____ Meals and Food Service: Center will provide meals. Center will provide snacks. If you provide a meal for your own child, the center is not responsible for the nutritional value or for meeting the child's daily food needs.

_____ Hearing and Vision Requirement: Children ages 4 and older who are not enrolled in public school must have a vision and hearing screening conducted within 120 days of enrollment.

_____ Parental Communication: Center director/center owner will be available to discuss any questions or concerns about the center's policies or concerns about the center's policies and procedures during hours of operation.

_____ Parental Visits: Parents are welcomed to visit the center at any time during hours of operation without obtaining prior approval.

_____ Parental Involvement: Parents are encouraged to participate in their child's education at any time.

I have received a copy of Brighton Academy Operational Policies. I understand and will comply with the policies included within.

Parent/Guardian

Date

Center Director/Asst Director

Date

ATTENTION PARENTS

You are entitled to see the following information. You may ask the center director to show you the most recent copy of:

- The Minimum Standards for this Licensed Child-Care Center (*also available on the web at www.dfps.state.tx.us or at your local Licensing office*), 936-441-1776
- The most recent Department of Family and Protective Services Inspection / Investigation Report, (*compliance information is also available on the web at www.dfps.state.tx.us or from your local Licensing office*),
- Documentation of liability insurance that complies with Human Resources Code, Section 42.0491,
- The most recent Fire Marshal's Inspection Report,
- The most recent Health Department's Sanitation Inspection Report,
- The most recent Gas Pipe Inspection Report, and
- The Child-Care Center's operational policies.

CHILD ABUSE HOTLINE
1-800-252-5400



Department of Family and Protective Services
Child Care Licensing Division

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Date

Center Director/Asst Director

Date



Things needed for:

Infants - 18 months

- Formula (in bottles premixed)
- Baby cereal
- Pacifier (if needed)
- Diapers
- Diaper rash ointment
- Baby lotion
- 5 changes of clothes
- 5 pairs extra socks
- 2 blankets

19 months - up

- 3 changes of clothes including under wear (5 if potty training)
- 3 pairs of extra socks (5 if potty training)
- Diapers/pull ups
- Blanket and pillow
- Queen size white only pillow case
- Unscented wipes only
- No sippy cups at all

Infant Care Sheet

Child's Name: _____ **Birthday:** _____

Child is on (circle please)

Formula

Pacifier

Rice Cereal

Whole Milk

Oatmeal

Juice

Baby Food

Type Of Formula: _____

Ounces: _____ How Often: _____

Is the bottled warmed: yes or no

Type Of Juice: _____

Baby Food: Fruit or Veggies or Both

Diaper Rash Ointment: _____

Lotion: _____

Other Helpful Information: _____

Any Known Allergies: Food or Skin or Other

Parents Signature

DATE

DATE

DATE

DATE

DATE

DATE

Discipline and Guidance Policy for Brighton Academy
Name of Operation

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.		
_____ Signature	_____ Date	
Check one please:		
<input type="checkbox"/> parent	<input type="checkbox"/> employee/caregiver	<input type="checkbox"/> household member of child-care home

Name of Child:			Date of Birth:			
IMMUNIZATIONS		Date / dose 1	Date / dose 2	Date / dose 3	Date / booster 1	Date / booster 2
DTP / DTaP / DT						
POLIO IPV or OPV						
MEASLES Rubella / Serapion						
MUMPS						
RUBELLA						
Hib						
Hepatitis A						
Hepatitis B						
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:			
Varicella (see below)						
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.						
Parent's signature _____					Date _____	

Signature of Health Care Professional _____ Date _____

Signature of staff making handwritten copy of record _____ Date _____

ADMISSION REQUIREMENT: One of the following must be presented when your child (under the age of 5 years) is admitted to the day care facility or within one week of admission. Check to indicate the option you select:

HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

_____ Health Care Professional's Signature _____ Date _____

A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

A form or written statement from a health service or clinic.

If you do not have any of the above:

PARENT'S STATEMENT: My child has been examined within the past year by a health care professional and is able to participate in the day care program.

Name and address of health care professional:

Within 12 months of admission, I will obtain a health care professional's statement and will submit it to the day care facility.
OR
 My child has an appointment for a physical examination.

Date: _____ Name and Address of health care professional: _____

I will submit the statement, from a health care professional to the child-care facility following the examination.

_____ Signature - Parent or Legal Guardian _____ Date _____

HEARING	DATE	SIGNATURE	
Hz	1000	2000	4000
R			
L			
			PASS <input type="checkbox"/>
			FAIL <input type="checkbox"/>
VISION	DATE	SIGNATURE	
R20'	L20'		PASS <input type="checkbox"/> FAIL <input type="checkbox"/>

NOTE: If medical diagnosis and treatment and / or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and / or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a health care professional) to that effect and attach it to this form.



2010 HOLIDAY SCHEDULE

Monday, January 18 – **Martin Luther King, Jr. Day**

Monday, February 15 – **President's Day**

Friday, April 2 – **Good Friday**

Monday, May 31 – **Memorial Day**

Monday, July 5 – **Independence Day (July 4th)**

Monday, September 06 – **Labor Day**

**Thursday, November 25 &
Friday, November 26** – **Thanksgiving Day**

**Thursday, December 23 &
Friday, December 24** – **Christmas Holidays**

**Thursday, December 30 &
Friday, December 31st** – **New Year**