



The best start in life

ENROLLMENT APPLICATION

Child's Name: _____ DOB: _____

Your Child's History

What was your child's birth weight? _____ lbs. _____ oz.

My child was:

- Full-term
- Premature

My child was/is fed:

- Formula
- Breast Milk
- Both

What did/does your infant do to self-soothe?

Who is your child's physician? _____

Pediatrician Family Doctor

At what age did your child:

Smile _____

Roll over from front to back _____

Roll over from back to front _____

Crawl _____

Stand while holding on _____

Walk _____

Feed himself/herself _____

Say his first word _____ which was _____

Build a tower of four blocks _____

Say a sentence of two to four words _____

Ride a tricycle _____

Complete a four-piece puzzle _____

Your Child

Please describe your child in five words.

Are there any personality or behavioral traits that it would be helpful for us to know?

Is there anything that frightens your child? How does s/he react to being frightened? How do you respond?

Your Child (continued)

What comforts your child?

What angers or frustrates your child?

How do you respond to your child's negative behavior?

Does your child have any comfort items to help him/her sleep?

On a typical day, what is your child's mood upon waking?

What time does your child go to bed? _____ What time does your child wake up? _____

What is your child's nap schedule? (if any)

Does your child typically have trouble sleeping (night terrors, trouble getting to sleep)?

Is your child toilet-trained? If not, what method will you be using for toilet training?

Does your child need any assistance when using the toilet? What type of help does s/he need?

How does your child let you know when s/he needs to use the restroom?

Your Child's Home and Family

Who is in your child's family? Please list the name of each person in the family and his/her age. For the adults in the family, please include the highest level of education achieved and current occupation. (This information is for demographic purposes only.)

Who lives in the family home?

What is the primary language spoken in the family home? Please share a list of familiar words and phrases with your child's teacher.

Does your family have any cultural or religious practices that we should be aware of, such as dietary restrictions? Does your family cultural beliefs incorporate any special celebrations?

Would you be willing to come in to your child's classroom and teach the children about your family's celebrations? Do you have any suggestions as to the best way for BrightPath to incorporate your family's culture into our classrooms?

Are there any special custody arrangements and/or shared parenting arrangements for this child? If yes, please share these arrangements with us.

Is your child currently going through any major transitions, such as divorce, death in the family, new sibling, moving from crib to bed, or a new home?

Do you have any pets at home? If yes, what types of pets and what are their names?

What have your childcare arrangements been thus far?

Food and Fun

How often does your child drink milk, juice or water during the day at home?

Does your child have any favorite foods? What are they?

Does your child have any foods s/he doesn't care for? What are they?

Are there any foods your child should not eat? (Please see your Center Director for a "Child Care Plan for Health Conditions" form if your child has any food allergies or dietary restrictions.)

Where does your child sit at the table (high chair, booster seat, dining chair)?

Expectations

What are your goals for your child this year?

What are you and your child most excited about as you begin our program?

Are you or your child anxious about any part of our program?

Is there any other information about your child that would be helpful for us to know?

Parent Signature: _____ Date: _____

BusyBees admits children of any race, religion, color, ethnic origin, sex or disability (ADA, 1990) and differing abilities to all the rights, privileges, programs, and activities. In addition, we will not discriminate on the basis of race, color, or ethnic origin in administration of our educational policies, scholarships, loans, fee waivers, educational programs, and extracurricular activities. In addition, the school is not intended to be an alternative to court-ordered, administrative-ordered, or public school district initiated, desegregation.



CONNECT WAIVER

I, _____ (Parent Name) am the parent or guardian of _____ (Child's Name) and have chosen to participate in BrightPath *Connect* (the "Engagement Program").

Participation Agreement

In consideration for BrightPath, its subsidiaries and affiliates providing *Connect* (Engagement Program), accepting my application to participate in *Connect* (Engagement Program), and providing me access to *Connect* (Engagement Program), I hereby understand, acknowledge, and agree that:

- (a) Our child will be participating in *Connect* (Engagement Program) and undertaken at my own and my child's risk.
- (b) I have read the *Connect Parent Engagement Information Letter* attached hereto and I have had all my questions in relation to the *Connect* Engagement Program answered to my satisfaction prior to deciding to sign this Participation Agreement.
- (c) I understand that I am prohibited from sharing photos and/or video of any children (other than my child), including any group photos/video, that I may have to access through my participation in the *Connect* Engagement Program. Should any photos and/or videos of children other than my child be distributed in violation of this covenant, I agree to indemnify and hold harmless BrightPath and its agents, employees, affiliates, and/or assigns for all claims, liabilities, damages, losses, and expenses (including legal fees on a solicitor and own client full indemnity basis) arising by reason of my unauthorized distribution in breach of this covenant.



CONNECT WAIVER

(d) I understand and acknowledge that the Connect Engagement Program relies on the use of a third-party provider (the “Developer”) that utilizes the internet and cloud computing technology. Accordingly, I acknowledge that the Developer will have access to information, photos, and videos of and about my child and may create and hold electronic copies of this information for the purposes of back-up. The Developer may also monitor, for its internal use only, my access and use of the Connect Engagement Program. I understand and acknowledge that there are inherent privacy and confidentiality risks when using an internet-based service and cloud computing technology upon which the Connect Engagement Program relies. I understand and accept that BrightPath, will have no liability in the event of any breach of confidentiality of any information collected and copied from the Connect Engagement Program, whether or not such breach resulted from the actions of the Developer of BrightPath, its agents, employees, assigns, or of any other parents who also participate in the Engagement Program. My participation in and use of the Connect Engagement Program is an acceptance of this limitation of liability.

(e) For greater certainty, I hereby release and forever discharge and agree not to make any claim against BrightPath, its board of directors, officers, agents, employees, affiliates, and/or assigns, for any and all claims, resulting from my participation and my child’s participation in the *Connect* Engagement Program; and

(f) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

CONNECT WAIVER

Approval for Photos/Videos

____ I hereby grant permission to BrightPath, and its representatives to photograph and video my child, and otherwise capture my child's image and to make recordings of my child's voice for the purposes of sharing information about my child with me under the *Connect* Parent Engagement Program.

____ I further grant permission to BrightPath, and its representatives to reproduce, use, exhibit, display, post or distribute any images and recordings of my child when such images or recordings are taken in a group, or in a multiple child setting, to other parents who are also participating in the *Connect* Parent Engagement Program.

____ I hereby confirm and covenant that I will not share photos of any child (including group photos), other than my own, that I receive through *Connect* Engagement Program with anyone other than BrightPath and its employees.

I hereby release, defend, indemnify and hold harmless BrightPath, its board of directors, officers, employees, or agents from and against any claims, damages, or liability arising from or related to the use of images, recording or materials of my child, whether individually or in a group setting.

Child's Name

Parent/Guardian's Name printed

Parent/Guardian Signature/date

Director Signature /date

BrightPath Location



Cot Waiver

It is time for your child to transition from a crib
to a cot.

Date _____

My child _____ has
permission to sleep on a cot during nap time.

Date of Birth _____

Parent Signature





Child Profile - Please take a moment to complete this profile to help us get to know your child

Child's Name	Child's DOB:
First Parent/Guardian Name	Second Parent/Guardian Name
Does your child have any allergies? Yes No If so, please list what they are and what reactions they experience from them:	
Does your child have any food restrictions and/or religious preferences? Yes No If so, please list them here:	
Please let us know of any birthmarks your child may have.	
What is important to you about your child's care?	
Please list favorites for your child: (games, books, activities)	
Does your child have any siblings? If so, please list the names and ages of all children in your home.	
Does your child have any pets? If so, please tell us what you have and what the name of your pet is.	
Has your child been in preschool before?	
Is there anything else you would like us to know about your child?	
What days will your child be attending?	
Parent/Guardian Signature:	Date:



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
------------------------------	--------------	----------------------------------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
---	--

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------

PARENTAL ACKNOWLEDGMENT



Please initial the following statements:

INJURY/ACCIDENTS

_____Valley Child Care prides itself on maintaining a safe and healthy environment; however, I understand that illness and accidents may occur despite the best efforts of all staff employed by Valley Child Care.

REGISTRATION FEE

_____I understand that there is an annual registration fee per family upon enrollment and every January thereafter.

MEDIA RELEASE

_____I give permission for Valley Child Care to take pictures of my child/ren to use in their facilities and advertising materials.

PAYMENT

_____I agree to pay my account in full by Friday night. If I fail to do so, I agree to pay a \$30.00 late payment fee for the past week charges and understand that I will not be authorized to attend until the balance is paid in full.

AGENCY REIMBURSEMENT

_____If I receive Agency Reimbursement of any kind, I understand that I am solely responsible for ANY payments not covered by the Agency.

If I fail to sign in on both the sign in sheets and the computer for attendance for any day my child is in attendance and reimbursement is denied, I understand that I am solely responsible for the payment of tuition.

_____ **Tuition Express** - Valley Child Care uses Tuition Express for our payment processing service. I understand that I am signing up for automatic payments by Credit/Debit card or ACH before my child's first day of enrollment.

_____I understand that I am responsible for any fees associated with a declined credit/debit card or insufficient bank account funds.

_____I understand that there is a convenience fee for each payment made by a Credit, Debit, Flex Savings Card or any type of Cash Card. There is no fee for ACH payments.

_____I have read the Parent Handbook available [here](#) and agree to the policies in the Handbook as well as on this Parental Agreement

Signature -Parent or Guardian

Date

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Child Care Administration

BEST OF CARE

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

Instructions: This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. If additional space is needed, attach a separate sheet of paper.

CHILD'S NAME	DATE OF BIRTH
--------------	---------------

PARENT/GUARDIAN COMPLETING THIS FORM	WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?
--------------------------------------	---

PROVIDER/CENTER NAME

Has your child attended child care in the past? Yes No
 If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)

What did you like most about your child's previous child care setting?

What did you like least?

Other comments:

What is important to you about your child's care?

Who is important to your child?

Does your child prefer to play alone or with other children? Alone Other children

Does your child have a favorite toy or comfort object? Yes No
 If yes, what?

What is your child's current sleep schedule?

Does your child fall asleep easily? Yes No

What is his/her mood upon waking?

What does your child like?

What does your child dislike?

See reverse for EOE/ADA/LEP/GINA disclosures

CHILD'S NAME

Special things you say or do to comfort your child are?

How do you know when your child is:

Happy?

Sad?

Mad?

Tired?

Other?

How does your child react when:

Something unexpected happens?

Something happens he/she doesn't like?

He/She is scared?

Other?

Does your child have any health issues? Yes No

If yes, please explain:

Does your child have any other special needs? Yes No

If yes, please explain:

Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her? Yes No

If yes, please explain:

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

Parent/Guardian declined to complete

Parent/Guardian Signature

Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.



APPENDIX A

Video and Audio Recording Acknowledgement

CENTRE/ER: _____

CHILD(REN)'S NAME(S): _____

I have received and read the Busy Bees North America CCTV Policy in full and understand it, including without limitation the Purpose, Location and Access as outlined. I give consent to BBNA to record the activities of my child(ren) in accordance with the CCTV Policy.

Parent / guardian printed name

Parent / guardian signature

Date Signed