

## 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: \_\_\_\_\_

BrightPath 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.

# BRIGHTPATH

## 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.

# BRIGHTPATH

## 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.



# BRIGHTPATH

# 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







## INFANT CARE INFORMATION

|   |   |
|---|---|
| Child's Name:   | Nickname:   |
| Child's Date of Birth:  | Siblings:   |
| What are you feeding your infant?<br><input type="checkbox"/> Formula-Brand: _____<br><input type="checkbox"/> Breast Milk                      |   |
| Number of Daily Feedings:   | Frequency of Feedings:<br>Amount for each Feeding:  |
| Bottle should be warmed to:<br><input type="checkbox"/> Room Temperature<br><input type="checkbox"/> Warm<br><input type="checkbox"/> Very Warm | Formula Preparation :   |
| Solid Foods (Please list food, brand, type, amount, frequency and special instructions )  | Table Food (Please list food, brand, type, amount, frequency and special instructions )   |
| Are foods served room temperature or warmed?  | Does your child drink from a cup yet?   |
| How often should your infant's diaper be checked?   | Security Items (i.e. pacifier, blankets, stuffed animals)   |
| Nap Schedule:   | Hints for getting baby to sleep:<br><br>(You must secure a "Sleep Position Waiver Form" from your infant's physician if your baby is to sleep on his tummy or side. See the Center Director for this form.) |
| Allergies:  | Special Precautions:  |
| Is there any additional information about your infant that would be helpful for the caregivers to be aware of?                                  |   |
| Parent Signature/Date:  | Caregiver Signature(s)/Date:  |
| Form updated on :   | Form updated on:  |

# Infant Classroom

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## What to Bring:

- Diapers
  - Disposable Diapers- Large pack to be kept at school.
  - Cloth Diapers-Must have soft inner liner and waterproof outer liner. Soiled clothed diapers will be sealed in plastic and send home daily to be laundered.
- Diaper Cream with completed form
- Sleep sack or swaddle for crib (no blankets)
- Pacifier: labeled with child's name
- Empty bottle to store under crib with emergency formula
  - Signed form to use Similac Advance in case of emergency
- Milk (Breastmilk and formula) to be brought in labeled with first and last name, date and BM for breastmilk or F for formula. Breastmilk will also need to include the date expressed.
- At least 2 extra change of clothes (stored underneath of crib)
- 4 x 6 framed family photo for the classroom

## What We Provide:

- Whole Milk & table food Gerber
- Cotton Sheets

## Additional Notes:

- Parents must remove shoes upon entering the classroom
- Car seat carriers are welcome to remain the classroom by your child's crib for your convenience
- Download the daily communication app- "bpConnect for Parents"

Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE**

**This form shall be completed prior to the child's first day of attendance and updated annually and as needed.**

|   |  |                       |  |                           |       |
|---|--|-----------------------|--|---------------------------|-------|
| Child's Name  |  | Date of Birth         |  | First Day at Program/Home |       |
| Home Address  |  |                       |  | City                      |       |
| State   |  | Zip Code              | Home Telephone Number  |                           |       |
| Parent/Guardian Name #1   |  |                       | Relationship to Child  |                           |       |
| Home Address <input type="checkbox"/> Same as Child's   |  |                       | Home Telephone Number <input type="checkbox"/> Same as Child's       |                           |       |
| City  |  | State                 | Zip  |                           |       |
| Email Address (if applicable)   |  |                       | Cell Phone (if applicable)   |                           |       |
| Parent's Work/School Name   |  |                       | Parent's Work/School Telephone Number                                |                           |       |
| Parent's Work/School Address  |  |                       |  | City                      |       |
| Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                       |  |                           |       |
| If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email  |  |                       |  |                           |       |
| Where can you be reached while your child is in this program/home?  |  |                       |  |                           |       |
| Parent/Guardian Name #2   |  |                       | Relationship to Child  |                           |       |
| Home Address <input type="checkbox"/> Same as Child's   |  |                       | Home Telephone Number <input type="checkbox"/> Same as Child's       |                           |       |
| City  |  | State                 | Zip  |                           |       |
| Email Address (if applicable)   |  |                       | Cell Phone   |                           |       |
| Parent's Work/School Name   |  |                       | Parent's Work/School Telephone Number                                |                           |       |
| Parent's Work/School Address  |  |                       |  | City                      |       |
| Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                       |  |                           |       |
| If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email  |  |                       |  |                           |       |
| Where can you be reached while your child is in this program/home?  |  |                       |  |                           |       |
| <b>Emergency Contacts:</b> Parents <b>cannot be listed</b> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b> . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age. |  |                       |  |                           |       |
| Name  |  |                       | Name   |                           |       |
| City  |  | State                 | City   |                           | State |
| Telephone Number  |  | Relationship to Child |  | Telephone Number          |       |
| Relationship to Child   |  | Relationship to Child |  |                           |       |
| Other numbers where emergency contact can be reached (if applicable)  |  |                       | Other numbers where emergency contact can be reached (if applicable) |                           |       |
| Name of Physician or Clinic/Hospital  |  |                       |  |                           |       |
| Street Address  |  |                       |  |                           |       |
| City  |  | State                 | Telephone Number   |                           |       |

Child's Name

**Allergies, Special Health or Medical Conditions, and Medical Foods**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No  
 Yes - *check all that apply*     Food     Medication     Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No  
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

- No  
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No  
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No  
 Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No  
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No  
 Yes - written instructions from the child's health care provider must be on file.  
 N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff **or medical personnel** in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name

**Diapering Statement**

Is your child toilet trained?  Yes (If yes, skip to Emergency Transportation Authorization section)  
 No (If no, fill out the following:)

The program's policy is to check diapers every \_\_\_\_ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule       I do not agree, please check my child's diaper every \_\_\_\_ hours.

**Emergency Transportation Authorization**

| <b>Give <u>Permission</u> to Transport</b>   |      | <b>OR</b><br><br><b>Do not sign both</b> | <b><u>Do Not Give Permission</u> to Transport</b>   |      |
|--|------|--|---|------|
| Program or Home Name   |      |  | Program or Home Name  |      |
| <b>has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported. |      |  | <b>does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken: |      |
| Parent's Signature   | Date |  | Parent's Signature  | Date |

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the program's or home's policies and procedures/handbook.  Yes     No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

|                                  |      |
|----------------------------------|------|
| Parent/Guardian Signature(s)     | Date |
| Administrator/Designee Signature | Date |

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

|                          |                |                                 |                |
|--------------------------|----------------|---------------------------------|----------------|
| Parent/Guardian Initials | Date of Review | Administrator/Designee Initials | Date of Review |
| Parent/Guardian Initials | Date of Review | Administrator/Designee Initials | Date of Review |
| Parent/Guardian Initials | Date of Review | Administrator/Designee Initials | Date of Review |

**Note:**

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.