



## Flu Shot Day Care Requirement

The State of Connecticut has made it **MANDATORY** that all children enrolled in daycare, age 6 months to 4 years, 11 months, **MUST** receive the flu vaccine between September 1, 2023 and December 31, 2023. Your child will need to receive two doses of the flu vaccine if they had not received the vaccine in the past.

**Failure to have your child immunized for the flu during the time allowed, or failure to bring in a letter from your doctor if your child can't get it for medical reasons, will result in the exclusion from daycare for the entire length of the flu season (January 1st until March 31st)**

Please bring this letter back with the bottom portion completely filled out so that the state can track your compliance with their regulations.

Thank you for your cooperation in this most serious matter.

### Flu Shot Administration Confirmation

Child's name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Date vaccine administered \_\_\_\_\_

Signature of person administering vaccine \_\_\_\_\_

Print name/title of person administering vaccine \_\_\_\_\_

Address where vaccine was administered \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOU MUST SUBMIT A LETTER OR EXEMPTION ON YOUR CHILD'S PEDIATRICIANS' LETTERHEAD EXPLAINING THE CONDITIONS OF YOUR CHILD'S EXCLUSION FROM THE FLU VACCINE REQUIREMENT.**





## BrightPath Early Childhood Health Assessment Record

**To Parent or Guardian:** In order to provide the best experience, early childhood education providers must understand your child's health needs. This form requests information from you (Part I) and information from your child's health care provider (Part II). Connecticut state law requires complete primary immunizations and a health assessment by a physician, an advance practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine prior to entering an early childhood education program in CT.

### Part I – To be completed by child's parent/guardian

*Please Print*

\_\_\_\_\_  Male  Female  
Child's Name (First, Last) Birth Date

\_\_\_\_\_  
Address (Street, Town, State, and Zip)

\_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone  
Parent/Guardian Name (First, Last)

\_\_\_\_\_ Child's Dentist  
Child's Primary Health Care Provider

\_\_\_\_\_ ID Number or Medicaid Number  
Health Insurance Company

*I give consent for my child's health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information in these forms for confidential use in meeting my child's health and educational needs in the early childhood education program.*

\_\_\_\_\_ Date  
Parent/Guardian Signature



## Connect (Parent Engagement Program)

I, \_\_\_\_\_ (Parent/Guardian Name) am the parent or guardian of \_\_\_\_\_ (Child's Name) (the "child") and have voluntarily chosen to participate in BrightPath's **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 participation in Connect (Engagement Program) is entirely voluntary 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.
- (d) 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 access to 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.
- (e) 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, or 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.

- (f) 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 or assigns, for any and all claims, resulting from my participation and my child's participation in the Connect Engagement Program; and
- (g) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

## 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 the Connect Parent 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.

\_\_\_\_\_  
(Name of Child)

\_\_\_\_\_  
(Parent/Guardian Approval\*)

\*By entering your name into the field above, you agree to the terms of the waiver.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

Primary email: \_\_\_\_\_



**Parent/Guardian Authorization for the  
Administration of Non-Prescription Topical  
Medications by Child Care Personnel**

To Child Care Personnel:

I hereby request that the following non-prescription topical medications be administered to my child by a childcare staff member at BrightPath.  
(Name of child day care program)

I understand that I must supply the childcare program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

This authorization is limited to the following topical medications:

1. Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications
2. Medicated powders
3. Teething, gum, or lip medications

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name of Medication: \_\_\_\_\_

Schedule of Administration: \_\_\_\_\_

Site of Administration: \_\_\_\_\_

Reason medication is being administered: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**I have administered at least one dose of the above medication to my child without adverse side effects.**

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Staff to complete:

Parent authorization form and medication received by: \_\_\_\_\_  
(Signature of staff)

Medication Started: \_\_\_\_\_ (date and time)

Medication Ended: \_\_\_\_\_ (date and time)

Parent permission and medication administration record shall become part of the child's health record when the medication has ended.



I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, acknowledge that I have been given the opportunity to read, understand, and ask questions regarding the policies contained in the BrightPath Parent handbook. Furthermore, I agree to abide by the policies set forth.

I understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between BrightPath and our family. BrightPath reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Special Dietary Instructions

Please indicate any special dietary instructions for your child:

Signature: \_\_\_\_\_

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



# Diaper Service

**One of our most popular features for families is our Diaper Service.**

For an incredibly affordable price (**free for children under 1!**), BrightPath provides unlimited high quality diapers and wipes for when your child is in our care.

**To take advantage of this service, fill out the following information:**

## Monthly Diaper Fees

Free for children under 1!

Full Time ..... \$30

Five Half Days ..... \$15

Three Full Days ..... \$18

Three Half Days ..... \$9

Two Full Days ..... \$12

I would like to utilize the diaper/wipe service. Diapers will be provided in the correct size for each child as they grow.

Currently my child wears the following size diaper:

**1** \_\_\_ **2** \_\_\_ **3** \_\_\_ **4** \_\_\_ **5** \_\_\_ **6** \_\_\_

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**\*By entering your name into the field above, you agree to the terms of the waiver**





# Lunch Menu

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Week 1</b>	Italian Turkey Meatballs Garlic Bread Carrots Mandarin Oranges	Chicken Parmesan over Rigatoni with Marinara Sauce Tossed Salad with Dressing Seasonal Fresh Fruit	Macaroni and Cheese Broccoli Banana	Toasted Cheese on Whole Wheat Bread Tomato Soup Apple Wedges	Ranch Chicken Wraps with Cheese, Lettuce, and Tomatoes Sliced Cucumbers Orange Wedges
<b>Week 2</b>	Whole Wheat Cheese Pizza Green Beans Pineapple	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Carrots Orange Wedges	Cheese Ravioli with Marinara Sauce Broccoli Seasonal Fresh Fruit	Breakfast for Lunch! Turkey Sausage and Cheese on a Bagel Carrots Banana	Turkey Burger Sliders on Whole Wheat Bun Coleslaw Apple Wedges
<b>Week 3</b>	Toasted Cheese on Whole Wheat Bread Tomato Soup Mandarin Oranges	Taco Tuesday! Soft Tacos with Chicken, Lettuce, Tomato, Cheese and Salsa Apple Wedges	Italian Turkey Meatballs and Marinara Sauce Tossed Salad Garlic Bread Banana	Veggie Nuggets Broccoli Seasonal Fresh Fruit	Chicken Noodle Soup Soft Bread Sticks Tossed Salad with Dressing Banana
<b>Week 4</b>	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Green Beans Applesauce	Whole Wheat Cheese Pizza Tossed Salad with Dressing Seasonal Fresh Fruit	Breakfast for Lunch! Turkey Sausage and Cheese on a Bagel Carrots Apple Wedges	Macaroni Elbows with Plant-based Crumbles and Marinara Sauce Broccoli Bananas	Pita Pocket Wedges with Hummus Cucumber Slices Raisins Orange Wedges

**Milk is served with each lunch.**



# Vegetarian Lunch Menu

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Week 1</b>	Veggie Nuggets Garlic Bread Carrots Mandarin Oranges	Rigatoni with Marinara Sauce Tossed Salad with Dressing Seasonal Fresh Fruit	Macaroni and Cheese Broccoli Banana	Toasted Cheese on Whole Wheat Bread Tomato Soup Apple Wedges	Veggie Wrap with Black Beans, Cheese, Lettuce, and Tomatoes Sliced Cucumbers Orange Wedges
<b>Week 2</b>	Whole Wheat Cheese Pizza Green Beans Pineapple	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Carrots Orange Wedges	Cheese Ravioli with Marinara Sauce Broccoli Seasonal Fresh Fruit	Breakfast for Lunch! Toasted Bagel with Cheese Carrots Banana	Veggie Nuggets Whole Wheat Bun Coleslaw Apple Wedges
<b>Week 3</b>	Toasted Cheese on Whole Wheat Bread Tomato Soup Mandarin Oranges	Taco Tuesday! Soft Tacos with Black Beans, Lettuce, Tomato, Cheese and Salsa Apple Wedges	Macaroni Elbows and Marinara Sauce Tossed Salad with Dressing Garlic Bread Banana	Veggie Nuggets Broccoli Seasonal Fresh Fruit	Vegetable Soup Soft Bread Sticks Tossed Salad with Dressing Banana
<b>Week 4</b>	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Green Beans Applesauce	Whole Wheat Cheese Pizza Tossed Salad with Dressing Seasonal Fresh Fruit	Breakfast for Lunch! Toasted Bagel with Cheese Carrots Apple Wedges	Macaroni Elbows Plant-Based Crumbles and Marinara Sauce Broccoli Bananas	Pita Pocket Wedges with Hummus Cucumber Slices Raisins Orange Wedges

**Milk is served with each lunch.**



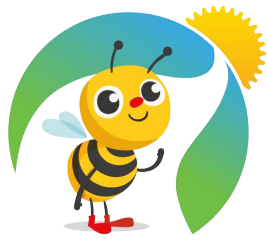
# Bright Path

The best start in life

# Snack Menu

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning Snack</b>	Cereal with Milk	French Toast and Fruit	Yogurt and Fruit	Pancakes and Fruit	Whole Wheat Bagel with Cream Cheese
<b>Afternoon Snack</b>	Whole Wheat Goldfish and Fruit	Applesauce and String Cheese	Sunflower Butter with Graham Crackers and Fruit	Fresh Vegetables with Hummus	Fruit Slices and Cheese

**Water is served with each snack.**



# Bright Path

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## Infant Developmental History

Today's Date \_\_\_\_\_ Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_ Gender: M F

### Health

1. Is your child taking any medications now? Yes No  
(Including aspirin, laxatives, vitamins, etc.)

If yes, what? \_\_\_\_\_ Why? \_\_\_\_\_

3. What arrangements have you made for the care of your child should he/she become ill at the center?

\_\_\_\_\_

\_\_\_\_\_

4. Does your child have any special needs or disabilities? Yes No

If yes, please describe: \_\_\_\_\_

5. Has your child ever been hospitalized? Yes No

If yes, please describe: \_\_\_\_\_

6. Does your child chew on unusual things such as cribs, window ledges or hair? Yes No

If yes, please describe: \_\_\_\_\_

7. Has your child had any of the following? (Please Circle.)

Premature birth

Trouble breathing at birth

Birth injury/Defect

Head Injury

Convulsions/Seizures

Allergies (including eczema, hives, drug, food intolerance, hay fever, wheezing, asthma, insect stings)

If yes, please describe: \_\_\_\_\_

## Development

At what age did your child begin to walk? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What are your child's favorite toys? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

What is the primary language(s) spoken in your home? \_\_\_\_\_

Has your child previously been in a group childcare setting? \_\_\_\_\_

## Sleeping

Please describe any specific ways in which you help your child to fall asleep:

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What is your child's current sleeping schedule?

Morning Nap: Begin \_\_\_\_\_ End \_\_\_\_\_

Afternoon Nap: Begin \_\_\_\_\_ End \_\_\_\_\_

Nighttime: Begin \_\_\_\_\_ End \_\_\_\_\_

Does your child use a pacifier at naptime? Yes No

Does your child use a special toy at naptime? Yes No

Does your child use a blanket at naptime? Yes No

## Feeding

Is your child breast-fed? Yes No Bottle fed? Yes No

Type of bottle: \_\_\_\_\_ Nipple Size: \_\_\_\_\_ Brand of Formula: \_\_\_\_\_

What is your child's present eating schedule? (Please specify approximate amounts.)

	Food	Milk/Formula
Breakfast	_____	_____
Morning Snack	_____	_____
Lunch	_____	_____
Afternoon Snack	_____	_____

Does you have any concerns regarding your child's eating habits?      Yes      No

If yes, what are they?

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## Toileting

How frequently does your child have a bowel movement? \_\_\_\_\_

Does your child frequently have diaper rash?                                      Yes      No

If so, how is it treated? \_\_\_\_\_

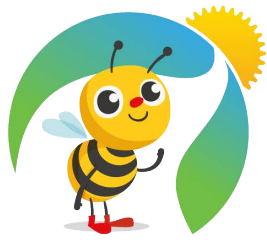
## Additional Information

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# Bright Path

The best start in life

## Toddler Developmental History

Today's Date \_\_\_\_\_ Child's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_ Gender: M F

### Health

1. Is your child taking any medications now? Yes No  
(Including aspirin, laxatives, vitamins, etc.)

If yes, what? \_\_\_\_\_ Why? \_\_\_\_\_

3. What arrangements have you made for the care of your child should he/she become ill at the center?

\_\_\_\_\_

\_\_\_\_\_

4. Does your child have any special needs or disabilities? Yes No

If yes, please describe: \_\_\_\_\_

5. Has your child ever been hospitalized? Yes No

If yes, please describe: \_\_\_\_\_

6. Does your child chew on unusual things such as cribs, window ledges or hair? Yes No

If yes, please describe: \_\_\_\_\_

7. Has your child had any of the following? (Please Circle.)

Premature birth

Trouble breathing at birth

Birth injury/Defect

Head Injury

Convulsions/Seizures

Allergies (including eczema, hives, drug, food intolerance, hay fever, wheezing, asthma, insect stings)

If yes, please describe: \_\_\_\_\_

## Development

At what age did your child begin to walk? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What are your child's favorite toys? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

What is the primary language(s) spoken in your home? \_\_\_\_\_

Has your child previously been in a group childcare setting? \_\_\_\_\_

## Sleeping

Please describe any specific ways in which you help your child to fall asleep:

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What is your child's current sleeping schedule?

Morning Nap:    Begin \_\_\_\_\_                      End \_\_\_\_\_

Afternoon Nap:    Begin \_\_\_\_\_                      End \_\_\_\_\_

Nighttime:            Begin \_\_\_\_\_                      End \_\_\_\_\_

How does your child prefer to sleep?                      Stomach    Side    Back

Does your child use a pacifier at naptime?                      Yes    No

Does your child use a special toy at naptime?                      Yes    No

Does your child use a blanket at naptime?                      Yes    No

## Feeding

What is your child's present eating schedule? (Please specify amounts.)

	Food	Milk/Formula
Breakfast	_____	_____
Morning Snack	_____	_____
Lunch	_____	_____
Afternoon Snack	_____	_____



Does you have any concerns regarding your child's eating habits?      Yes      No

If yes, what are they?

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## Toileting

How frequently does your child have a bowel movement? \_\_\_\_\_

Does your child frequently have diaper rash?                                      Yes      No

If so, how is it treated? \_\_\_\_\_

Is your child toilet trained?    Yes      No

What word does your child use for urination? \_\_\_\_\_

For a bowel movement? \_\_\_\_\_

Does your child use a potty chair?                                      Yes      No

Is your child able to remove his/her clothing unassisted?    Yes      No

## Additional Information

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# Bright Path

The best start in life

## Preschool Developmental History

Today's Date \_\_\_\_\_ Child's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_ Gender: M F

### Health

Is your child currently taking any medications? Yes No

If so, why? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Does your child tire easily? Yes No Is your child easily excitable? Yes No

How does your child indicate that he/she needs to use the bathroom? \_\_\_\_\_

### Sleep Habits

Average hours per naptime: \_\_\_\_\_ Per night: \_\_\_\_\_  
(All preschoolers are required to rest quietly on their cots for a minimum of 45 minutes each afternoon.)

Comments:

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

### Social and Emotional Background

What previous group experience has your child had and what were his/her reactions?

\_\_\_\_\_

Do you any concerns regarding your child's behavior? \_\_\_\_\_

\_\_\_\_\_

What types of discipline/redirection have you found to be most effective with your child? \_\_\_\_\_

\_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

\_\_\_\_\_

Does your child find it difficult to share possessions with others?      Yes      No

Is your child typically more comfortable with adults or with other children? \_\_\_\_\_

Does anyone help you to take care of your child on a regular basis?      Yes      No

If so, who? \_\_\_\_\_

How does your child react to new people and situations? \_\_\_\_\_

\_\_\_\_\_

Please describe any fears or anxieties your child has: \_\_\_\_\_

\_\_\_\_\_

How do you handle or prevent them? \_\_\_\_\_

What kinds of things can your child do by him/herself? (Include feeding, dressing, washing hands, using the toilet, tying shoes, etc.) \_\_\_\_\_

\_\_\_\_\_

Is your child right-or left-handed, or undecided? \_\_\_\_\_

Circle the word(s) which best describe your child:

Confident      Anxious      Leader      Fearful      Responsible      Cooperative

Insecure      Self-reliant      Follower      Curious      Fearless      Loving

Please describe your child's siblings, including age and gender: \_\_\_\_\_

\_\_\_\_\_

Please describe your child's regular playmates, including age and gender: \_\_\_\_\_

\_\_\_\_\_

How much time does your child spend alone each day (excluding TV watching)? \_\_\_\_\_

How much time does your child spend outdoors on nice days? \_\_\_\_\_

In what situations might your child need the most help? \_\_\_\_\_

\_\_\_\_\_

What is the primary language(s) spoken in your home? \_\_\_\_\_

## Special Interests

What are your child's special interests or abilities? \_\_\_\_\_  
\_\_\_\_\_

Is your child interested in books? \_\_\_\_\_

What subject(s) does he/she ask questions about? \_\_\_\_\_  
\_\_\_\_\_

About how much time does your child spend watching TV? \_\_\_\_\_

What types of play materials hold his/her attention the longest?

Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_

Does child have good or poor relationship with pets? \_\_\_\_\_

Please describe the name(s) and type(s) of pets in the home: \_\_\_\_\_  
\_\_\_\_\_

## Additional Information:



## Flu Shot Day Care Requirement

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**Failure to have your child immunized for the flu during the time allowed, or failure to bring in a letter from your doctor if your child can't get it for medical reasons, will result in the exclusion from daycare for the entire length of the flu season (January 1st until March 31st)**

Please bring this letter back with the bottom portion completely filled out so that the state can track your compliance with their regulations.

Thank you for your cooperation in this most serious matter.

### Flu Shot Administration Confirmation

Child's name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Date vaccine administered \_\_\_\_\_

Signature of person administering vaccine \_\_\_\_\_

Print name/title of person administering vaccine \_\_\_\_\_

Address where vaccine was administered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOU MUST SUBMIT A LETTER OR EXEMPTION ON YOUR CHILD'S PEDIATRICIANS' LETTERHEAD EXPLAINING THE CONDITIONS OF YOUR CHILD'S EXCLUSION FROM THE FLU VACCINE REQUIREMENT.





## BrightPath Early Childhood Health Assessment Record

**To Parent or Guardian:** In order to provide the best experience, early childhood education providers must understand your child's health needs. This form requests information from you (Part I) and information from your child's health care provider (Part II). Connecticut state law requires complete primary immunizations and a health assessment by a physician, an advance practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine prior to entering an early childhood education program in CT.

### Part I – To be completed by child's parent/guardian

*Please Print*

\_\_\_\_\_  Male  Female  
Child's Name (First, Last) Birth Date

\_\_\_\_\_  
Address (Street, Town, State, and Zip)

\_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone  
Parent/Guardian Name (First, Last)

\_\_\_\_\_ Child's Dentist  
Child's Primary Health Care Provider

\_\_\_\_\_ ID Number or Medicaid Number  
Health Insurance Company

*I give consent for my child's health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information in these forms for confidential use in meeting my child's health and educational needs in the early childhood education program.*

\_\_\_\_\_ Date  
Parent/Guardian Signature



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- (d) 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 access to 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.
- (e) 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

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\_\_\_\_\_  
(Name of Child)

\_\_\_\_\_  
(Parent/Guardian Approval\*)

\*By entering your name into the field above, you agree to the terms of the waiver.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

Primary email: \_\_\_\_\_



**Parent/Guardian Authorization for the  
Administration of Non-Prescription Topical  
Medications by Child Care Personnel**

To Child Care Personnel:

I hereby request that the following non-prescription topical medications be administered to my child by a childcare staff member at BrightPath.

(Name of child day care program)

I understand that I must supply the childcare program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

This authorization is limited to the following topical medications:

1. Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications
2. Medicated powders
3. Teething, gum, or lip medications

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name of Medication: \_\_\_\_\_

Schedule of Administration: \_\_\_\_\_

Site of Administration: \_\_\_\_\_

Reason medication is being administered: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**I have administered at least one dose of the above medication to my child without adverse side effects.**

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Staff to complete:

Parent authorization form and medication received by: \_\_\_\_\_  
(Signature of staff)

Medication Started: \_\_\_\_\_ (date and time)

Medication Ended: \_\_\_\_\_ (date and time)

Parent permission and medication administration record shall become part of the child's health record when the medication has ended.



I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, acknowledge that I have been given the opportunity to read, understand, and ask questions regarding the policies contained in the BrightPath Parent handbook. Furthermore, I agree to abide by the policies set forth.

I understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between BrightPath and our family. BrightPath reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Special Dietary Instructions

Please indicate any special dietary instructions for your child:

Signature: \_\_\_\_\_

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



# Diaper Service

**One of our most popular features for families is our Diaper Service.**

For an incredibly affordable price (**free for children under 1!**), BrightPath provides unlimited high quality diapers and wipes for when your child is in our care.

**To take advantage of this service, fill out the following information:**

## Monthly Diaper Fees

Free for children under 1!

Full Time ..... \$30

Five Half Days ..... \$15

Three Full Days ..... \$18

Three Half Days ..... \$9

Two Full Days ..... \$12

I would like to utilize the diaper/wipe service. Diapers will be provided in the correct size for each child as they grow.

Currently my child wears the following size diaper:

**1** \_\_\_ **2** \_\_\_ **3** \_\_\_ **4** \_\_\_ **5** \_\_\_ **6** \_\_\_

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**\*By entering your name into the field above, you agree to the terms of the waiver**



# Lunch Menu

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Italian Turkey Meatballs Garlic Bread Carrots Mandarin Oranges	Chicken Parmesan over Rigatoni with Marinara Sauce Tossed Salad with Dressing Seasonal Fresh Fruit	Macaroni and Cheese Broccoli Banana	Toasted Cheese on Whole Wheat Bread Tomato Soup Apple Wedges	Ranch Chicken Wraps with Cheese, Lettuce, and Tomatoes Sliced Cucumbers Orange Wedges
Week 2	Whole Wheat Cheese Pizza Green Beans Pineapple	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Carrots Orange Wedges	Cheese Ravioli with Marinara Sauce Broccoli Seasonal Fresh Fruit	Breakfast for Lunch! Turkey Sausage and Cheese on a Bagel Carrots Banana	Turkey Burger Sliders on Whole Wheat Bun Coleslaw Apple Wedges
Week 3	Toasted Cheese on Whole Wheat Bread Tomato Soup Mandarin Oranges	Taco Tuesday! Soft Tacos with Chicken, Lettuce, Tomato, Cheese and Salsa Apple Wedges	Italian Turkey Meatballs and Marinara Sauce Tossed Salad Garlic Bread Banana	Veggie Nuggets Broccoli Seasonal Fresh Fruit	Chicken Noodle Soup Soft Bread Sticks Tossed Salad with Dressing Banana
Week 4	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Green Beans Applesauce	Whole Wheat Cheese Pizza Tossed Salad with Dressing Seasonal Fresh Fruit	Breakfast for Lunch! Turkey Sausage and Cheese on a Bagel Carrots Apple Wedges	Macaroni Elbows with Plant-based Crumbles and Marinara Sauce Broccoli Bananas	Pita Pocket Wedges with Hummus Cucumber Slices Raisins Orange Wedges

**Milk is served with each lunch.**



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# Vegetarian Lunch Menu

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Week 1</b>	Veggie Nuggets Garlic Bread Carrots Mandarin Oranges	Rigatoni with Marinara Sauce Tossed Salad with Dressing Seasonal Fresh Fruit	Macaroni and Cheese Broccoli Banana	Toasted Cheese on Whole Wheat Bread Tomato Soup Apple Wedges	Veggie Wrap with Black Beans, Cheese, Lettuce, and Tomatoes Sliced Cucumbers Orange Wedges
<b>Week 2</b>	Whole Wheat Cheese Pizza Green Beans Pineapple	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Carrots Orange Wedges	Cheese Ravioli with Marinara Sauce Broccoli Seasonal Fresh Fruit	Breakfast for Lunch! Toasted Bagel with Cheese Carrots Banana	Veggie Nuggets Whole Wheat Bun Coleslaw Apple Wedges
<b>Week 3</b>	Toasted Cheese on Whole Wheat Bread Tomato Soup Mandarin Oranges	Taco Tuesday! Soft Tacos with Black Beans, Lettuce, Tomato, Cheese and Salsa Apple Wedges	Macaroni Elbows and Marinara Sauce Tossed Salad with Dressing Garlic Bread Banana	Veggie Nuggets Broccoli Seasonal Fresh Fruit	Vegetable Soup Soft Bread Sticks Tossed Salad with Dressing Banana
<b>Week 4</b>	Sunflower Butter and Fruit Spread Sandwich on Whole Wheat Bread Green Beans Applesauce	Whole Wheat Cheese Pizza Tossed Salad with Dressing Seasonal Fresh Fruit	Breakfast for Lunch! Toasted Bagel with Cheese Carrots Apple Wedges	Macaroni Elbows Plant-Based Crumbles and Marinara Sauce Broccoli Bananas	Pita Pocket Wedges with Hummus Cucumber Slices Raisins Orange Wedges

**Milk is served with each lunch.**



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# Snack Menu

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning Snack</b>	Cereal with Milk	French Toast and Fruit	Yogurt and Fruit	Pancakes and Fruit	Whole Wheat Bagel with Cream Cheese
<b>Afternoon Snack</b>	Whole Wheat Goldfish and Fruit	Applesauce and String Cheese	Sunflower Butter with Graham Crackers and Fruit	Fresh Vegetables with Hummus	Fruit Slices and Cheese

**Water is served with each snack.**