



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, 2024 and December 31, 2024. 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*)

(Date)

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

(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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Path**
The best start in life

Vegetarian Lunch Menu

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	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
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! Toasted Bagel with Cheese Carrots Banana	Veggie Nuggets Whole Wheat Bun Coleslaw Apple Wedges
Week 3	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
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! 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

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Snack	Cereal with Milk	French Toast and Fruit	Yogurt and Fruit	Pancakes and Fruit	Whole Wheat Bagel with Cream Cheese
Afternoon Snack	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.