



Authorized Persons for Pick-Up

Child's Name: _____

Child's Date of Birth: _____

Center: _____

For safety reasons, BrightPath will only release a child to those individuals that have been designated by the child's parent(s) or legal guardian(s) as authorized to pick up the child. Legal counsel has informed us that unless a parent has secured an Order of Protection, both parents have equal rights to pick up the child. If an Order of Protection exists, BrightPath must be provided with an original copy of the Order. BrightPath must be informed of any individual(s) to whom the child **should not** be released.

The following person(s) are authorized to pick up my child:

RELATIONSHIP	NAME	ADDRESS/PHONE
1. Parent/Guardian	_____	_____
2. Parent/Guardian	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

I understand that my child will only be released to the individuals I have listed above. I also understand that if my circumstances change, it is my responsibility to notify BrightPath and update the above list.

Parent Signature: _____

Date: _____



Approval of Policies

I have read, understand and agree to abide by the BrightPath policies, as put forth in the Parent Handbook and attached consent forms.

These policies include:

- Curriculum
- Hours/Sign-In Procedures
- Authorized Persons for Child Pick-Up
- Holiday/Snow Closings
- Absences
- Parent Involvement/Conferences
- Clothing Policy
- Electronics Policy
- Discipline Policy
- Field Trips
- Babysitting Policy
- Health Care Policies/Medical Release
- Prescription/Non-Prescription Medication Administration
- Nutrition and Food Allergy Policy
- Firearm Policy
- Child Abuse and/or Neglect Reporting
- Financial Policies/Agreement to Pay

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Sleep/Rest Time Agreement

As an early care and education provider it is our responsibility to maintain a safe sleeping environment for your child. As per OCFS guidelines an agreement must be made outlining nap or rest time procedures for your child. Please complete the form and return it to your Center Director. This agreement must be completed yearly.

Thank You.

Sleep is an important part of healthy growth and development. When children sleep, their brains develop, they organize information, and they grow. Regular naps provide predictable routines and help children cope with the stimulating activities provided by the center.

Rest Schedule

Infants:

✓ In the infant rooms we provide opportunities for infants to nap as their individual schedule indicates. When infants are napping they are placed in an assigned crib and placed flat on their back to sleep, unless medical information from the child's health care provider is presented to the center, by the parent that states this arrangement is inappropriate for that child.

✓ Infant cribs may not have bumper pads, toys, large stuffed animals, heavy blankets, pillows, wedges, or infant positioners unless medical information from the child's health care provider is presented in writing indicating otherwise. In lieu of blankets, EduKids requires that parents provide "sleep sacks" ONLY for their infant.

Toddlers\ Preschool: 2 Hour Timeframe as per Classroom Schedule - Typically 1:00 PM - 3:00 PM

✓ Children 18 months and older will nap on a cot in the classroom. Rest time occurs from 1:00 PM-3:00 PM. The room is darkened, soothing music is played and backs will be rubbed if the child wishes. No child is ever forced to sleep, however, this is a quiet time and children are asked to rest quietly for a short time until those children needing to nap have settled. For those children who do not nap, they will be offered quiet activities; remembering that other children are sleeping.

✓ As children wake they will be allowed the same quiet activities. The staff will wake up all children with back rubbing, soft voices and kindness around 3:00 PM. Blankets will be put back in the child's cubby and children will be offered snack.

UPK Wrap Around Care: 1:00 PM - 3:00 PM (At select locations only)

✓ The UPK Extended Day/ Wrap Around children will be given the opportunity to nap from 1:00 PM-3:00 PM with the same rest time arrangement as our center children as stated above.

Supervision During Rest Time

As per the requirements specified in section 418-1.8 of the NYS OCFS Regulations, all children will have competent supervision by classroom staff during rest times. Children will be within a staff members range of vision, and will be close enough to assist a child who wakes from nap, or is playing quietly in the classroom. Please sign below indicating your understanding and agreement. If you have questions about this agreement or questions about your child's individual needs, please discuss this with the Center Director.

Parent Signature

Date

Child's Name

Classroom



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 Connect (the "Engagement Program").

Participation Agreement

In consideration for BrightPath, its subsidiaries and affiliates (together "BrightPath") 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 had all my questions in relation to 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, employee, 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, 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 Signature)

(Date)

(Witness)

(Date)

Primary email: _____

Developmental History

Child's name: _____ **Birth Date:** _____

Who resides with your child in the home, in addition to his/her parents?

Name: _____ Relationship: _____ Birthdate: _____

Name: _____ Relationship: _____ Birthdate: _____

Name: _____ Relationship: _____ Birthdate: _____

Name: _____ Relationship: _____ Birthdate: _____

What is the primary language spoken in your home? _____

Personal History (Check all that apply)

Crawls ___ Walks ___ Talks ___ Speaks in Sentences ___

Special conditions or allergies?

Social History (Please check all that apply)

Plays well with others? _____ Prefers playing alone? _____ Naturally friendly? ___

Aggressive? _____ Shy? _____

What group contacts has your child had with other children?

Has your child ever attended any other child care program?

If yes, please explain why you left:

What activities does your child particularly enjoy?

Fears: Animals? _____ Dark? _____ Storms? _____ Strangers? ___

Noise? _____ Others? _____

How do you comfort your child?

Self Help (Check all that apply)

Toileting habits Diapers? _____ Pull ups? _____ Training? _____
Trained? _____ Adult assistance needed? _____ Cleans self? _____
Frequent accidents? _____ Occasional accidents? _____
Special bathroom words? _____

Sleeping habits Blanket? _____ Thumb? _____ Animal? _____
Pacifier? _____ Bedtime _____ AM Wake time _____
How does your child sleep best? _____
Favorite foods? _____
Refused foods? _____
Special diet? _____

Does your child have any allergies, asthma, insect allergies, frequent ear infections, eye problems?

Does your child dress him/herself? _____
Indoor clothes? _____ Outdoor clothes? _____
Does child have any pets? _____ If so, please give name(s):

How is child disciplined at home?

What helps when your child is upset?

Do you have information that would help us better care for your child?

Please describe by approximate time, your child's current daily activities including nap and meal times?

Signature _____ **Date** _____

Parent or Guardian

Developmental History - Infant Supplement

Child's Name:

Birth Date:

Birth Weight:

Birth Place:

Current Weight:

Were there complications during pregnancy or at birth?

If yes, please describe:

Did you bring your baby home from the hospital with you?

If not, please briefly describe why:

Is your infant nursing, formula fed or supplemented with bottles?

Name of Formula used:

Please clearly describe feedings:

Feeding Schedule - Please indicate exact amounts of formula/breast milk needed at each feeding along with any cereal or baby food/table food:

Please describe in detail your infants "rhythms" of the day including awake times, "fussy" periods, naps and rest periods, play times and how often you typically stimulate your baby through toys and music.

Does your child...

Sleep through the night:

Self sooth:

Settle when held, worn in a sling/baby carrier, etc:

Turn their head:

Sit in a bouncy seat:

Burp after feedings:

Use a pacifier:

Suck their thumb:

Sit in a swing:

Engage in/Enjoy tummy time:

Who does your child live with? Please list the names of all persons living in your household. Be sure to include the names and ages of all siblings:

Does your child have any allergies or suspected allergies? If yes, please describe in detail:

What else would you like us to know about your little one or your family?:

We encourage parents to try new foods with children at home before we introduce them at BrightPath in case of allergies or food sensitivities. Once children have moved to table food, consistently, parents will be provided with this 6 week rotating menu from their center. If your child is currently on table food, please circle and date the items (on the menu) that you give permission to serve to your child for lunch as well as for AM/PM snack.