



Dear Parents & Guardians,

Welcome to Bright Start Learning Center! For the past 50 years it has been our philosophy and our mission to provide the highest quality care in a small, loving, and family-like atmosphere where your child can feel safe, secure, and happy. The center's staff are carefully screened and certified in infant, toddler, and early childhood education. The trained staff have created an environment of trust and security, while providing intellectually and physically stimulating daily activities. Activities are provided at each stage of childhood development that promote social interaction, development of large & small motor skills, enhancement of cognitive skills, and establishing a strong sense of self. We work in partnership with parents and families to build mutual understanding and always welcome your participation.

We are eager to get to know your children and are looking forward to being a part of their learning experiences!

Sincerely,

Janet Breeden

Janet E. Breeden
Owner/Founder

Julie Bound

Julie R. Bound
Director

Bright Start Learning Center
Child File Checklist

Child Name: _____

Items Needed to Complete File:

- ☐ Enrollment Meeting Form
- ☐ Emergency Form
- ☐ Copy of Driver's License
- ☐ Copy of Health Insurance Card
- ☐ Health of Physical Form (Renewed Every 2 Years)
- ☐ Immunizations
- ☐ Family History Form
- ☐ Enrollment Agreement
- ☐ Financial Agreement
- ☐ Food Program Form

Please have the required items turned in by: _____

Health Physicals may be turned in by: _____

Bright Start Learning Center Enrollment Meeting with Parent

Child's Name: _____

Date of Enrollment: _____

I have met with the director or designated staff member and discussed the Center's statement of purpose including the center's policies on behavior management, reporting abuse and neglect, health and medication, confidentiality and information disclosure, discharge policies, and grievance procedure.

I have received a copy of the center's policies, and grievance procedure. I have received a copy of the center's policies and agree to abide by them. I am aware of my right to grieve without retaliation against my child or myself. I have been informed of my right to make a complaint to the State related to the center's compliance with the provision of the WV Code 49-2B-1 et.seq. and the requirements of the Child Care Center Licensing Regulations. BSLC can terminate childcare services with or without notice.

I, _____ (Parent(s) or Guardian) have discussed any individual characteristics and personality factors that may influence my child and/or children's behavior and well-being at the center, and any special dietary or other needs because of medical or other reason.

Parent Signature

Director's Signature

Date

Date

Bright Start Learning Center / Bright Start II Preschool
Family History

Child's Name: _____ DOB: _____

Please complete the following information as thoroughly as possible. This information will enable us to better understand and care for your child. This document will be kept confidential.

Home Environment: What is your relationship with the child you are enrolling?

What other adults and children live in the child's home?

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

If you are a single parent or going through a divorce or separation, how can we best support your child?

If you live in a blended or step-family, how would you describe this arrangement?

Are there any circumstances in your home that we should know about such as; births, deaths, illnesses, stress?

Child's Development: Was there anything unusual about the pregnancy, delivery, or early development of your child?

_____ Has your child had any major injuries, illnesses or hospital stays?

Do you or your pediatricians have any concerns about physical, social, language or cognitive development of your child?

Please define any physical conditions and/or disabilities that will impact the child's experience at Bright Start. _____

Does your child have any medical conditions (including allergies) of which the center should be made aware?

Is your child on any medication? If yes, Please Specify.

_____.

I understand that if my child is to take this or any other medications, the center must have written documentation from the physician and written permission from the parent.

 X _____

Social / Emotional Experience: What other childcare experiences has your child had and for how long?

Type of Care _____ Date _____ to _____ Date _____

Type of Care _____ Date _____ to _____ Date _____

Does your child have any emotional or social behaviors that concern you? _____

_____.

When your child misbehaves, what is your method of discipline? _____

_____.

What are your child's favorite activities? _____

_____.

On a scale of 1 (poor) to 10 (very well), how would you describe your child's behavior in the following circumstances?

Plays Alone _____

Plays w/ Siblings _____

Interacts w/ Adults _____

Reacts to Strangers _____

Plays with Peers _____

Responds to new people and situations _____

What three words best describe your child: _____.

Expectations:

What would you like to accomplish while enrolled at Bright Start Learning Center? _____

_____.

How can we best help you as a working parent? _____.

Is there anything else we should know about your child or family that will help us better care and educate your child?

_____.

_____.

I certify that the above information is complete and accurate. I agree to keep Bright Start Learning Center / Bright Start II Preschool updated about significant events in our family that might impact my child's experience at Bright Start.

_____.

Signature of Parent / Guardian

Date



ALL ABOUT ME

My Name: _____

My Favorite Food: _____

My Least Favorite Food: _____

My Favorite Toy: _____

My Favorite Book: _____

List any other favorite things your child prefers:

What three words best describe you child?

1. _____ 2. _____ 3. _____

Child Eating Habits are:

_____ Light Eater _____ Picky Eater _____ Heavy Eater



My Daily Schedule

Child's Name: _____

Date: _____

I Drink from a Bottle: _____ Cup: _____

I Eat Solid Foods: _____

I Eat Table Foods: _____

6am _____

7am _____

8am _____

9am _____

10am _____

11am _____

12pm _____

1pm _____

2pm _____

3pm _____

4pm _____

5pm _____

6pm _____

Parent Signature: _____

Date: _____

ROUTINE ORAL HYGIENE ACTIVITIES

In promoting good oral hygiene practices, Bright Start will begin allowing children 2 years of age and older to begin brushing their teeth after breakfast each morning. The caregivers will assist your child as needed. Toothbrushes and toothpaste will be provided by the center and labeled with your child's name. Toothbrushes will be stored in a sanitary manner so that tooth brushes do not touch each other. Children will not be allowed to share toothbrushes. Toothpaste will be dispensed in a sanitary manner.

If you wish for your child to participate in this Oral Hygiene activity, please complete the consent form and return to your child's teacher.

Bright Start Learning Center, L.L.C.

BRIGHT START LEARNING CENTER, L.L.C

ROUTINE ORAL HYGIENE CONSENT FORM

I, _____ allow Bright Start Learning Center, L.L.C
to assist my child, _____ with tooth brushing and educating
my child on the importance of good oral health.

Signature

Date

Bright Start Learning Center, L.L.C

Toilet Training Consent Form

I have read Bright Start Learning Center's policies/tips on toilet training and agree to allow Bright Start Learning Center to assist my child in toilet training. I understand that if I have any questions regarding the toilet training process I can meet with Ms. Janet or Ms. Julie.

Child's Name: _____

Parent Signature

Date

Child Abuse & Neglect Reporting Policy

Reason this policy is important:

Besides being illegal, child abuse and neglect interfere with healthy child development and later achievement in life. State requirements may differ, but those in which reporting suspected abuse is mandatory usually include childcare personnel. Childcare staff and parents should be aware of reporting requirements and procedures in handling reports of child abuse and neglect. Information on where to call and how to report abuse and neglect should be posted, so it is readily available to parents and staff.

Procedure and Practice, includes responsible person(s):

All observations or suspicions of child abuse or neglect will be immediately reported to the Child Protective Services hotline: 800-352-6513 , no matter where the abuse might have occurred Bright Start Learning Center will call to report suspected abuse or neglect.

All staff involved in the reported incident will follow the direction of Child Protective Services regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, staff will follow the guidance of Child Protective Services regarding notification of the child's parent or legal guardian. Reporters of suspected child who are accused abuse will not be discharged for making a report, unless it is proven that a false report was knowingly made.

Signs of suspected child abuse or neglect will be recorded on the Accident/Incident Report, which will be kept in a confidential file.

Staff who are accused of child abuse may be suspended or given leave (with/without) pay, pending investigation. Such staff may also be removed from the classroom and given a job that does not require interaction with children. However, no accusation or affirmation of guilt will be immediately dismissed.

When this policy applies:

Whenever any staff member has reason to suspect that a child on the premises of this childcare center may have been abused or neglected by anyone.

Communication plan for Staff and Parents:

Staff and volunteers will receive a written copy of this policy in their Orientation Packets before beginning working. Current staff will have a copy added to their personnel file. All parents will receive a written copy of this policy in their Parent Handbook upon their Child's Enrollment.

Bright Start Learning Center
Enrollment Agreement

I, _____, as the parent of _____ hereby enroll my child in Bright Start Learning Center, LLC. I accept full responsibility for my selection of Bright Start as my childcare provider. I made this decision based upon my independent observations, visits, interviews and reference checks.

Non-Discrimination / Trial Enrollment: I understand that Bright Start accepts all children regardless of race, religion, ethnicity, gender, ability, or sexual orientation, creed, country of origin or disability. I further understand that all children are accepted on a trial basis and that Bright Start may not be the best choice of care for all children. If BSLC is unable to meet the needs of my child within the first 30 days of enrollment, BSLC may terminate my care with two weeks written notice to the Director.

Field Trip Participation: I understand that BSLC may periodically plan a field trip away from the center premises. I grant permission for my child to attend such events and understand that the center will post written notice of all off-premises activities at least one week prior to the date of the event. I understand that all the children will either be walking or transported in vehicles by staff of BSLC and/or parents with children enrolled in the center. BSLC will assure that the vehicles are insured, and that each child is properly secured in a car seat, booster seat, and/or seatbelt. I am aware that the driver/owner of the vehicle is primarily responsible for any liability incurred. In the event of any injuries, losses, or damages to my child and/or property due to the negligent operation of the vehicle, I agree that the liability insurance coverage maintained by the owner/operator of the vehicle will be the first subject of payment of the claim.

Parent Handbook: I have received a copy of the Parent Handbook and agree to read it and comply with all stated policies and procedures. I understand that my failure to comply may result in the termination of care for my child. If such failure to comply is considered serious in nature, care may be terminated without notice.

Media/Publicity: I understand that BSLC will from time to time be the subject of a television, radio, or print media interest. I understand that any such activity must be approved by the center administration and that the activity will be supervised by center administration. I grant permission for my child to be interviewed, video graphed, audio graphed, and/or photographed by such media sources and for this information to be published or distributed to the general public. Additionally, I grant permission for my child to be photographed for Bright Start Learning to distribute to the parents and for BSLC scrapbook.

Professional Services: I understand that in the best interest of the children, the center may occasionally seek the services of an independent professional. The center will assure the credentials and qualifications of such an individual and /or organization and child prior to any outside consultations. I grant permission for my child to be interviewed, observed and evaluated and am assured of the confidentiality of any results or recommendations. I understand that I will not be liable for any charges related to these services.

Disclosure of Conditions: I certify that I have disclosed any and all physical, emotional and /or developmental conditions that may affect my child's ability to participate in BSLC activities. I understand that failure to disclose these conditions in the Confidential Family Background document may be grounds for immediate termination of care for my child.

Cooperation: I understand that my child will best benefit from a cooperative relationship between myself, my family and BSLC. I agree to cooperate with the center, its staff and policies and maintain open communication between all parties involved in the care and development of my child. I understand that failure to cooperate may be grounds for termination of care with or without notice. I certify, by signing below, that I have read and understand all the provisions of this Agreement. I voluntarily accept the terms of enrollment set forth herein, and will assure that all individuals participating in my child's life that may have occasion to interact with the center will likewise comply with the above provisions.

Parent/Guardian Signature

Date