

Enrollment Date _____
Date _____

Enrollment Termination

APPLICATION FOR ADMISSION TO CHILD CARE

Child's Name _____ Preferred Name/Nickname _____ Birth Date _____

Home Address _____ City/State _____ Zip Code _____ Phone Number _____

Allergies & Other Medical Conditions (i.e. asthma, diabetes, epilepsy, physical limitations, etc.)

Medical Plan For Allergic Reactions: _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent's Marital Status: Married Separated Divorced

Is Either Parent Deceased? _____ Remarried? _____

Custody Arrangements? _____

Is anyone restricted from seeing or picking up the child(ren)? Is so, please list.

In an emergency contact:

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Who will regularly pick up child(ren):

_____	_____	_____
Name	Relationship	Vehicle Type
_____	_____	_____
Name	Relationship	Vehicle Type

Is there any additional information you would like to share about your child? (favorite things, food likes, special interests or fears, etc)

Emergency Medical Care Authorization

I hereby give permission for emergency medical treatment for my child _____
if requested by _____, who is our child care provider.

Please note that my child is allergic to the following medications: _____

It is also important to note that my child has the following special medical conditions _____

_____	_____	_____
Parent Signature	Parent Signature	Date

I/We attest that the information listed on this application is as accurate and complete as possible.

_____	_____	_____
Parent Signature	Parent Signature	Date

✦ ATTACH CHILD'S CURRENT IMMUNIZATION RECORD ✦

Bright Beginnings Learning Center Privacy Permission Agreement

Our first priority is to protect your family's health and safety. To ensure that we are operating with your full understanding and agreement about your privacy, we ask that you grant permission to conduct the following activities. Please check off each item to which you give your consent, and sign below:

- Placing photos of your child/children in our marketing flyers
- Using photos of your child/children on our email and social media
- Posting artwork and other crafts that include your child/children's names at our Center
- Listing your child/children's names in our monthly newsletter and posting this information on our bulletin board

Parent/Guardian signature

Date

Walking Release and Request

Child/Children's Name: _____

Parents (Guardian Name): _____

This serves as written acknowledgement that Bright Beginnings Learning Center at times will be leaving the facility by walking to field trips or other extra-curricular activities. I am the parent or legal guardian of the above-named child/children. I hereby release and agree to indemnify, defend and hold harmless Bright Beginning Learning Center, and their officers, agents and employees from and against any and all claims, liabilities, actions, judgements, damages and injuries of any kind and nature whatsoever arising out of or in connections with the provision of transportation for my child/children according to the authorized schedule.

Field trips and walking excursions: (please initial)

I authorize my child/children to be taken on:

_____ Field trips or other extra-curricular activities by BBLC

_____ Walking excursions

Water Play

_____ My child/children may participate in water activities other than swimming (ie. sprinklers, etc.) under required supervision

_____ My child/children may participate in swimming and other water activities under required supervision at the Center only.

_____ My child/children may participate in swimming and other water activities under required supervision at the Center and off-site.

Signature of Parent/Guardian

Print Name

Date

ELECTRONIC PAYMENT AUTHORIZATION FORM



Complete and return this form to:

Bright Beginnings Learning Center
 512 S Iowa Ave
 Platte, SD 57369
 (605) 337-9794

(Please Print)

Check One **New Authorization** **Change**

I (we) hereby authorize Bright Beginnings Learning Center to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) as stated in this agreement. I authorize Bright Beginnings Learning Center to withdraw funds to pay my monthly invoice that is due and payable. I acknowledge that the origination of ACH transactions to my account must comply with all applicable law.

Account Holder's Name: _____ Phone: _____

Account Holder's Address: _____

City: _____ State: _____ Zip Code: _____

Children Names Currently Enrolled and Relationship to Enrollee. (Enrollees may change during the course of this authorization)

Financial Institution Name: _____

Financial Institution Address: _____

City: _____ State: _____ Zip: _____

Bank Account Type: Checking Savings Business Checking

Routing Number: _____ Account Number: _____

Amount of debit(s) will be determined by my monthly invoice and will be debited from my account on the **10th of each month**. If the 10th falls on a weekend or federal holiday it will be debited from my account the following business day.

This authorization will remain in full force and effect until I notify Bright Beginnings Learning Center in writing of its termination. Notification must be received **5 business days** in advance of termination date to permit Bright Beginnings Learning Center and the bank reasonable time to act upon it. I will continue to pay my invoice via check/cash until I am notified that my Electronic Payment is in force.

Signature: _____ Date: _____

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

(Please attach a copy of a voided check below – deposit slips not accepted)

<small>CITY, STATE, ZIP</small>	<small>DATE</small>	
<small>PAY TO THE ORDER OF</small>	\$	
<small>BANK NAME ADDRESS CITY, STATE, ZIP</small>		
<small>⑆02345678⑆</small>	<small>⑆0234567890⑆23⑆</small>	<small>⑆23⑆</small>
Bank Routing Number	Bank Account Number	Check Number

For Office Use Only: Pre _____
 Mon _____