

## **Bright Minds Family Daycare**

Dear parent and guardians:

We are very excited that you have chosen Bright Minds Family Daycare to take on a vital role in your child's early years of development and care. We are dedicated to providing a comfortable, loving and educational environment for your child.

We here at BMFD look forward to getting to know your child and welcoming your family into our own. We thank you for entrusting BMFD with your childcare needs. We're looking forward to many years of working together to help mold your child and give them a great start for their future.

Sincerely,

Ms. Andrea and the BMFD staff

## Parent Agreement

**These services may change in the future, at which point a new agreement will be signed.**

Parents are welcome any time. We have an open door policy.

Parents must bring their child inside the daycare and sign them out everyday.

Children are to be dropped off by 9:00am to avoid unnecessary distractions of daily instruction. Children will be admitted after 9:00am with doctor's notes.

**No one under the age of 16 will be allowed to sign a child out.** Children will need to have current medical and immunization records **prior to enrollment** and regularly updated in compliance with state law. Parents will be notified if their child becomes ill. Children can NOT stay if they have a fever of 101 degrees, vomit or have two loose bowel movements. In the event of any emergency I give permission to BMFD to administer first aid or to obtain emergency medical treatment in the best interest of my child. We will pro-mote self discipline. A brief supervised "time-out" period is us effectively.

Breakfast, lunch and snacks are provided by BMFD.

Every pre-school; child will have an afternoon nap/rest period as required by state law. Parents are required to purchase a sleeping cot from BMFD at \$25.00

Children will be encouraged to play outdoors daily, except during intense heat or inclement weather.

Every child must have a change of clothing that is to be left at BMFD to be used for emergencies. All clothing must have the child's **first and last** name on it.

BMFD is not responsible for any lost clothing. If your child does not have an extra pair of clothing, you will be called, you will be called to come change your child or pick them up for the day.

Children are not allowed to bring toys or personal belongings from home unless it has been requested by BMFD staff.

Parents are to keep an updated contract form on file.

Prescription or non-prescription medication must be labeled with your child's **first and last** name. the medication will be administered according to the direction on the label. Parents must fill out a medication release form before any medication will be given, including diaper rash cream.

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

\_\_\_\_\_  
Date

## Hours of Operation

### **5 Days per week (Mon-Fri) - 6:00am -5:45pm**

Bright Minds Family Daycare is open year round. Please note that there is no drop off after 8:45am. BMFD only provides a maximum of 45hrs of full-time care per week.

If needed, additional hours (with a week prior notice) can be added to your payment to help accommodate your childcare needs. BMFD is open on ALL MAJOR holidays, with additional \$10.00 per day/child fee. BMFD is also open when Alachua County schools are out; there is a \$15.00 per day/child fee for those days. If for any reason there is an emergency closure, you will be notified as soon as possible.

\_\_\_\_\_  
or Guardian Signature                      Date                      Parent

## **Payments and Late Fees**

\*payment for childcare is expected by 6:00 pm Fridays for the upcoming week. Your weekly payment is expected by 6:00 pm whether your child attends daycare that Friday or not.

\*Please note that partial payment will not avoid the \$10.00 late fee.

\*All payments are forfeited and non-refundable.

\*If your child/children do not come during holidays or school breaks regular fees Still apply.

\*There is no credit given for child illness or parents choosing to keep a child home.

### **Vacations**

I'm the provider receives one weeks paid vacation throughout the contracted year. (Contracted year runs January -January) I will provide you with two week notice as to when I will be taking time off.

BMFD will recognize two weeks of vacation time a year equal to your enrollment, providing a written two weeks' notice is given to the director... Example School/Holiday breaks, personal vacation.

### **Late Pick Up**

\*Anytime past your scheduled pick up time or after **5:45pm** is considered late pick up. There is a \$10.00 for the first 10 minutes you are late. And then \$1.00 for every minute after that.

## **Fees**

\$40.00 Registration Fee (Non Refundable) \$10.00 off for second child

### **FULL TIME**

Infants (6 weeks- 12months) -\$245.00 per week/child

Toddlers (13 months -24 months) -\$156.00 per week/child

Older toddlers (3 years old - 5 years old) -\$145.00 per week/child

**\*5 years if not in school\***

After school care (6 years-12 years old) -\$110.00 per week/child

### **DAILY RATES**

Infants (6 weeks- 12months) -\$50.00

Toddlers (13 months -24months) -\$40.00

Older toddlers (3 years old -5 years old) -\$30.00

After school care (6 years-12 years)-\$20.00 per child

**Two weeks of payment is due prior to the start date.**

Please note: **There is no credit given for child illness, vacation or parents choosing to keep a child home.**

**There is \$10.00 off for multiple children.**

Payment Amount \$ \_\_\_\_\_ will be paid

\_\_ Monthly \_\_\_\_\_

\_\_ Bi Weekly \_\_\_\_\_

\_\_ Weekly \_\_\_\_\_

I have read and agree to the parents conditions listed above. I further understand that in the event of the withdrawal for any reason, I waive all right to refund of payments and fees previously paid and that I shall remain obligated for any payments and fees not yet having been paid. I also understand in the event of withdrawal I am to provide BMFD with at least two-weeks of notice.

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

\_\_\_\_\_  
Date

## Illness

It is the responsibility of Bright Minds Family Daycare to ensure the health of all children in our care, according to Florida Statute 402.26, we must adhere to the following illness guidelines. Children must be removed or denied care if they are experiencing the following:

- \* Severe coughing causing a child to become red or blue or making whooping sound
- \* Difficult or rapid breathing
- Stiff neck
- \* Diarrhea (more than two abnormal loose stools within 24 hours). Child may not return until he/she has a minimum of two firm consistency bowel movements sick return discretion is 48 hours minimum.
- \* Diaper rash (untreated)
- \* Temperature of 101 degrees Fahrenheit or higher. Child may not return until 24 hours without fever medicine
- \* Pink eye
- \* Exposed Open Lesions
- \* Ringworm untreated. Child must be treated for a complete 24 hours before care can be resumed.
- \* Scabies; child must be treated five full days and must submit a doctor's note stating treatment dates
- \* Unusual dark urine and/gray or white stool:
- \* Yellow skin or eyes, or any other usual signs or symptoms of illness.
- \* Constant running nose with yellow or green mucus.
- \* Head lice; any child identified as having head lice shall not be permitted to return for 48 hours and only provide that treatment had occurred and been verified. \*Verification of treatment must include a doctor's note and proof of treatment: product: box, empty bottle.
- \* Chicken pox, impetigo untreated (48hrs) after treatment and areas must be able to be completely covered (long clothing)
- \* Worms (must be treated and may return to care 72hrs after treatment) \* If a child appears to be ill, not participating in normal activities they will be sent home for closer observation.

If a child becomes ill in the care of BMFD parents/legal guardians or emergency contact will be called and expected to pick up the child. In the event we are unable to get in touch with responsible parties or your child(ren) is not picked up within an hour, BMFD will contact the department of children and families to remove the child from care. It is critically important that all emergency contacts are update and have working numbers at all times.

---

Parent/Guardian Signature

---

Date

**Enrollment Form**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Child's age \_\_\_\_\_  
Child's Birthday \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Info:**

Mom's name \_\_\_\_\_  
Dad's name \_\_\_\_\_

(Mother) Home Phone \_\_\_\_\_  
(Mother) Work Phone \_\_\_\_\_  
(Mother's) Cell Phone \_\_\_\_\_  
(Father) Home Phone \_\_\_\_\_  
(Father) Work Phone \_\_\_\_\_  
(Father's) Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_  
Contact's phone \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_  
Contact's phone \_\_\_\_\_

Do you have a backup care provider? \_\_\_\_\_

**Service Info:**

Beginning date needing care \_\_\_\_\_  
Hours: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_  
Times you plan to drop your child off \_\_\_\_\_

Times you plan to pick up your child \_\_\_\_\_  
**Your Child's Health**

**CHILD'S HEALTH RECORD:** (A copy of your child's immunizations and current physical will be needed)

General state of health:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's name \_\_\_\_\_

Doctor's phone number \_\_\_\_\_

Dentists' name \_\_\_\_\_

Dentists' name \_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies?

\_\_\_\_\_

\_\_\_\_\_

Are you concerned that your child may be prone to any type of allergies? \_\_\_\_\_

Describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any medical conditions which I should be made aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child had the following common childhood illnesses?

*(please circle)*

Does your child have any problems with any of these?

Constipation

Convulsions

Diarrhea

Fainting Spells

Frequent Colds

Has your child had any of these diseases?

Asthma

Bronchitis

Chicken Pox

Diabetes

Heart Disease



Frequent Ear Infections  
Frequent Sore Throats  
Lice  
Ringworm  
Skin Rash  
Soiling  
Stomach Upsets  
Urinary Problem  
Worms

Hepatitis  
Impetigo  
Measles  
Mumps  
German Measles  
Polio  
Scarlet Fever  
Tuberculosis  
Whooping Cough

Does your child have any speech, hearing or visual problems?

---

---

Would there be any restrictions to play or activities?

---

---

---

### About Your Child

Has your child ever been in child care before? \_\_\_\_\_ What type (center, family daycare, grandma etc.) \_\_\_\_\_

Was it a positive experience? \_\_\_\_\_

Why are you looking for child care? \_\_\_\_\_

How does your child feel about daycare and being left by his/her mommy/daddy? \_\_\_\_\_

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.? \_\_\_\_\_

What is your normal method of discipline? \_\_\_\_\_

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc. \_\_\_\_\_

---

Are there any food restrictions? \_\_\_\_\_

---

What is your child's favorite food?

---

What food does your child dislike?

---

Can your child be relied upon to indicate bathroom wishes?

---

What words does your child use for: Bowel movements \_\_\_\_\_  
urination \_\_\_\_\_

---

What time does your child awaken?

---

What time does your child go to sleep at night?

---

Do they sleep through the night?

---

Does your child sleep in a bed or crib, other?

---

Are there any siblings? Please name them and specify ages and gender.

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

---

Has your child had experience playing with other children?

---

What language(s) are spoken at home?

---

Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?

---

What are your child's favorite activities, toys, books, or games?

---

Are there any other comments or information you would like to let me know about?

---

---

---

---

Any specific concerns?

---

---

---

---