



By filling out this form, **I certify that I have received a copy of the Parent Handbook**, and agree to abide by the policies contained therein. The handbook is available online at <http://www.BrightStartCare.com/policies.htm>
Please initial next to each statement.

_____ I understand the medical policy, and that Bright Start Care must have a copy of my child's immunization records. **I also understand the illness policy.**

_____ I understand that **payments must be received by Friday at 5:30pm or a late fee of \$10 per day** will also be due. No child will be cared for if they are not prepaid for the week. Accounts not settled within 7 days will result in the permanent withdrawal of student and your deposit will be forfeited - not applied to your bill. Late fees continue to accrue daily until the balance owed is paid in full.

_____ I understand that this facility uses **Tuition Express to process payments** as I dictate on the payment approval application. I understand there's a \$5 fee *per check* if I pay by paper check. No fee for cash.

_____ I understand that my payment is specified in my care quote. My current signed care quote is attached. I understand I am committing to schedule on the care quote and that if my schedule changes I will sign a new care quote.

_____ I understand that late pickup/early drop off fees are **\$5 per 15 minutes late or early PER CHILD.**

_____ I understand that **I am responsible for my child's safety** before they are inside the front door of Bright Start Care and after they leave the front door. Parent's must accompany their child on the premises.

_____ I am contracting childcare services for: year round school year only summer only

_____ I understand that **rates may increase at any time**, but I will receive written notice and have the option to continue or discontinue care.

_____ I understand that if my children cannot attend as scheduled or are picked up early due to illness, inclement weather, appointments, early pickup, etc., **I am still obligated to pay for my regularly scheduled care.**

_____ I understand and accept that **substitute care providers may take over temporarily** in the event of teacher illnesses or appointments. I have been reassured that only subs meeting the CCD teacher's aide or teacher qualifications WITH BACKGROUND CHECKS will be allowed to sub.

_____ I have read and I understand that **I pay for 12 (twelve) holidays** that Bright Start is not open for. I am responsible for finding alternative care those days. <http://www.brightstartcare.com/holidays.htm>

_____ I understand that I can take up to **2 weeks (2 days of vacation per day child attends) per year of vacation** with my child and not pay for their slot. I.e If child attends 2 days a week, you have 4 days of vacation. This resets in June. I understand I must give a minimum of 30 days via the Parent Portal. I also understand that vacation time cannot be used on a daycare holiday closure. These are prorated based on when my child starts care.

_____ I understand that I am required to provide any personal supplies (i.e. diapers, formula, wipes, special snacks, etc.) I understand that that if my child does not like what is on the menu, that I should pack a lunch with a meat/meat alt., bread, and 2 fruits or veggies. Milk will be provided.

_____ I understand that there are **registration fees each summer and fall.**

_____ I understand that my **deposit is 2 weeks of care and that it is refundable.** I understand the deposit policy is available to review and print at <http://www.brightstartcare.com/enrollment/deposit.htm>

By signing below, you agree that this is a legally binding form.

Parent or Guardian's Signature

Date

Parent or Guardian's Signature

Date