

**Enrollment Application**

DATE TO START: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ Sex: Male Female

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current age: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Favorites:

Drink: \_\_\_\_\_ Snack: \_\_\_\_\_

Movie: \_\_\_\_\_ Toy: \_\_\_\_\_

Game: \_\_\_\_\_ Song: \_\_\_\_\_

Other: \_\_\_\_\_

Binky: Yes / No Blankie: Yes / No

Does your child have any fears?

Is your child . . . \_\_\_ Shy \_\_\_ Outgoing \_\_\_ Aggressive

Anything else you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All About My Parents**

Name of Mother/Guardian: \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Home phone number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cellular:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-mail address:**

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Ext:** \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Home phone number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cellular:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-mail address:**

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Ext:** \_\_\_\_\_

**If parents are separated, with whom does the child reside?** \_\_\_\_\_

**Is there a Step Mom/Step Dad?** \_\_\_\_\_

**If you are not the Mother or Father of the child, please produce proof of guardianship upon enrolling so that we may copy it for our records.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

**Relationship:** \_\_\_\_\_

# Policy on the management of Communicable Diseases

Please sign, date, and return page 8 to school as soon as possible.

If a child exhibits any of the following symptoms, he/she should not attend the center. If such symptoms occur at the center, the child will be removed from the classroom, and you will be asked to take him/her home.

- Severe pain or discomfort**
- Acute diarrhea (2 or more)**
- Episodes of acute vomiting**
- Elevated temp (anything over 100.3)**
- Sore throat or severe coughing**
- Yellow eyes or jaundice skin**
- Red eyes with discharge**
- Infected, untreated skin patches**
- Difficult or rapid breathing**
- Skin lesions that are weeping or bleeding**
- Skin rashes lasting longer than 24 hours**
- Swollen joints**
- Visibly enlarged lymph nodes**
- Stiff neck**
- Blood in urine**

Once the child is symptom free or has a physician's note stating that he/she no longer poses a serious health risk to himself/herself or others, he/she may return to the center.

- - - - - DETACH - - - - -

Child's name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**I have read and fully understand the Policy on the management of Communicable Diseases.**

Print name: \_\_\_\_\_

X \_\_\_\_\_ (Sign)

## TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

A child who contracts any of the following diseases MAY NOT return to the center without a physician's note stating that the child presents no risk to himself/herself or others:

<b>Respiratory Illness</b>	<b>Gastrointestinal Illness</b>	<b>Contact Illness</b>
<b>Chicken Pox**</b>	<b>Giardia Lamblia*</b>	<b>Impetigo</b>
<b>German Measles</b>	<b>Hepatitis A*</b>	<b>Lice</b>
<b>Hemophilus Influenza*</b>	<b>Salmonella*</b>	<b>Scabies</b>
<b>Measles*</b>	<b>Shigella*</b>	
<b>Meningococcus*</b>		
<b>Mumps*</b>		
<b>Strep Throat</b>		
<b>Tuberculosis*</b>		
<b>Whooping Cough*</b>		

\*-Reportable diseases that will be reported to the Health Department by the center.

\*\*NOTE: If your child has chicken pox, a doctor's note is not required for re-admitting the child to the center. A note from the parent is required, stating either that at least six days have elapsed since the onset of the rash, or that all sores have dried and crusted.

If your child is exposed to any excludable disease at the center, you will be notified in writing.

## Expulsion Policy

In keeping with the New Jersey Department of Licensing Requirements, we are required to have in place a policy on Expulsion from our center. Our policy is strictly enforced.

The circumstances under which a child / family may be expelled include . . .

Uncontrollable behavior by a child and or parent that we believe to be or may become harmful to any other child, staff member, or family.

Failure to comply with the rules and regulations set forth and stated in the Parent Handbook.

Failure to make tuition payments when due.

Immediate Expulsion will be issued if any child or parent in our center enacts any type of malicious behavior.

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DETACH

PLEASE SIGN AND RETURN

Child's Name: \_\_\_\_\_

Enrollment date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing below, I state that I have read and fully understand the center's policy for Expulsion from Brightest Beginnings, LLC.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_