CHILD INFORMATION CARD
State of Delaware
Department of Education

Child's Information			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
Parent/Guardian Information (1) Emergency Contact/Authorized to Pick-up Child		**Parent/Guardian Information (2)** Emergency Contact/Authorized to Pick-up Child	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home phone:	Cell phone:	Home phone:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	

Additional Emergency Contacts and People Authorized to Pick-up Child		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

☐ **Emergency Medical Care**

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

☐ **Transportation**

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the licensee/staff/substitute.

_____ _____

Signature of parent/guardian Date

Medical Information	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.

Infant Feeding & Nap Schedule

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Date Completed: _____

1. Feeding Details

- Type of Milk: ☐ Breastmilk ☐ Formula ☐ CACFP provided Formula
- Amount per Feeding: _____ oz / ml
- Feeding Method: ☐ Bottle ☐ Cup ☐ Utensils
- Feeding Frequency: Every _____ hours OR On demand ☐

2. Solid Foods (if applicable)

- Start Date for Solids: _____
- Foods Introduced: _____
- Texture: ☐ Pureed ☐ Mashed ☐ Soft pieces
- Allergies/Sensitivities/Restrictions: _____

3. Special Feeding Instructions (*BrightPath uses a waterless bottle warmer*)

(e.g., warming bottles, preferred feeding position, burping routine)

4. Nap Details/Instructions and Frequency

5. Parent/Guardian Authorization

I understand that BrightPath staff will follow this feeding plan to the best of their ability and will communicate any changes or concerns.

Signature (Parent/Guardian): _____ Date: _____

Signature (Director): _____ Date: _____

Signature (Teacher): _____ Date: _____

Monthly Checkoff for Accuracy (If changes are needed, fill out a new form)

Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐

Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Introduce Us to Your Child

We are excited to learn more about your Family!

Date _____ Last Name: _____ First Name: _____ D.O.B: _____

What would you like us to call your child?: _____

Siblings' Names & Ages: _____

Favorite Play Materials: _____

Special Interests: _____

With whom does your child reside?_____

What opportunities does your child have to play with others the same age? _____

_____

Eating Patterns:

Are there any dietary concerns or restrictions? _____

Does your child feed himself or herself?_____

Are there any food dislikes? _____

Are there any food allergies? _____

When eating, uses fingers ☐ spoon ☐ fork ☐ cup ☐ Needs assistance ☐

Sleeping Patterns:

What time is bedtime at home? _____ Arise at? _____

What time is nap time? _____ How long? _____

Does your child sleep in his/her bed?_____

Does your child have a special toy/blanket to nap with? _____

Please describe your child's go-to-sleep routines (e.g., story time, quiet play, snack)

_____

Eliminating Patterns: (2 yrs. and up)

Not potty trained yet? Yes ☐ No ☐

In training? ☐ If trained, how long? _____

Independent–doesn't require help. _____

Does your child need to be reminded? _____

Does your child have regular Bowel Movements? _____

Does your child have problems with diarrhea?_____

Does your child have problems with constipation?_____

Does your child have certain words to indicate a need to eliminate?

_____

Child wears:

Nap time diaper ☐ Disposable training pants ☐

Cloth underwear ☐ Plastic pants over cloth underwear ☐

Part of the Busy Bees family

Stress/Coping Patterns:

Uses pacifier ☐ Brand_____

Does your child have any fears: _____ Storms ☐ Separation anxiety ____

Dark ☐ Animals ☐ Stranger anxiety ☐

Being alone ☐ Other _____

When your child is upset, how do you soothe him or her? _____

Health Patterns:

Does your child have a history of hospitalization?_____

If yes, when and why:_____

Has your child had any recent medical problems?_____

If yes, please describe:_____

Activity Patterns:

When did your child begin: Creeping _____ Crawling _____ Walking _____

Personality Traits (Check all that apply): ☐ shy/reserved ☐ outgoing/curious ☐ sensitive/frightens easily

☐ very verbal ☐ cuddly ☐ active

☐ cautious ☐ restless ☐ stranger anxiety

☐ separation anxiety

Primary Language Spoken at home?_____

Please check any interest you may have in the following classroom volunteer opportunities?

- ☐ Read a book to my child's classroom
- ☐ Help during a special activity or party
- ☐ Teach my child's class a new skill
- ☐ Participate in School Fundraisers
- ☐ Be a classroom parent R.O.C Volunteer

Is there any other information we should know in order to help us know your child better?

_____

What goals do you have for your child upon entering BrightPath Child Care Centers:

_____

Thank you for taking the time to help us learn about your family? We look forward to using this information to help your child reach his/her fullest potential.

_____

Parent/Guardian completing form

CACFP INFANT MEAL APPROVAL SECTION

Center: ☐ -Songsmith -Porter ☐ -Dover ☐ – School Bell ☐ -Smyrna ☐ -Milford

Dear Parent,

As part of the Child and Adult Care Food Program, we are going to supply the following foods for your infant when they are developmentally ready, following the CACFP Meal Pattern. Please check (✓) the foods that you have already introduced to your child at home. **As time progresses, the parent should date (mm/dd/yy) and initial individual food items as they are to be introduced.** When your child becomes of age to eat table foods from the Child's menu, food items will replace baby food items.

Please check (✓) the appropriate food items that you would like us to serve to your child. You may check (✓) more than one item in a group.

BREASTFEEDING/FORMULA *(Indicate choice and specify type of formula)*

_____ Breast Milk or Iron Fortified Formula *(Parent provided)*
_____ Iron Fortified Formula *(Center provides formula)(Kidz Ink provides Similac)*

IRON FORTIFIED DRY CEREAL *(check, initial and date)*

___Rice ☐ Oatmeal
___Barley ☐ Other *(Breads/Crackers)*:_____

FRUITS/VEGETABLES *(check, initial and date)*-Infant juice, desserts, and dinners are disallowed.

Vegetables **Others:**

☐ Carrots _____
☐ Green Beans _____
☐ Sweet Potatoes _____
☐ Peas _____
☐ Squash _____

Fruits **Others:**

☐ Applesauce _____
☐ Bananas _____
☐ Peaches _____
☐ Pears _____
☐ Plums _____

PROTEIN/POULTRY/MEAT ALTERNATE *(check)*

____ Chicken ____ Turkey
____ Beef ____ Other *(Meat Alternates)*: _____

SPECIAL REQUIREMENTS: *(list, if any)*. Any modification from the infant meal pattern must be accompanied by a medical statement which explains the food substitution or modification. This would include infants eating a regular center diet.

_____Parent Signature _____Date

_____ Staff Signature _____Date

_____Infant's Name _____DOB

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.
To file a program discrimination complaint, a Complainant should complete a Form AD-3027,
USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov

Homework Assistance

As we enter a new school year, we are excited about seeing each child enter a new grade with enthusiasm. The school age and administration team welcomes our new students in addition to the returning students.

This school year our homework time will be from 4:30-5:00 p.m. (depending on the school arrival time). We will assist your child with their daily homework assignment for 30 minutes only. Completion of assignments will be encouraged but not forced. Please indicate your preference below

Child's Name _____

☐ I want my child to get homework assistance

☐ I do not want my child to get homework assistance

Parent Signature _____ Date _____

Student Code of Conduct Policy

Parents: Please review this with your child and make sure that he/she understands what is expected of them while at Beyond the Bell.

- I will show respect for my instructors and teachers.
- I will show respect for my fellow students.
- I will show respect for myself by behaving in an appropriate manner.
- I will help to clean up the areas I work in.
- I will work to resolve problems with instructors and fellow members in a positive manner.
- I will follow all instructions given to me by teachers and instructors
- I will cooperate with fellow students and instructors in all activities.
- I will participate constructively in all activities.
- I will seek help from teachers to solve disputes with others when needed.
- I will be responsible for my actions.

Any behavior that threatens the health or safety of another student or staff member or the continuous inability to follow the rules and guidelines of our program may result in a family conference, behavior plan, suspension or disenrollment from the program.

By enrolling my child in Beyond the Bell, I understand and agree that my child will follow all rules and regulations of BrightPath as a condition of enrollment.

	NA-016	
	Release of Children	
	Created	November 2025
	Revised	
	Reviewed	

To pick The safe release of children is a top priority, and we must ensure that each child is only released to an authorized adult as designated by the parent or guardian. This policy is in place to protect the safety of every child in our care and to give families peace of mind knowing that clear procedures are always followed.

Release of Children

- Children will only be released to the identified parent or guardian, or to the individuals who have written authorization from the parent or guardian to pick up the child.
- If you do not recognize the person picking up the child, you must check a piece of government issued photo identification *(for example: driver's license, passport, or picture health card)*, review it and cross-reference it with the child's enrollment form.
- If the person is not listed on the child's enrollment form, parents or guardians must provide notification in writing (email or message through Connect) before the child can be released.
    - If no written notification was received, you must contact the parent by phone and request that written approval be provided to release the child.
    - If no one can be reached, do not release the child from care, and refer to the "un-authorized persons" procedures.
- Children cannot be released to anyone (other than a parent or guardian) under the age of sixteen (16), including siblings.
    - If a parent or guardian wishes Busy Bees North America to release their child to anyone over the age of sixteen (16) but under the age of eighteen (18), written permission will be required.
- Attendance records must be accurate at all times. Attendance records must be updated at the time the child is received into care from the family, and at the time the child is released from care to the family, upon departure.

Custody Arrangements

- Families are required to provide us with a copy of the legal agreement outlining details of custody or restraining arrangements and must notify us immediately if these legal circumstances change.
- The details within the agreement must be followed.
    - If an individual tries to pick up outside of the days specified in the agreement, follow steps outlined in the "un-authorized persons" procedures.
- If no court order is in place, we cannot refuse to release the child to a parent who was indicated on the enrollment form upon registration.

Unauthorized Persons

If there is a situation in which an unauthorized person is attempting to pick up a child, the following steps should be followed:

- Notify the CD or designate immediately
- Ensure the child is in a safe place, invite the person into the office or away from the classroom if possible.
- A call should be made to the family of the child to confirm whether the person is authorized to pick up the child. The parent or guardian may give written authorization for pick up by email or through Connect. The individual will then be asked to confirm their identity using government issued ID.
- Employees must not put their own safety or the safety of others at risk.
    - If the individual has not been given permission to pick up the child, and is still being persistent, and or aggressive, police should be called to assist in the situation.

Late Pick Up Procedures
When a child has not been picked up by closing time and no communication has been received from the family advising of a late pick up, the following steps are to be taken:

- Make every effort to contact the parents and inform them that their child is still in attendance.
    - If the family confirms they will be arriving late, you must stay with the child until they arrive.
- If parents are unreachable, contact the emergency contacts.
- If neither the family nor emergency contacts can be reached within 15 minutes after closing, the employee is to contact the CD, designate or Area Director to advise of the situation.
- The CD, designate or Area Director will contact local Child Protection Services and follow their direction.

Intoxicated or Impaired Persons
Employees will not release a child to any individual who appears to be intoxicated or otherwise impaired. These situations must be managed with care and professionalism while always prioritizing the safety of the child. If a parent, guardian, or authorized pick-up person arrives and appears to be under the influence of alcohol, drugs, or any substance that impairs their ability to safely care for the child, the following procedure will be followed:

- Assess the situation calmly and respectfully and notify the CD, ACD or designate immediately.
- Express concern for the child's safety and kindly inform them that we are unable to release the child.
    - Offer to call another authorized pick-up person or a taxi/rideshare service.
    - Reassure the individual that the child's safety is the only concern.
- Do not physically restrain**:**
    a. Employees must not physically prevent the individual from taking the child but should make every reasonable effort to delay release and involve additional help.
- If the individual insists on taking the child notify local law enforcement immediately.
- If at any time the individual becomes abusive, angry, or threatening, notify local law enforcement immediately.
- If the individual leaves, call the other parents or emergency contacts on the child's enrollment form to inform them of the situation and request that they come to pick up the child.
- Document the incident in detail, including the individual's behavior, what was said, and any witnesses present.
- Follow mandated reporter requirements by notifying local Child Protective Services if the child's safety is compromised.

Parent Signature: _____ Date: _____

Transportation Consent Form

Child's Name: _____

School Year: _____

*Please check off one of the following:

_____☐ My child will use the BrightPath Bus for transportation to and from _____Elementary. I give BrightPath permission to transport my child in the Brightpath Bus.

_____☐ My child will use a Colonial School District bus for transportation to and from _____ Elementary School.

_____☐ I will provide my child with transportation to and from BrightPath

_____☐ Other (please explain)

Parent Signature: _____

APPENDIX A

Video and Audio Recording Acknowledgement

CENTRE/ER: _____

CHILD(REN)'S NAME(S): _____

I have received and read the Busy Bees North America CCTV Policy in full and understand it, including without limitation the Purpose, Location and Access as outlined. I give consent to BBNA to record the activities of my child(ren) in accordance with the CCTV Policy.

_____ _____

Parent / guardian printed name Parent / guardian signature

_____

Date Signed

CENTER CHILD ACKNOWLEDGMENT AND PERMISSION

PARENTS RIGHT TO KNOW NOTICE

UNDER THE DELAWARE CODE, YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. To review a child care facility's record, contact the administrative specialist, Office of Child Care Licensing, 3411 Silverside Road, The Concord, Hagley Building, Wilmington, DE 19810, phone (302) 892-5800.

You may also view substantiated complaints and compliance review histories by visiting the Office of Child Care Licensing's child care search at https://education.delaware.gov/families/birth-age-5/occl/search_for_licensed_child_care/

Parent/Guardian Signature Date

SCREEN TIME PERMISSION

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent/Guardian Signature Date

PARENT PERMISSION TO SLEEP ON A MAT

Children, between the ages of 12 and 18 months will be transitioned from sleeping in a crib to a cot, mat, or bed when they are able to walk.

Parent/Guardian Signature

Updated 11/1/25

Parent Consent to Screen

Ages & Stages Questionnaires – ASQ-3/ASQ:SE-2

The first five years of life are critical for your child's brain development and set the stage for success in school and later in life. It is important to keep track of your child's development to help give them the best start during these early years. Ages & Stages Questionnaires®, Third Edition (ASQ®-3) and Ages and Stages Social Emotional Questionnaires (ASQ:SE-2) are free developmental and social emotio nal screenings offered in Delaware, and rely on YOU, the parent, as the experts. After you complete these questionnaires, they will be safely stored in an online profile created for your child. The screening information can help create a snapshot of your child's skills to help you celebrate milestones and catch potential delays.

By giving my consent*, I understand that the following state and local organizations will have access to my child's ASQ Child Profile to better support my child:

- The Delaware Department of Education (DDOE) and the Division of Public Health (DPH) within Delaware Health and Social Services (DHSS).
- My child care facility which is responsible for ensuring the completion of developmental screenings.
- The Birth to Three Early Intervention Program (B23) or my school district of residence and/or school district where my child care is located.

One or more of the above organizations will contact me with results and recommendations via email, US mail, or phone call.

Child Care Facility Name: _____

Child's Name: _____ Date of Birth: _____/_____/_____

Parent/Guardian Name: _____

Parent/Guardian Address:_____

Parent/Guardian Email:_____

Parent/Guardian Phone:_____

Parent/Guardian Signature:_____ Date: _____/_____/_____

CHECK ONE: I have read the above information and…

_____ *I have filled out* *printed ASQ questionnaires about my child's development and returned the completed questionnaires for my child care facility to submit online for me.*

_____ *I agree to have* ***my child's educator complete*** *the ASQ questionnaires online. Based on the results of the completed screening, I give permission to be contacted by the DDOE, Birth to Three Early Intervention Program or my school district of residence and/or school district where my child care is located at the information provided above.*

_____ *Screening my child is* ***not required*** *as they* ***already have an Individualized Family Service Plan (IFSP) or Individualized Education Program*** **(IEP).**

_____ *I understand the purpose of developmental screening and* ***I decline*** *to have my child participate at this time.*

* Parents/Guardians can withdraw their consent at any time.
* This form is valid for 364 days from the day the parent/guardian signs it.