



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)		Parent/Guardian Information (2)	
Emergency Contact/Authorized to Pick-up Child		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 _____

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

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.



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





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 emotional 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.

BrightPath Supply List Preschool/Pre-K

Child Cubby Items

- All children should have one extra change of clothing always left at the center. Younger children may need more.
- Please label all your child's clothing, boots, hats, mittens, etc. BrightPath is not responsible for lost or stolen personal items.
- In addition to appropriate outerwear and extra clothing, please provide the following for your child daily:

Preschool/Pre-K:

- Thin blanket and Pack n Play size sheet
- Small comfort items like a stuffed animal (if needed)
- Sunscreen (as needed) and sunhat (summer only)
- Warm hat, mittens, coat, boots, snowpants (winter only)
- 2 complete changes of clothes
- Water cup (will go home daily for cleaning)

BrightPath Supply List

Infant Classroom (0-12 Months):

- All children should have one extra change of clothing always left at the center. Younger children may need more.
- Please label all your child's clothing, boots, hats, mittens, etc. BrightPath is not responsible for lost or stolen personal items.
- In addition to appropriate outerwear and extra clothing, please provide the following for your child daily:

Infants:

- Diapers
- Diapering wipes
- 3 complete changes of clothes
- 1-2 sleep sacks (no pillows or blankets)
- 2 Pack n play size crib sheets
- Pacifier (as needed)
- Diaper cream (as needed)
- Sunscreen (as needed) and sun hat (spring/summer only)
- Warm hat, coat or sweatshirt (fall/winter only)
- Prepared bottles of formula or breastmilk. Breastmilk bottles must include the date on which the milk was expressed
- Baby food/cereal (as needed)

Bottles of breastmilk or formula must be prepared at home in bottles and labeled with the child's first and last name, along with the date on which they were prepared. Be sure to prepare one more bottle than your child will consume in a day to ensure that your child won't run out.

*You may also bring in a pacifier or sound machine for your child if you would like to

** Medication log forms must be filled out and completed before the classroom can use them

BrightPath Supply List

Preschoolers (3 years - 4 years of age):

- All children should have one extra change of clothing always left at the center. Younger children may need more.
- Please label all your child's clothing, boots, hats, mittens, etc. BrightPath is not responsible for lost or stolen personal items.
- In addition to appropriate outerwear and extra clothing, please provide the following for your child daily:

Toddlers:

- Thin blanket (no pillows)
- 2 Pack n play size crib sheets
- Small comfort items like a stuffed animal
- 3 complete changes of clothes
- Diapers or plenty of underwear
- Diapering wipes
- Diaper cream (as needed)
- Sunscreen (as needed) and sunhat (summer only)
- Warm hat, mittens, coat, boots, snowpants (winter only)
- Water cup (will go home daily for cleaning)

STEP 5 An adult household member must sign and date this form before it can be approved.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)		
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		
Printed name of adult signing the form	Signature of adult		Today's date				

OPTIONAL Racial and Ethnic Identities

We are required to ask for information about your race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black or African American Asian White

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

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/ad-3027.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:

- mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- fax:**
(833) 256-1665 or (202) 690-7442; or
- email:**
Program.Intake@usda.gov

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.

This institution is an equal opportunity provider.

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.

Do not fill out For SPONSOR Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income <input type="text"/>	How often?	Household Size <input type="text"/>	Categorical Eligibility (If Yes, Check One): <input type="checkbox"/> SNAP (Food Stamp) Household <input type="checkbox"/> TANF Household <input type="checkbox"/> Head-Start <input type="checkbox"/> ECAP <input type="checkbox"/> Foster <input type="checkbox"/> Homeless/Migrant/Runaway <input type="checkbox"/> SSI (adult participant only) <input type="checkbox"/> Medicaid (adult participant only)	DATE WITHDRAWN: _____	Eligibility				
	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/>				<table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Paid</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Free	Reduced
Free	Reduced	Paid							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Determining Official's Signature <input type="text"/>	Date <input type="text"/>								