

ENROLLMENT APPLICATION

Child's Name: _____ DOB: _____

Your Child's History

What was your child's birth weight? _____ lbs. _____ oz.

My child was:

- Full-term
 Premature

My child was/is fed:

- Formula
 Breast Milk
 Both

What did/does your infant do to self-soothe?

Apgar Score at birth: _____

Gestational Age at birth: _____ weeks

My child:

- Uses/used a pacifier
 Sucks/sucked his/her thumb
 Neither

Who is your child's physician? _____

Pediatrician Family Doctor

At what age did your child:

Smile _____

Roll over from front to back _____

Roll over from back to front _____

Crawl _____

Stand while holding on _____

Walk _____

Feed himself/herself _____

Say his first word _____ which was _____

Build a tower of four blocks _____

Say a sentence of two to four words _____

Ride a tricycle _____

Complete a four-piece puzzle _____

Your Child

Please describe your child in five words.

Are there any personality or behavioral traits that it would be helpful for us to know?

Is there anything that frightens your child? How does s/he react to being frightened? How do you respond?

Your Child (continued)

What comforts your child?

What angers or frustrates your child?

How do you respond to your child's negative behavior?

Does your child have any comfort items to help him/her sleep?

On a typical day, what is your child's mood upon waking?

What time does your child go to bed? _____ What time does your child wake up? _____

What is your child's nap schedule? (if any)

Does your child typically have trouble sleeping (night terrors, trouble getting to sleep)?

Is your child toilet-trained? If not, what method will you be using for toilet training?

Does your child need any assistance when using the toilet? What type of help does s/he need?

How does your child let you know when s/he needs to use the restroom?

Your Child's Home and Family

Who is in your child's family? Please list the name of each person in the family and his/her age. For the adults in the family, please include the highest level of education achieved and current occupation. (This information is for demographic purposes only.)

Who lives in the family home?

What is the primary language spoken in the family home? Please share a list of familiar words and phrases with your child's teacher.

Does your family have any cultural or religious practices that we should be aware of, such as dietary restrictions? Does your family cultural beliefs incorporate any special celebrations?

Would you be willing to come in to your child's classroom and teach the children about your family's celebrations? Do you have any suggestions as to the best way for BrightPath to incorporate your family's culture into our classrooms?

Are there any special custody arrangements and/or shared parenting arrangements for this child? If yes, please share these arrangements with us.

Is your child currently going through any major transitions, such as divorce, death in the family, new sibling, moving from crib to bed, or a new home?

Do you have any pets at home? If yes, what types of pets and what are their names?

What have your childcare arrangements been thus far?

Food and Fun

How often does your child drink milk, juice or water during the day at home?

Does your child have any favorite foods? What are they?

Does your child have any foods s/he doesn't care for? What are they?

Are there any foods your child should not eat? (Please see your Center Director for a "Child Care Plan for Health Conditions" form if your child has any food allergies or dietary restrictions.)

Where does your child sit at the table (high chair, booster seat, dining chair)?

Expectations

What are your goals for your child this year?

What are you and your child most excited about as you begin our program?

Are you or your child anxious about any part of our program?

Is there any other information about your child that would be helpful for us to know?

Parent Signature: _____ Date: _____

BrightPath admits children of any race, religion, color, ethnic origin, sex or disability (ADA, 1990) and differing abilities to all the rights, privileges, programs, and activities. In addition, we will not discriminate on the basis of race, color, or ethnic origin in administration of our educational policies, scholarships, loans, fee waivers, educational programs, and extracurricular activities. In addition, the school is not intended to be an alternative to court-ordered, administrative-ordered, or public school district initiated, desegregation.



INFANT CARE INFORMATION

Child's Name:	Nickname:
Child's Date of Birth:	Siblings:
What are you feeding your infant? <input type="checkbox"/> Formula-Brand: _____ <input type="checkbox"/> Breast Milk	
Number of Daily Feedings:	Frequency of Feedings: Amount for each Feeding:
Bottle should be warmed to: <input type="checkbox"/> Room Temperature <input type="checkbox"/> Warm <input type="checkbox"/> Very Warm	Formula Preparation :
Solid Foods (Please list food, brand, type, amount, frequency and special instructions)	Table Food (Please list food, brand, type, amount, frequency and special instructions)
Are foods served room temperature or warmed?	Does your child drink from a cup yet?
How often should your infant's diaper be checked?	Security Items (i.e. pacifier, blankets, stuffed animals)
Nap Schedule:	Hints for getting baby to sleep: (You must secure a "Sleep Position Waiver Form" from your infant's physician if your baby is to sleep on his tummy or side. See the Center Director for this form.)
Allergies:	Special Precautions:
Is there any additional information about your infant that would be helpful for the caregivers to be aware of?	
Parent Signature/Date:	Caregiver Signature(s)/Date:
Form updated on :	Form updated on:

Parent/Guardian Authorization for the Administration of Non-Prescription Topical Medications by Child Care Personnel

To Child Care Personnel:

I hereby request that the following non-prescription topical medications be administered to my child by a childcare staff member at _____ BrightPath.

(Name of child daycare program)

I understand that I must supply the childcare program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

This authorization is limited to the following topical medications:

1. Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications
2. Medicated powders
3. Teething, gum, or lip medications

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Medication: _____

Schedule of Administration: _____

Site of Administration: _____

Reason medication is being administered: _____

Medication shall be administered from: _____ to: _____

Name of Parent/Guardian _____ Date: _____

I have administered at least one dose of the above medication to my child without adverse side effects.

Signature: _____ Relationship to child: _____

Address: _____ Telephone: _____

Staff to complete:

Parent authorization form and medication received by: _____
(Signature of staff)

Medication Started: _____ (date and time)
Medication Ended: _____ (date and time)

Parent permission and medication administration record shall become part of the child's health record when the medication has ended.



BrightPath Early Childhood Health Assessment Record

To Parent or Guardian: In order to provide the best experience, early childhood education providers must understand your child's health needs. This form requests information from you (Part I) and information from your child's health care provider (Part II). State law requires complete primary immunizations and a health assessment by a physician, an advance practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine prior to entering an early childhood education program in MA.

Part I – To be completed by child's parent/guardian

Please Print

_____ Male Female
Child's Name (First, Last) Birth Date

Address (Street, Town, State, and Zip)

_____ Home Phone _____ Mobile Phone
Parent/Guardian Name (First, Last)

_____ Child's Dentist
Child's Primary Health Care Provider

_____ ID Number or Medicaid Number
Health Insurance Company

I give consent for my child's health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information in these forms for confidential use in meeting my child's health and educational needs in the early childhood education program.

_____ Date
Parent/Guardian Signature



Connect (Parent Engagement Program)

I, _____ (Parent/Guardian Name) am the parent or guardian of _____ (Child's Name) (the "child") and have voluntarily chosen to participate in Educational Playcare **Connect** (the "**Engagement Program**").

Participation Agreement

In consideration for BrightPath, its subsidiaries and affiliates providing Connect (Engagement Program), accepting my application to participate in Connect (Engagement Program), and providing me access to Connect (Engagement Program), I hereby understand, acknowledge, and agree that:

- (a) Our participation in Connect (Engagement Program) is entirely voluntary and undertaken at my own and my child's risk.
- (b) I have read the Connect Parent Engagement Information Letter attached hereto and I have had all my questions in relation to the Connect Engagement Program answered to my satisfaction prior to deciding to sign this Participation Agreement.
- (d) I understand that I am prohibited from sharing photos and/or video of any children (other than my child), including any group photos/video, that I may have access to through my participation in the Connect Engagement Program. Should any photos and/or videos of children other than my child be distributed in violation of this covenant, I agree to indemnify and hold harmless BrightPath and its agents, employees, affiliates, and/or assigns for all claims, liabilities, damages, losses, and expenses (including legal fees on a solicitor and own client full indemnity basis) arising by reason of my unauthorized distribution in breach of this covenant.
- (e) I understand and acknowledge that the Connect Engagement Program relies on the use of a third-party provider (the "**Developer**") that utilizes the internet and cloud computing technology. Accordingly, I acknowledge that the Developer will have access to information, photos, and videos of and about my child and may create and hold electronic copies of this information for the purposes of back-up. The Developer may also monitor, for its internal use only, my access and use of the Connect Engagement Program. I understand and acknowledge that there are inherent privacy and confidentiality risks when using an internet-based service and cloud computing technology upon which the Connect Engagement Program relies. I understand and accept that BrightPath will have no liability in the event of any breach of confidentiality of any information collected and copied from the Connect Engagement Program, whether or not such breach resulted from

the actions of the Developer of BrightPath, its agents, employees, or assigns, or of any other parents who also participate in the Engagement Program. My participation in and use of the Connect Engagement Program is an acceptance of this limitation of liability.

- (f) For greater certainty, I hereby release and forever discharge and agree not to make any claim against BrightPath, its board of directors, officers, agents, employees, affiliates and/or or assigns, for any and all claims, resulting from my participation and my child's participation in the Connect Engagement Program; and
- (g) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

Approval for Photos/Videos

I hereby grant permission to BrightPath and its representatives to photograph and video my child, and otherwise capture my child's image and to make recordings of my child's voice for the purposes of sharing information about my child with me under the Connect Parent Engagement Program.

I further grant permission to BrightPath and its representatives to reproduce, use, exhibit, display, post or distribute any images and recordings of my child when such images or recordings are taken in a group, or in a multiple child setting, to other parents who are also participating in the Connect Parent Engagement Program.

I hereby confirm and covenant that I will not share photos of any child (including group photos), other than my own, that I receive through the Connect Parent Engagement Program with anyone other than BrightPath and its employees.

I hereby release, defend, indemnify, and hold harmless BrightPath, its board of directors, officers, employees, or agents from and against any claims, damages or liability arising from or related to the use of images, recording or materials of my child, whether individually or in a group setting.

(Name of Child)

(Parent/Guardian Approval*)

*By entering your name into the field above, you agree to the terms of the waiver.

(Date)

(Witness)

(Date)

Primary email:_____



Parent Handbook Acknowledgment

I, _____, the parent/legal guardian of _____, acknowledge that I have been given the opportunity to read, understand, and ask questions regarding the policies contained in the BrightPath Parent handbook. Furthermore, I agree to abide by the policies set forth.

I understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between BrightPath and our family. BrightPath reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

Signature: _____

Date: _____

*By entering your name into the field above, you agree to the terms of the waiver.

Print Name: _____

	NA – 009c	
	Bagged Lunch Policy and Procedures	
	Revised	April 7, 2025

This Policy applies to any location that doesn't have a kitchen to provide lunches and/or snacks or is otherwise approved by local licensing to permit bagged lunches.

Parent and Guardian's Responsibilities

- Lunch bags must be labelled with the child's full name, with an icepack.
- Hot foods should be kept warm in a thermal container.
- All homemade food substitutions must be fully cooked and prepared ready to eat (i.e. cut to size etc. cut to avoid choking hazards, fruit peeled).
- The lunch should be nutritious and well balanced. Parents are encouraged to follow Regional Food Guides, ensuring plenty of vegetables and fruits, whole grains and protein. A healthy lunch limits processed foods and foods that are high in sodium, sugars and saturated fats. Examples include;
 - Ham and cheddar cheese sandwich on whole grain bread with lettuce and tomato, carrot and celery sticks, and an apple.
 - A whole grain tuna salad wrap with lettuce, carrot and celery sticks with hummus, yogurt and a clementine.
- Each item or container must be labelled with the child's name.
- Milk or water should be provided to drink. Sweetened beverages are not recommended.
- Parents are required to ensure the medical information on their child's enrollment form is up to date, advising if the child has allergies or food intolerances.
- **We are a peanut/tree nut sensitive environment, and parents are not permitted to bring any food, or beverages containing nuts or labelled as "may contain nuts".**

Child Care Management Responsibilities

- The CD will provide information on resources such as regional food guides to support them with preparing and providing nutritional food.
- Educators will monitor food provided to ensure it doesn't contain nuts or have a warning of "may contain nuts".
- Educators will monitor food to ensure awareness of any other allergens that may be a risk to children in the classroom.
- The CD will advise parents if there are any concerns regarding the nutritional suitability of food or if allergens are present in the food.
- Food will be stored as per local Health and Licensing guidelines.
- If a child forgets to bring their lunch, or if allergens are present, we will have extra snacks on hand to supplement the meal.
- Children will not be permitted to share their food.
- All table surfaces will be cleaned and sanitized prior to and after the children have their lunch.
- Educators will ensure that their personal lunches are in line with the above guidelines and will not share food with the children.
- Educators will ensure they wash their hands before assisting children with their lunches.
- Educators will ensure children wash their hands prior to and after eating lunch.

- The CD and Educators will ensure that the Allergy List is up to date and posted in all cooking and serving areas, in each play activity room, and made available in any other area where children may be present (a copy should be carried in the emergency binder/backpack along with emergency medication).

I have read, understand and agree to abide by the Bagged Lunch Policy. I agree to provide a nutritious lunch, based on our regional Food Guidelines.

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Copy to Family Child's File