



BEFORE & AFTER CARE FOR SILVER LAKE @ BUNKER HILL ELEMENTARY

- * Breakfast & Snack included
- * Accepts POC+
- * Appo Employee Discounts
- * Drop in care available for enrolled students when school is closed.
- *Planned activities & fun things to do

www.brilliantlittleminds.com

Brilliant Little Minds Learning Academy

NOW ENROLLING!

September 2024 Fall School Year
6:30 am to 6:00 pm

To enroll: Fill out forms on website,
scan and email

For more information contact us at

(302) 376-9889

VISIT OUR WEBSITE FOR ENROLLMENT INFO

blm.middleton@gmail.com
Main Location
102 Sandhill Dr
Middletown, DE 19709

SILVER LAKE ELEMENTARY

2024-2025 School Year Before and After Care

At **Bunker Hill Elementary**

Provided by Brilliant Little Minds

Program Costs:

Before & After Care	\$145/week
Before Care	\$110/week
After Care	\$100/week
Appoquinimink Employee	25% off tuition (must provide current ID badge)
Sibling Discount	5% off of one child with lowest tuition (*Can not combine discounts)
Drop in Care	\$40/day * (please see drop in care below)
Yearly Registration Fee	\$100
BLM Bus fee	\$10/wk

To Register:

1. Please go to our website: www.brilliantlittleminds.com
2. Click on Forms then find the school to enroll
3. Fill out forms including auto pay form and deposit slip
4. Deposit to guarantee and hold the spot will include: First week of tuition, last week of tuition and registration fee. *This fee is not refundable for any reason!*
5. Email the forms to the main location at: blm.middletown@gmail.com
6. Please allow 5 business days for us to process your paperwork, then you will receive an email confirmation of enrollment and a receipt for payment
7. All accounts must use the auto pay form, we can not accept payments at the before/after care locations.

Important info:

- Once deposit is made it is not refundable
- To withdrawal from this program you must give a 30 day notice in an email to the main location
- There will be a drop in (Appo schools are closed) schedule and form to fill out per drop in day, certain dates will be available and based on a first come first served bases. Once signed up then no refunds will be given. Once the school year gets started we will provide those dates available.
- Tuition is due every week:
 - Even if school is closed for holidays or breaks
 - Even if your child doesn't attend for sickness or vacation
 - You are paying to hold the spot for your child, due to limited space

Brilliant Little Minds Main Office info, if you have any questions:

Contact: Melissa Perez or Jenifer Clark

Phone: 302-376-9889

Website: www.brilliantlittleminds.com

Hours of operation: 6:30 am to 5:30 pm

Email: blm.middletown@gmail.com

Address: 102 Sandhill Dr. Middletown, DE 19709

SILVER LAKE ELEMENTARY @ BUNKER HILL ELEMENTARY

Before/After Care Hours

(THE BLM BUS will provide transportation)

Before Care: 6:30-8:35 am (the bus leaves and will not wait)

After Care: 3:45- 6:00 pm



Silver Lake Elementary @ Bunker Hill Elementary 2024-2025

New Enrollment Deposit Form

Name of child: _____ Date received: _____

Date of Birth: _____ Grade: _____

Name of Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____

Start Date: _____

Before Care After Care Both (Circle One)

Deposit includes: (FILL OUT BLANKS BELOW ACCORDING TO THE TUITION SHEET)

\$ _____ - this is the first week of tuition

\$ _____ - this is the Security deposit (last week of school =equal to one week tuition)

\$ 100.00 - Registration Fee

Total DEPOSIT DUE = \$ _____ (ADD UP THE 3 LINES ABOVE)

Attached please find a deposit in the amount of \$ _____ to hold the spot beginning

This was paid in cash or check # _____ or credit card payment

I understand that the deposit is not refundable for any reason. Once a deposit is made in the amount of first weeks tuition, security deposit , and registration fee, this will guarantee your spot but is not refundable. I understand that if my child(ren) doesn't start within 2 weeks of the agreed upon date, that I will either begin full payments to hold the space or forfeit the spot.

If a child is dismissed you will not receive a refund or security deposit

All payments will be taken from the auto pay form provided in the enrollment packet. Payments can not be accepted at the before/after care locations.

Signature of Parent or Guardian

Date

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.

Brilliant Little Minds Financial Responsibility Form & Agreement - BEFORE & AFTER CARE

updated 4.26.2024

____ I agree to pay a weekly tuition rate of \$_____. This rate is subject to change as tuition may increase. BLM will always notify you in writing 30 days in advance if rates increase.

____ I agree to pay a security deposit of \$_____ upon enrolling for services. It is NOT your child's first week of tuition. This deposit will be applied to your child's last week of tuition upon official withdrawal notice.

____ I agree to pay a non-refundable yearly registration fee of \$100.00.

____ LATE PICK UP FEE: There is a \$15.00 late fee for the first 5 minutes past 6:00 pm. After 6:05 pm, you will be charged an additional \$5.00 per minute until pickup. Late pickup fee MUST be paid the next school day or your child's care will be suspended until paid. This is a per child fee. On the 3rd late pickup your child will be dismissed.

____ NSF FEE: There will be a \$35.00 charge for a returned check or a non-sufficient funds payment.

____ All Payments are due on Fridays FOR THE FOLLOWING WEEK. Any payment received after 6:00 pm on Friday evening will be considered late. There will be a \$25.00 late fee that will be due the following Monday. If the late fee is not received by Monday, you will be charged an additional \$5.00 a pay until the balance is paid in full. All accounts must be set up on auto pay. We can not accept payments at before/after care locations. IF you need to make a payment we can take a payment by phone or you can stop by the main office to pay.

____ Payments are not based on attendance. All charges are based on slots occupied regardless of attendance or if closed. During winter break and spring break you are still responsible for your weekly tuition payment.

____ I agree that if my account balance remains unpaid for 30 days, I will be assessed a finance charge of 1.5% per month on the amount outstanding. If any payment or other charges are not made when due, BLM reserves the right to take legal action to correct all charges that are due, and may also recover legal fees, court costs and any other related expenses that are incurred by Brilliant Little Minds Learning Academy.

____ There is a 5% multiple children discount applied to the lowest tuition rate.

____ DROP OFF TIME: Drop off is no later than 9:30 am, even if traffic or you woke up late. If you have a Dr. appointment then you must let the office know through Procure/Email. Then drop off is no later than 11:30 am with a Dr. Note.

____ In the event that I withdraw my child from BLM, I agree to provide 30 days advance written notice to management. I understand that my last week of tuition will be paid by my security deposit. In the event my security deposit does not cover the balance due, I agree to pay any outstanding balance to bring my account to zero at the time notice to withdraw is given.

____ Brilliant Little Minds reserves the right to immediately dis-enroll a child due to the following circumstances: (1) inappropriate conduct (as determined by BLM) by the child or the parent; (2) when tuition falls behind; (3) if the parent does not provide, upon request, a current written pediatrician's certification that a child is healthy and able to participate in BLM's programs without exposing other children to health risks (a.k.a updated/current Child Health Appraisal Form). If picked up late on the 3rd time. (4) If the child is a safety or flight risk (5) If the child hits staff or children (6) If a parent is refusing a conference about behavior or follows through on the behavior plan. IF a child is dismissed you will not be given a refund and you will lose your security deposit.

Child Name: _____ Start Date: _____ Before/After/BOTH: _____

Parent Name: _____ Signature: _____ SSN: _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY — 2% transaction fee

SECTION A (Credit Card)

Cardholder Name

Phone #

Cardholder Address

City

State Zip

Account Number

Expiration Date

Cardholder Signature

Date

SECTION B (Bank Account)

— NO fee!

Your Name

Phone #

Address

City

State Zip

Bank or Credit Union Name

Bank or Credit Union Address

City

State

Zip

Routing Transit Number (see sample below)

Account Number (see sample below)

☐ Checking

☐ Savings

Authorized Signature

Date

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE NEST 555-555-5555	00226
Pay to the order of: Attach Voided Check Here \$		
Deposit slips not accepted Dollars		
12345678901	18003398	0226

A service of



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SOFTWARE®

**STATE OF DELAWARE
DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)**

NAME _____

Family Child Care Home
Large Family Child Care Home
Day Care Center
Youth Camp

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
<input type="checkbox"/> Other _____	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates): _____

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

Scalp, Skin	Heart	Vision	Ear, Nose	Lungs
Hearing	Throat	Abdomen	Blood Pressure	Eyes
Genitalia	Teeth	Extremities	Neck, Glands	Nervous System
Height	Weight			

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /	/ / /	/ / /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	Lead Screening 24 mo / /

Examiner's Signature _____ ☐ M.D. ☐ P.N.P. Date: _____

Printed Name: _____ Telephone: _____



ENROLLMENT INTERVIEW — revised 3/27/23

Help Us Get to Know You

Tell us about your family and help us understand what's important to you as a parent. Give us some insight into your child and let us in on the special relationship you have with him/her. The more we know about your wants and needs, the better we can make your *Brilliant Little Minds* experience.

Child Information:

Child's Name: _____

Child's Date of Birth: _____

Mother's Name: _____ Age: _____

Father's Name: _____ Age: _____

Please list any siblings of the child:

_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____

Parent Interview:

1. Tell us why your child is special.
2. What kinds of things do you and your child like to do together?
3. Does your child enjoy playing with other children?
4. Does your child enjoy playing by themselves?

5. Does your child seek a lot of adult attention while playing?
6. Is Brilliant Little Minds your child's first childcare experience?
7. If not, how was their past childcare experiences like?
8. How does your child respond to having to leave you?
9. How does your child respond to strangers?
10. What can we do at Brilliant Little Minds to make you and your child's transition a smooth one?
11. How many hours does your child spend watching television per day?
12. What are your child's favorite programs?
13. What are your child's favorite toys and/or activities?
14. Has your child had any serious illness or injuries?
15. Does your child have any medical allergies?
 - a. If yes, please describe.....
16. What foods does your child like?
17. What foods does your child dislike?
18. If your child potty trained?

19. Can your child dress themselves?
20. Do you have any pets?
21. If yes, please describe.....
22. Why did you choose Brilliant Little Minds for your child?
23. What are your child's best and worst times of the day?
24. What are your goals for your child at Brilliant Little Minds Learning Academy?
25. Use five words to describe your child (eg....loud, quiet, serious, affectionate, etc)
26. Have you filled out before "Ages and Stages" ? If so when and what was the results?
27. Have you witnessed behavior problems at home or at another school? If so what have you seen?
 - a. Have they been evaluated by a behavior specialist? If so what are they working on? (Please provide documentation)
28. Does your child have an IEP or 504 plan?
 - a. What accommodations did the school have to make?
29. Current classroom what is the size with number of children and staff?

Brilliant Little Minds

LEARNING ACADEMY

PERMISSION TO PHOTOGRAPH FORM

I, _____ (Parent's or Guardian's name)

give permission for _____ (Name of Child Care Provider)

to photograph my child/ren _____ (Child's Name)

For the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still photographs:		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website *		
Use still photos in promotional materials		
Videos:		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
Other (please list):		

* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date

Brilliant Little Minds

LEARNING ACADEMY

Alternate Nutrition Plan

Parents are responsible for notifying the facility of their child's modified diet, and all allergies. This record will be signed by the parent and the director and kept on file. Please list below your child's modified diet plan.

Child's name: _____

Child's diet plan is as follows: _____

Child is allergic to the following items: _____

I understand that I am responsible for supplying the items needed to fulfill my child's modified diet plan.

Parent's Name: _____

Parent's Signature: _____

Date: _____

****Please note: This is only for those children who are allergic to specific foods or has any dietary restrictions. Only complete this form if your child(ren) fall under this category. All other children will be given full meals as part of our Food Program.****

Brilliant Little Minds

LEARNING ACADEMY

Permission for Food-Related Activities & Special Occasion Food Consumption

Licensed childcare facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ give/decline permission for my child _____
(Parent or Guardian) (Child's Name)
to participate in food related activities and special occasions where food is consumed.

Please provide the following information:

_____ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

_____ My child DOES NOT have a food allergy or dietary restriction. He or she MAY NOT participate in activities.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

_____ My child DOES have a food allergy or dietary restriction. He or she MAY NOT participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Parent or Guardian Signature: _____ Date: _____

Child's Name _____

PARENTS RIGHT TO KNOW AND PERMISSIONS



PARENTS RIGHT TO KNOW NOTICE

Per the Delaware code, you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a record contact: the administrative specialist, Office of Child Care Licensing, 3411 Silverside Road, The Concord | Hagley Building, Wilmington, Delaware 19810, phone (302) 892-5800. You may also view substantiated complaints and compliance review histories for the past five years by visiting the Office of Child Care Licensing's child care search at https://education.delaware.gov/families/occl/child_care_search/.

I acknowledge I received this notice as part of the application packet. _____

Parent/Guardian Signature

Date



PARENT PERMISSION FOR SCREEN TIME USAGE

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.

I hereby authorize my child to have screen time activities. _____

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.

I hereby authorize my child to sleep on a cot, mat, or bed. _____

Parent/Guardian Signature

Date