

BLM PRESCHOOL @ ODESSA HIGH

- * Children will have access to all on campus activities and pathways: agriculture, culinary, gym, theater and much more!
- * Teachers certified in Early Childhood Education
- * All Meals Included
- * Accepts POC+
- * Appo Employee Discounts

Brilliant Little Minds
Learning Academy

NOW ENROLLING!

September 2021 Fall School Year
6:30 am to 6:00 pm

Preschool & Pre-K Ages 3-5

www.brilliantlittleminds.com
blm.middleton@gmail.com
570 Tony Marchio Dr.
Townsend, DE 19734

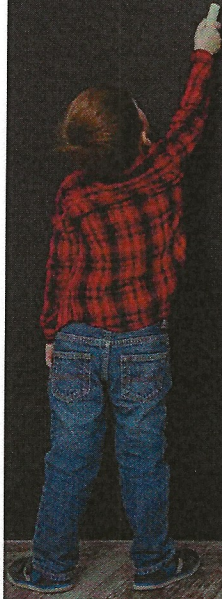
For more information contact us at
(302) 376-9889

VISIT OUR WEBSITE FOR ENROLLMENT INFO

Brilliant Little Minds Preschool

At

Odessa High



302.376.9889

WWW.BRILLIANTLITTLEMINDS.COM

PROGRAM COST

Monthly Tuition	\$866 (This breaks down to \$190/wk)
Military Discount	5% off tuition
Appoquinimink Employee	10% off tuition
Sibling Discount	5% off each child
Yearly Registration Fee	\$75

ADDITIONAL INFO:

***TUITION IS DUE SEPTEMBER THROUGH MAY, JUNE WEEKS ARE ALREADY INCLUDING IN THE TUITION PRICE.**

*** PROGRAM COSTS INCLUDE:
BREAKFAST, LUNCH AND A SNACK**

*** POC PLUS IS ACCEPTED**

***CHILDCARE AWARE IS ACCEPTED - MILITARY ASSISTANCE**

*** TUITION IS DUE ON THE 1ST OF THE MONTH**

*** TO HOLD SPOT FOR ENROLLMENT:
- REGISTRATION FEE IS DUE, PLUS FIRST MONTHS TUITION
(THESE FEES ARE NOT REFUNDABLE)**



Enrollment Checklist

Child Name: _____

Date Turned in: _____

Licensing Requirements:

	Permission for Food Related Activities & Special Occasion Food Consumption
	Child Health Appraisal (Physical Date: _____)
	Child Information Card
	Enrollment Application
	Non Prescription Medication Form (If Necessary)
	Alternate Nutrition Plan (If Necessary)
	Center Required Signatures

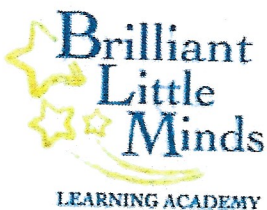
BLM Requirements:

	BLM Financial Responsibility Form
	Child Interview
	Permission to Photograph Form
	Deposit Form
	Tuition Express – Auto Pay form & Online Enrollment Pay

POC Paperwork: (If Necessary)

	POC Addendum
	POC Formula
	BLM Financial Responsibility Form - POC

**** All forms must be turned in before enrollment**



Financial Responsibility Form – ODESSA Preschool

_____ I agree to pay a monthly 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 non-refundable registration fee of \$75.00.

_____ LATE PICK UP FEE: There is a \$15.00 late fee for the first 5 minutes past 6:00pm. 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.

_____ NSF FEE: There will be a \$35.00 charge for a returned check or a non-sufficient funds check.
Deposit includes registration fee and first month's tuition. Tuition is due on the first of the month for each month.
_____ Tuition payments will be for months September through May. June has already been included in the tuition rate.

_____ Payments are not based on attendance. All charges are based on slots occupied regardless of attendance.

_____ 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 charge 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 expense that are incurred by Brilliant Little Minds Learning Academy.

_____ There is a 5% multiple children discount applied to the total tuition rate.

_____ HOLIDAYS/SNOW: Should a holiday fall on a regular care day, I agree to pay my regular tuition rate. Holiday closings are listed on our Holiday Calendar Sheet. For any closings or delays we will not refund any tuition.

_____ In the event that I withdraw my child from BLM, I agree to provide a 1 month advance written notice to management. 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).

** Initial above next to each line item.

Child's Name: _____

S.S #

Parent/Guardian (1) Signature: _____

S.S #

Parent/Guardian (2) Signature: _____

Child's Name _____

CENTER REQUIRED SIGNATURES



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 RECORD CONTACT: Naomi Gosch, 821 Silver Lake Boulevard, Suite 103, Dover, Delaware 19904, Phone (302)739-5487

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

I acknowledge I received this notice as part of the _____ Parent/Guardian Signature _____ Date _____ application packet.



PARENT PERMISSION FOR DVD/TV VIEWING

Children may have an educational movie or program incorporated into their curriculum. Movies shown will be age appropriate and not exceed one hour in length.

I hereby authorize my child to watch educational _____ Parent/Guardian Signature _____ Date _____ movies.



PARENT PERMISSION FOR COMPUTER USAGE

Children, over the age of 2 years old, will have the opportunity to occasionally play educational games on the computer. Children will be closely supervised to ensure that age-appropriate and educational websites are being viewed while using the internet. Computer time will not exceed one hour in length.

I hereby authorize my child to use the computer. _____ Parent/Guardian Signature _____ Date _____



RECEIPT OF PARENT HANDBOOK

I certify that I have received information regarding the Center's policies on following topics: a typical daily schedule, positive behavior management techniques, routine and emergency health care, health exclusions, and prevention of communicable diseases, food and nutrition, procedures for releasing children, reporting of accidents, injuries or critical incidents, mandatory reporting of child abuse and neglect, administration of medication procedures, non-discrimination, developmental and educational goals, complaints, and transportation, if provided.

Parent/Guardian Signature _____ Date _____



TRANSPORTATION PERMISSION

I hereby give permission for my child to be transported by _____ Please list any special needs or problems which might require special attention during transportation and directions on how to handle the special need or problem. This information will be carried with the operator of the vehicle named above.

BRILLIANT LITTLE MINDS

DOES NOT TRANSPORT CHILDREN WITHOUT WRITTEN

PERMISSION

Parent/Guardian Signature _____ Date _____



LEARNING ACADEMY

New Enrollment Deposit Form

Name of child: _____

Date received: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____ Full -Time Part-Time (Days) _____

Mailing Address: _____

Start Date: _____

Visit Date (These are 30 min. long, parent/guardian must stay with them at BLM):

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

This was paid in cash or check # _____

I understand that the deposit is not refundable for any reason. Once deposit is made in the amount of one week tuition, it will be used towards the first week of enrollment. Security deposit and registration fee is still due before start date. 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.

Signature of Parent or Guardian

Date



LEARNING ACADEMY
Odessa Preschool Program
Enrollment Application

Please fill in application completely and legibly

Were you referred to Brilliant Little Minds Learning Academy? Y N If Yes, please complete the enclosed Extra Credit Referral Card

Child's Name _____
(Last Name) (First Name) (Initial)
Child's Address _____
City _____ State _____ Zip _____ Phone # _____
Date of Birth _____ Sex M F

Enrolling Parent/Guardian Name _____
(Last Name) (First Name) (Initial)
Relationship to Child _____ Drivers License # _____
Address City/State/Zip _____
E-mail Address _____ Home Phone # _____ Cell Phone # _____
Employer _____ Work Phone # _____ Cell Phone Company _____
Address City/State/Zip _____ Work Hours _____

Parent/Guardian Name _____
(Last Name) (First Name) (Initial)
Relationship to Child _____ Drivers License # _____
Address City/State/Zip _____
E-mail Address _____ Home Phone # _____ Cell Phone # _____
Employer _____ Work Phone # _____ Extension # _____
Address City/State/Zip _____ Work Hours _____

Parents Marital Status Married Divorced Single Primary Residence Both Mother Father Guardian _____

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No

Brilliant Little Minds Learning Academy must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

The child will be released only to the people on this application and the following persons:

These people will need to bring photo id with them, when picking up children.

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Enrolling Parent/Guardian Signature _____ Date _____

BLM Director Initials _____ Date _____

© 2006 Brilliant Little Minds Learning Academy, I.L.C.



LEARNING ACADEMY

Enrollment Application

Continued

Child's Name _____
(Last Name) (First Name) (Initial)

Child's Physician _____ Physician Phone # _____

Any allergies or special needs _____

Hospital preference _____

Emergency contact other than parents _____

Name _____ Address _____ Phone _____

Is your child potty trained? Yes No What does your child say when he/she wishes to use the toilet? _____

Does your child need help: Dressing Eating Washing Hands

Does your child have any special fear or problems? _____

Has your child been cared for by anyone other than the parents? Yes No

If Yes, whom? _____

Favorite Book _____ Favorite Toy/Game _____

The Academy will be open from 6:30 AM to 6:00 PM for children of all ages. *Parent/Guardian Initials:* _____

- I agree that I am enrolling for _____ days per week at a cost of _____ monthly.
- I agree to pay in advance my monthly tuition, that is not refundable.
- I am aware that I will be charged a fee for payments received after Friday.
- I am aware that I will be charged a fee for late pick-ups.
- Up to two additional electronic collection attempts and, if needed, by paper draft thereafter will be made to collect on returned checks. The maximum fee allowed by state law will be charged for all collection attempts.
- I have received my Parent Handbook, containing additional policies and procedures.
- This institution is an equal opportunity provider.

TeleCheck Electronic Check Conversion Customer Notification

By submitting your check for payment, you are authorizing the payee, or its agent, upon receipt of your check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to your account, in accordance with the same terms and conditions as your check. In the event that your check is returned for non-payment, TeleCheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all collection attempts. The parent/guardian is responsible for the principal amount plus all collection fees.

Parent/Guardian (Payee) Initial _____

Parent or Guardian Name (please print) _____

Parent or Guardian Signature _____ Date _____

Brilliant Little Minds

LEARNING ACADEMY

ENROLLMENT INTERVIEW

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. Are there any concerns you have as parent that you would like to share with us (abilities, health/allergy concerns).

3. Does your child have a behavioral, IEP, IFSP, or 504 plan? If so please provide us with a copy of the latest information.
4. Does your family have any cultural traditions that you would like to share with us.
5. Is English your primary language?
6. What kinds of things do you and your child like to do together?
7. Does your child enjoy playing with other children?
8. Does your child enjoy playing by themselves?
9. Does your child seek a lot of adult attention while playing?
10. Is Brilliant Little Minds your child's first childcare experience?
11. If not, how was their past childcare experiences like?
12. How does your child respond to having to leave you?
13. How does your child respond to strangers?

14. What can we do at Brilliant Little Minds to make you and your child's transition a smooth one?
15. How many hours does your child spend watching television per day?
16. What are your child's favorite programs?
17. What are your child's favorite toys and/or activities?
18. Has your child had any serious illness or injuries?
19. Does your child have seizures?
20. If yes, please describe.....
21. What foods does your child like?
22. What foods does your child dislike?
23. Is your child potty trained?
24. Can your child dress themselves?
25. Do you have any pets?

26. If yes, please describe.....

27. Why did you choose Brilliant Little Minds for your child?

28. What are your child's best and worst times of the day?

29. What are your goals for your child at Brilliant Little Minds Learning Academy?

Use five words to describe your child (eg....loud, quiet, serious, affectionate, etc)

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

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING

Family Child Care
 Large Family Child Care Home
 Day Care Center

NAME _____

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"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other _____

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			

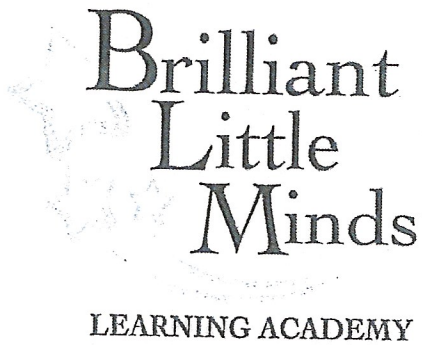
REMARKS AND RECOMMENDATIONS: _____

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 / /	

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

Printed Name: _____ Telephone: _____



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: _____

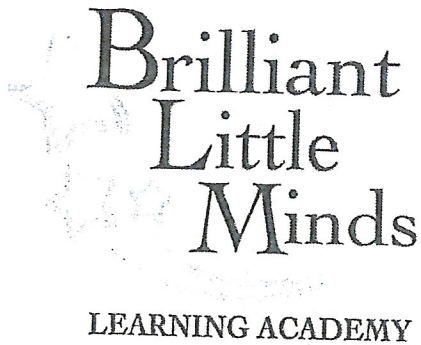
I understand that I am responsible for supplying the items needed to fulfill my child's modified diet plan.

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.****



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 INFORMATION CARD
State of Delaware
Department of Services for Children, Youth, and Their Families

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 center.

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.

Tuition[®] Express

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

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

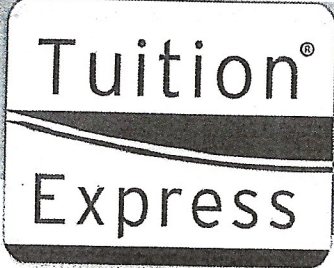
Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
Deposit slips not accepted		Dollars
123456789	18003381	0226
Routing Number	Account Number	Check Number

A service of



procare
SOFTWARE[®]



Automated Payment Processing
Safe - Convenient - Easy

Fee with card 2010

We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

As a customer of _____ (business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone #

Cardholder Address City State Zip

Cardholder Signature Date

Website Registration Code: _____ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits

For Official Use Only
Date Received
Employee Signature

A service of



procure SOFTWARE



POC PLUS - OPC Financial Responsibility Form

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

If the POC State payment changes then your monthly parent fee amount will change, as soon as BLM receives it then we will give notice. The POC families always receive notice before we will. We ask all families to bring in any POC paperwork you receive in the mail at home so we can take a look at it.

LATE PICK UP FEE: Only applies if it is past the authorization time. Then there is a \$15.00 late fee for the first 5 minutes then 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!**
For example: If authorization time is Full Day (4 to 10 hours) and they are here at 7:00 am then the late pickup fee starts at 5:00 pm. This is a DSS Rule and Regulation. If a child is not picked up by 6:00, then by 6:05 DSS and 911 will be called to pick up the child or children.

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

All Payments are due on the 1st of THE MONTH. Child(ren) may not return on Monday until the payment is made. POC has made a rule that we can't charge a late fee, so this is the POC office suggestion to suspend care until payment is made.

POC only up to 5 absent days per month, if the child(ren) misses more than 5 days then BLM can dismiss and give your spot to another child.

Only additional charges include: Field trips fees, Returned Check Fees, and Late pick-up fees (for time that goes beyond authorization hours.)

Any unpaid balances are sent to the POC office – they will stop payment on POC assistance until payment arrangements have been made and kept with BLM.

In the event that I withdraw my child from BLM, I agree to provide one week advance written notice to management.

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 parent fee 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).

Start Date: _____ Enrolling for days including: _____

Child's Name: _____ S.S # _____
Parent/Guardian (1) Signature: _____ S.S # _____
Parent/Guardian (2) Signature: _____ S.S # _____