Brilliant Little Minds Enrollment Checklist

Before handling in your paperwork please make sure you have filled out every form listed.
Thank you

1. Deposit Form ◯
2. Center Required Signatures ◯
3. Enrollment Application ◯
4. Enrollment Interview ◯
5. Copy of IEP, IFSP, Action Plan ◯
6. Photograph Form ◯
7. Health Appraisal ◯
    a. Action Plan for asthma, seizures, peanut allergy, foods
8. Alternate Nutrition Plan ◯
9. Permission for Food-Related Activities ◯
10. Activity Form ◯
11. Child Information Card ◯
12. Child Income Eligibility Form
    a. Part 1. ___
    b. Part 2. ___
    c. Part 3 Snap or Tanf ___
        i. Income
        ii. Household members/ SSN
    d. Part 4 _____
13. Financial Responsibility Contract ◯
14. Supply List ◯
15. School Calendar ◯

Brilliant Little Minds

Check One: ____Infants – PreK @ 102 Sandhill Dr.

or ____ Before/After Care @ 122 Sandhill Dr.

Enrollment Deposit Form

Name of child: _____ Date received: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____

Start Date: _____ Visit Date & Time:

_____

_____

Deposit includes:

$ _____ - this is the first week of tuition

$ _____ - this is the Security deposit (last week of school or given a 2 week notice to withdraw)

$_100.00__ - Registration Fee

Total = $_____

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 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.

_____ _____

Signature of Parent or Guardian Date

Brilliant Little Minds
LEARNING ACADEMY

Financial Responsibility Form

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 registration fee of $100.00.

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.

All Payments are due on Fridays FOR THE FOLLOWING WEEK. Any payment received after 6:30pm 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 charge an additional $5.00 a pay until the balance is paid in full.

_____ 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.

VACATION BENEFIT: After your child is enrolled with BLM for one calendar year (12 months), you will earn a one-week vacation credit. I accept that I must notify management in writing two weeks prior to the 5 days that your child will be in
_____ attendance at BLM. Account balance must be up to date to receive the credit.

_____ There is a 10% multiple children discount applied to the lowest tuition rate.

HOLIDAYS: 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. If a holiday falls on the weekend, we will close either the Friday before or the Monday
_____ after.

In the event that I withdraw my child from BLM, I agree to provide two weeks 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).

Child's Name: _____

Parent/Guardian (1) Signature: _____ S.S # _____

Parent/Guardian (2) Signature: _____ S.S # _____

Updated 8.29.21

For Office Use Only:

BLM code _____

Date of Registration _____

Date of Termination _____

Parent Updates _____ (initial) (date)

Parent Updates _____ (initial) (date)

Parent Updates _____ (initial) (date)

Brilliant Little Minds

LEARNING ACADEMY

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 # _____ Cell phone Co. _____

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 _____

How did you hear about us?
(check all that apply)

Referred Drive By
Direct Mail Internet
Yellow Pages Ad
Other_____

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 6:00PM for children of all ages. ***Parent/Guardian Initials:***_____

- I agree that I am enrolling for _____ days per week at a cost of _____.
- I agree to pay in advance each week's tuition.
- 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** _____

BLM Director Initials _____ **Date** _____

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 application packet. **Parent/Guardian Signature** **Date**

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 movies. **Parent/Guardian Signature** **Date**

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**

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. If 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)

NAME_____

BIRTHDATE_____

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

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

☐ Allergies (food, medicine, bee sting etc.)	☐ Frequent Colds	☐ Fainting	☐ Physical Handicap
	☐ Hearing Difficulty	☐ Speech Difficulty	☐ Behavior Problem
☐ Constipation/Diarrhea	☐ Seizures	☐ Vision Difficulty	☐ 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 Polysaccharide1 / /	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:_____

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 activites.

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.

Delaware Department of Education
Child and Adult Care Food Program (CACFP)

CHILD INCOME ELIGIBILITY FORM

PART 1 (Complete one application per household. Please use a pen, not a pencil.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

List names of Enrolled Adult Participants.

Child's First Name	MI	Child's Last Name	Date of Birth	Ethnicity Hispanic or Latino? Yes	No	Race (check one or more) American Indian or Alaskan Native	Asian	Black Or African American	Native Hawaiian or Other Pacific Islander	White
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐

PART 2 - ENROLLMENT

Start Date:		Arrival Time:		AM/PM	Departure Time:		AM/PM	Shift Work:	Yes/No

Normal days of week Participant(s) is/are in care *(circle all that apply)*: Mon Tues Wed Thurs Fri Sat Sun

Meals eaten at Providers/Center: *(Circle all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant)*:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART 3 - HOUSEHOLD INCOME

Do any Household Members (including you) currently receive one or more of the following assistance programs: SNAP, SSI, or Medicaid?
Check one: ☐ Yes / ☐ No

If you answered NO – Complete the income section of STEP 3.
If you answered YES – Write a the name and case number for the person who receives benefits below, then go to STEP 4

NAME:_____ CASE NUMBER:_____

All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is not income to report.

Names of ALL Household Members including spouse and dependent children of participant(s) (First/Last)	Earnings from Work (Before Deductions)	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/ Alimony	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/SSI/ Retirement/ All Other Income	How Often? Weekly	Bi-Weekly	2x Month	Monthly
1	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
2	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
3	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
4	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
5	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Total Household Members (Children and Adults) _____ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household * * * - * * - _ _ _ _ Check if No SSN ☐

PART 4 - CONTACT INFORMATION and ADULT SIGNATURE

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 the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving the meals may lose the meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	City	State	Zip	Daytime Phone and Email (optional)
Printed Name of adult completing the form	Signature of adult completing the form			Today's Date

SPONSOR USE ONLY:

Categorical Eligibility (If Yes, Check One): ☐ SNAP (Food Stamp) ☐ SSI ☐ Medicaid DATE WITHDRAWN:

Total Household Income: _____ Family Size: _____ (Include all Participants)
*Yearly Income Conversion: **Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12***

ELIGIBILITY - Based on the information provided this application will be:

☐ Approved FREE ☐ Approved REDUCED ☐ Denied – The meals will be claimed in the PAID category.

Determining Official Signature: _____ Review/Effective Date: _____

Brilliant Little Minds
LEARNING ACADEMY

POC PLUS - Financial Responsibility Form

_____ I agree to pay a weekly 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 weekly 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 6:30, then by 6:35 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 Fridays FOR THE FOLLOWING WEEK. 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: _____ _____

Revised 3-12-19

Brilliant Little Minds
LEARNING ACADEMY

Supplies needed for your "Brilliant Little Mind's"

first day at the Academy:

INFANTS – ***6 Weeks to 12 months***

- Supply of diapers (8 diapers per day)
- Baby wipes and ointments
- 2 extra crib sheets
- Extra change of clothes
- 5 -7 Bibs
- Supply of bottles for the day with the Water and formula included that is Needed for the day
- Box of Tissues

YOUNG TODDLERS – ***12 months to 24 months***

- Supply of diapers or training pants
- Baby wipes and ointments
- 1 sheet and 1 blanket for nap time
- Extra change of clothes
- Box of Tissues

OLDER TODDLERS – ***24 months to 36 months***

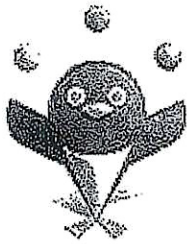
- Supply of diapers or training pants
- Baby wipes
- 1 sheet and 1 blanket for nap time
- Extra change of clothes
- Box of Tissues

PRESCHOOL & SCHOOL AGE

- Sheet and blanket for nap time
- Extra change of clothes
- Box of Tissues

Every Brilliant Little Mind will receive a Daily Report to let you know how exciting their day was. If their supplies are running low, then their teacher will let you know on their Daily Report. You may bring in large supplies of diapers and wipes and we will put your name on them to only be used by your child. If you do not bring in diapers or wipes needed for your child after notice has been sent home, and BLM has to supply the diapers you will be charged a fee of $5.00 per diaper. This fee is to ensure that you are supplying the necessities needed for your Brilliant Little Mind.

In order for us to be able to apply any ointments or powder we must have a signed note from your pediatrician stating that we are allowed to apply these items.



myprocare®

Dear parent/guardian,

Brilliant Little MInds is pleased to offer **MyProcare,** a free online portal for you to access account information and easily pay tuition. MyProcare is safe, secure and created with your convenience in mind.

Log in today!

1. Go to MyProcare.com.

2. Enter your email address (the email you have on file with Brilliant Little MInds) and choose ***Go.***

3. Enter the confirmation code sent to your email, choose a password, and press ***Go.***

4. Then you may:
    a. View your child's schedule, time card, immunizations and more.
    b. Use the ***Pay*** button to make a payment with your card.

Thank you!

Brilliant Little MInds and MyProcare

Tuition Express®

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

AUTHORIZATION FOR CREDIT CARD

I (we) hereby authorize _____ to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Please contact Center Representative for a list of Credit Cards Accepted as Payment.

Cardholder Name | Phone #

Cardholder Address | City | State | Zip

XXXX-XXXX-XXXX-__ __ __ __

Credit Card Number (Last 4 Digits ONLY) | Expiration Date

Signature | Today's Date

☐ Check if you wish to make online payments

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For Official Use Only...

Date Received

Employee Signature

- < Cut Here > -

FULL Credit Card Number | Expiration Date

For Security, please...

Today's Date

☐ return this Section of the Authorization Form.

☐ Shred this Section of the Authorization Form.

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 _____

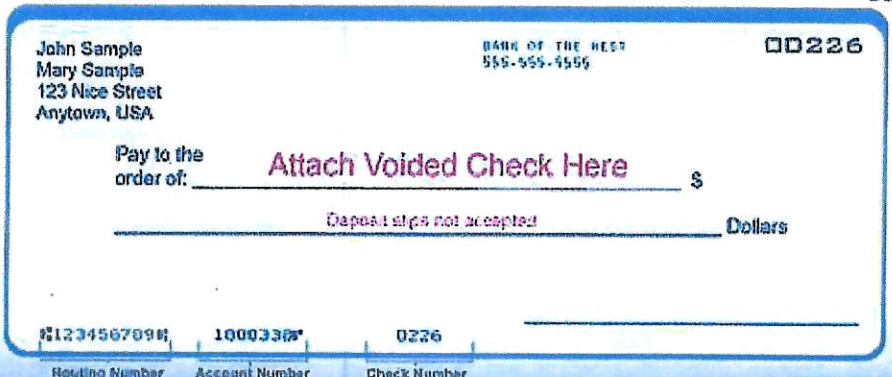
Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



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Brilliant Little Minds
LEARNING ACADEMY

School Calendar 2021-2022

January	New Year's Day	January 1st	Closed
	Martin Luther King Jr	January 18th	Closed Teacher In-service
February	President's Day	February 15th	Closed
April	Good Friday	April 2nd	Closed
May	Memorial Day	May 31st	Closed
July	Independence Day	July 2nd & 5th	Closed
August	PreK Graduation	August 20th	Close @ 5:30pm
Sept	Teacher Inservice	September 2nd & 3rd	Closed
	Labor Day	September 6th	Closed
	New School Year	September 7th	First day of 2021-22 School Year
Oct	Columbus Day	October 11th	Closed
November	Veterans Day Observance	November 12th	Closed Teacher In-Service
	Thanksgiving	November 25th & 26th	Closed
December	Christmas	December 24th & 27th	Closed
	New Year's Eve	December 31st	Closed

-2022-

January	New Year's Day	January 1st	Closed
	Martin Luther King Jr	January 17th	Closed Teacher In-service
February	President's Day	February 21st	Closed
April	Good Friday	April 15th	Closed
	Building Maintenance	April 18th	Closed
May	Memorial Day	May 30th	Closed
June	PreK Graduation	June 10th	Close @ 5:30pm
July	Independence Day	July 4th & 5th	Closed
September	Teacher Inservice	September 1st & 2nd	Closed

Important Dates

September 7, 2021 New School Year Starts

October 1, 2021 Picture Day

updated 8.20.2021