

Brilliant Little Minds Enrollment Checklist

Before handing in your paperwork, please make sure you have filled out every form listed.

Thank you.

- | | |
|--|-----------------------|
| 1. Deposit Form | <input type="radio"/> |
| 2. Center Required Signatures | <input type="radio"/> |
| 3. Enrollment Application | <input type="radio"/> |
| 4. Enrollment Interview | <input type="radio"/> |
| 5. Copy of IEP, IFSP, Action Plan | <input type="radio"/> |
| 6. Photograph Form | <input type="radio"/> |
| 7. Health Appraisal (including lead test results) | <input type="radio"/> |
| a. Action Plan for asthma, seizures, peanut allergy, foods | |
| 8. Alternate Nutrition Plan | <input type="radio"/> |
| 9. Permission for Food-Related Activities | <input type="radio"/> |
| Activity Form | |
| 10. Child Information Card | <input type="radio"/> |
| 11. Financial Responsibility Contract | <input type="radio"/> |
| 12. Tuition Express Form (automatic tuition) | <input type="radio"/> |
| 13. Diaper Cream MAR (if applicable) | <input type="radio"/> |
| 14. Sunscreen MAR (if applicable) | <input type="radio"/> |



Brilliant Little Minds

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

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 COMPUTER 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 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

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

Sleep Sac or Blanket Sleeper

If you would like for your child/children to be swaddled during nap, you must provide a sleep sac or blanket sleeper. Blankets, comforters, quilts, pillows and stuffed animals will not be used in cribs.

Parent/Guardian Signature

Date



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 # _____ 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 _____

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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 5:30 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 _____



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: _____

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)



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 EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)**

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

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"/> 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			

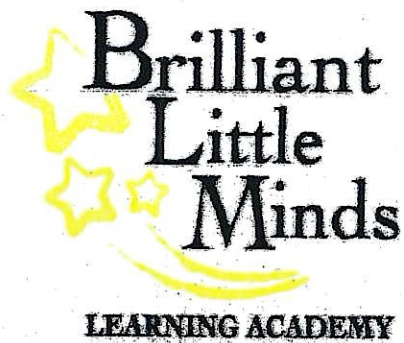
REMARKS AND RECOMMENDATIONS: _____

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: _____



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.

Brilliant Little Minds Financial Responsibility Form & Agreement

updated 2/2/24

____ 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 5:30 pm. After 5:35 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 check.

____ All Payments are due on Fridays FOR THE FOLLOWING WEEK. Any payment received after 5:30pm 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.

____ DROP OFF TIME: Drop off is no later than 9:30 am, even if traffic or woke up late. If has 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

Child Name: _____ Start Date: _____ Days if part time _____

Parent Name: _____ Signature: _____ SSN: _____

Parent Name: _____ Signature: _____ SSN: _____

POC Plus *Brilliant Little Minds Financial Responsibility Form & Agreement*

updated 2/2/24

____ 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 5:30 pm, then by 5:35 pm 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, with a 5 day notice

____ 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

____ DROP OFF TIME: Drop off is no later than 9:30 am, even if traffic or woke up late. If has 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 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 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

Child Name: _____ Start Date: _____ Days if part time: _____

Parent Name: _____ Signature: _____ SSN: _____

Parent Name: _____ Signature: _____ SSN: _____



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

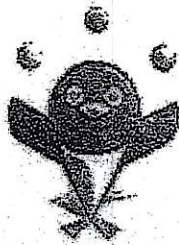
- Supply of diapers or training pants
- Baby wipes
- 1 sheet and 1 blanket for nap time
- Extra change of clothes
- Box of Tissues

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[®]—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

* Credit Card = 2% fee / Checking is \$0 fee

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 _____

John Sample
Mary Sample
123 Nice Street
Anytown, USA

00226

Pay to the order of: Attach Voided Check Here \$ _____

Deposited slips not accepted

Dollars

0123456789 10003300 0026

Routing Number Account Number Check Number

A service of



procure
SOFTWARE



102 Sandhill Dr. Middletown, DE 19709. * 302-376-9889

BLM.Middletown@gmail.com

www.brilliantlittleminds.com

2025 School Year Schedule of Fees

Tuition includes Breakfast, Lunch, and Snack for children on table foods (some infant foods are available), if a child has a special diet or requirements they must bring all of their own meals, including breakfast, lunch and snack that is peanut free.

The rate is for when the child starts the classroom as of the School Year starting the day after Labor Day, It doesn't change on their birthday.

		Infants (8 weeks to 12 months)	12 to 24 Months	2 to 3 Years Old	3 to 4 Years Old Preschool	4 to 5 Years Old Pre-K
Program	Yearly Supply Fee	Weekly Payment	Weekly Payment	Weekly Payment	Weekly Payment	Weekly Payment
Five Day Program	\$100	\$340	\$320	\$290	\$275	\$260
*Three Day Program	\$100	N/A	\$255	\$235	\$225	\$200
*Two Day Program	\$100	N/A	\$200	\$200	\$195	\$185

- The 3 Day/2 Day Programs are based on wait lists only, depending on another family taking the opposite days. Once days are chosen they can not switch because another child has taken that spot.
- The Yearly Registration fee is due by June 1st. This fee will guarantee and hold your spot for the upcoming school year. This fee will automatically be added to all accounts per child. If you wish to not enroll for the upcoming school year then you must send an email to the office by May 15th and let us know when their last day is. **A 30 day notice is now required to withdraw from the program! Yearly Registration/Supply fee is not refundable once paid.**

Other Fees:

- Late payment fee: \$25 if balance is not paid in full every Friday**
- More than 2 weeks behind on tuition, the child can not return until paid in full**
- Late pickup fee: \$15 past 5:30 pm, after 5:35 pm then \$5 per minute, due the next day to return. This is a per child fee**
- NSF fee: \$35 charged for returned check or insufficient funds**
- When an account is on auto pay and a payment is returned NSF, the entire balance will be taken out at the next auto run**
- Initial Payment to register includes: First week of tuition, last week of tuition, and initial registration fee of \$100. This fee is NOT refundable if you choose to change your mind**
- Payments are not based on attendance they are based on the slot occupied**
- 10% Multiple child discount given to the lowest tuition, 5% off for 2nd lowest tuition for a 3rd child**
- Appoquinimink Employee discount of 5%**
- Discounts can not be combined, one or the other**
- Merchant fee: If set up on Auto Pay with tuition express - NO fee for ACH from checking account. Using a credit card or debit card fee is 2% of the transaction amount**

Child Name: _____ Parent Name: _____

Parent Signature: _____ Date: _____

*updated 12/3/24



School Calendar 2024-2025

2024

August	Staff PD Meet the Teacher	August 28th - August 30th August 30th	Closed - Staff PD Scheduled times 8am - 12pm
September	Labor Day	September 2nd	Closed Holiday
October	Staff PD	October 14th - Columbus Day	Closed - Staff PD
November	Staff PD Thanksgiving Break	November 11th - Veterans Day November 28th & 29th	Closed - Staff PD Closed Holiday
December	Early Closing Christmas Break New Years Eve	December 24th - Holiday December 25th - 27th December 31st	Closing at 12:00 pm - Pizza party at 11:00 Closed Holiday Break Closed Holiday

2025

January	New Years Day Staff PD: State/Federal holiday	January 1st January 20th	Closed Holiday Closed
February	Staff PD	February 17th - Presidents Day	Closed - Staff PD
March	Staff PD	March 31st	Closed - Staff PD
April	Good Friday Spring Break	April 18th - Good Friday April 21st	Closed Holiday Closed Holiday
May	Staff PD Memorial Day	May 23rd May 26th	Closed - Staff PD Closed Holiday
June	Juneteenth	June 19th - Thursday	Closed Holiday
July	Staff PD 4th of July Building Maintenance	July 3rd - Thursday July 4th July 7th	Staff PD Closed Holiday Closed
August	Staff PD Meet the Teacher	August 27th - August 29th August 29th	Closed - Staff PD Scheduled times 8am - 12pm

IMPORTANT DATES

September 3, 2024 - New School Year Starts

October 3rd and 4th 2024 - Fall Picture Day

May 2nd Spring Picture Day

updated: 6.18.24

TELEPHONE:

MONTH AND YEAR:

[illegible]

I, _____, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Signature _____

Date _____

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS

NAME OF PERSON ADMINISTERING	INITIALS	ROUTE OF ADMINISTRATION; SELECT ONE
		ORAL (BY MOUTH)
		EYE DROPS (OPTIC)
		NOSE DROPS/SPRAY (NASAL)
		EAR DROPS (OTIC)
		TOPICAL (ON SKIN)
		INHALATION (NEBULIZER)
		INJECTION (SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE)
		RECTAL

MEDICATION ADMINISTRATION RECORD (MAR) (FOR MEDICATIONS GIVEN ROUTINELY OR FOR A LIMITED TIME)

CHILD'S NAME: _____ DOB: _____ ALLERGIES: _____

PARENT'S/GUARDIAN'S NAME: _____ DOCTOR: _____ TELEPHONE: _____

MONTH AND YEAR: _____

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MEDICATION NAME: SUBCUTAN																																
DOSAGE:																																
ROUTE:																																
REASON:																																
START DATE:																																
END DATE:																																
SPECIAL INSTRUCTIONS:																																

I, _____, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Signature _____ Date _____

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS

NAME OF PERSON ADMINISTERING	INITIALS	ROUTE OF ADMINISTRATION; SELECT ONE
		ORAL (BY MOUTH)
		EYE DROPS (OPTIC)
		NOSE DROPS/SPRAY (NASAL)
		EAR DROPS (OTIC)
		TOPICAL (ON SKIN)
		INHALATION (NEBULIZER)
		INJECTION (SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE)
		RECTAL