



## BEFORE & AFTER CARE @ CEDAR LANE EARLY CHILDHOOD CENTER

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

[www.brilliantlittleminds.com](http://www.brilliantlittleminds.com)

# Brilliant Little Minds Learning Academy

## NOW ENROLLING!

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

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

For more information contact us at

# (302) 376-9889

### VISIT OUR WEBSITE FOR ENROLLMENT INFO

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



# CEDAR LANE EARLY CHILDHOOD CENTER

2024-2025 School Year Before and After Care  
At Cedar Lane Early Childhood Center  
Provided by Brilliant Little Minds

## **Program Costs:**

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

## **To Register:**

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

## **Important info:**

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

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

Contact: Melissa Perez or Jenifer Clark

Phone: 302-376-9889

Email: [blm.middleton@gmail.com](mailto:blm.middleton@gmail.com)

Website: [www.brilliantlittleminds.com](http://www.brilliantlittleminds.com)

Address: 102 Sandhill Dr. Middletown, DE 19709

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

## **CEDAR LANE EARLY CHILDHOOD CENTER Before/After Care Hours**

Before Care: 6:30-9:00 am

After Care: 3:45- 6:00 pm



## Cedar Lane ECC 2024-2025

### New Enrollment Deposit Form

Name of child: \_\_\_\_\_ Date received: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Before Care    After Care    Both    (Circle One)

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

\$ \_\_\_\_\_ - this is the first week of tuition

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

\$ 100.00 - Registration Fee

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

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

This was paid in cash or check # \_\_\_\_\_ or credit card payment

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

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

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**CHILD INFORMATION CARD**  
**State of Delaware**  
**Department of Education**

<b>Child's Information</b>			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
<b>Parent/Guardian Information (1)</b>		<b>Parent/Guardian Information (2)</b>	
Emergency Contact/Authorized to Pick-up Child		Emergency Contact/Authorized to Pick-up Child	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home phone:	Cell phone:	Home phone:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	
<b>Additional Emergency Contacts and People Authorized to Pick-up Child</b>			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	

**Emergency Medical Care**

I, \_\_\_\_\_, the parent (or legal guardian) of \_\_\_\_\_, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

**Transportation**

I, \_\_\_\_\_, the parent (or legal guardian) of \_\_\_\_\_, who is my minor child, hereby give permission for my child to be transported by the licensee/staff/substitute.

\_\_\_\_\_  
 Signature of parent/guardian

\_\_\_\_\_  
 Date

<b>Medical Information</b>	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

*The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.*



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

updated 4.26.2024

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

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

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

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

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

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

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

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

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

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

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

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

Child Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ Before/After/BOTH: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ SSN: \_\_\_\_\_



Automated Payment Processing  
Safe – Convenient – Easy

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

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

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

**COMPLETE ONE SECTION ONLY** — 2% transaction fee

**SECTION A (Credit Card)**

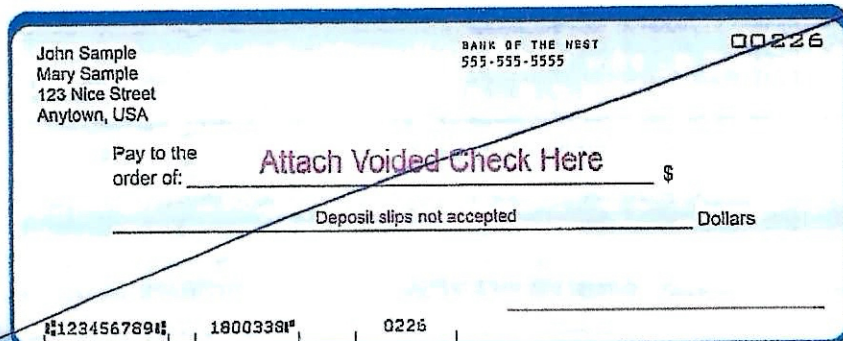
Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

**SECTION B (Bank Account)** — NO fee!

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

**For Official Use Only**

Date Received
Employee Signature





**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: \_\_\_\_\_



## ENROLLMENT INTERVIEW – revised 3/27/23

### ***Help Us Get to Know You***

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

#### **Child Information:**

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please list any siblings of the child:

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

#### **Parent Interview:**

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



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

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



# Brilliant Little Minds

LEARNING ACADEMY

## PERMISSION TO PHOTOGRAPH FORM

I, \_\_\_\_\_ (Parent's or Guardian's name)

give permission for \_\_\_\_\_ (Name of Child Care Provider)

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

For the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still photographs:</b>		
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		
<b>Videos:</b>		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
<b>Other (please list):</b>		

\* 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):

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

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

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name \_\_\_\_\_

**PARENTS RIGHT TO KNOW AND PERMISSIONS**



**PARENTS RIGHT TO KNOW NOTICE**

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

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**PARENT PERMISSION FOR SCREEN TIME USAGE**

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

I hereby authorize my child to have screen time activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**PARENT PERMISSION TO SLEEP ON A MAT**

Children between the ages of 12 and 18 months will be transitioned from sleeping in a crib to a cot, mat, or bed when they are able to walk.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date