Before and After Care at Brick Mill Early Childhood Center provided by Brilliant Little Minds 2021-2022 School Year

Program Costs:

Before and After Care	$140/week
Before Care	$100/week
After Care	$90/week
Appoquinimink Employee	25% off Tuition
Military Discount	5% off tuition
Sibling Discount	5% off each child
Yearly Registration Fee	$100
Drop in (Our Location)	$40 no additional discount

Please contact Brilliant Little Minds directly to register for Before and After Care.

Contact: Melissa Perez or Jenifer Phipps
Phone: 302-376-9889
Email: blm.middletown@gmail.com
Website: www.brilliantlittleminds.com

Before care: 6:30-9:00 AM
After care: 3:40-6:00 PM

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Brick Mill ECC

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: _____

_____

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 month and registration fee. 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

For Office Use Only:
BLM code _____
Date of Registration _____
Date of Termination _____

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Parent Updates _____ (initial) (date)
Parent Updates _____ (initial) (date)
Parent Updates _____ (initial) (date)

Enrollment Application - BMECC

Please fill in application completely and legibly

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 Co.** _____
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** _____

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

Referred	Drive By
Direct Mail	Internet
Yellow Pages	Ad

Other_____

Enrollment Application - BMECC 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?_____
Does your child have an IEP? _____ If so it must be provided before start date and updated as enrolled

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

- I agree that I am enrolling for _____ days per week at a cost of _____.
- 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. ($15.at 6:01 then $5/min after 6:05)
- 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** _____ © 2006 Brilliant Little Minds Learning Academy, Inc.

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Financial Responsibility Form – BMECC

_____ 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 non-refundable registration fee of $100.00.

_____ I agree to pay a security deposit of $_____. This serves as the last week of school. If you would like to withdraw before the last week of school, you can dis-enroll by giving a 2 week notice in writing. Once given the 2 week notice then we will credit your account with the security deposit.

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

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

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

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

_____ In the event that I withdraw my child from BLM, I agree to provide a 2 week advance written notice to management. I agree to pay any outstanding balance to bring my account to zero at the time notice to withdraw is given.

_____ Brilliant Little Minds reserves the right to immediately dis-enroll a child due to the following circumstances: (1) inappropriate conduct (as determined by BLM) by the child or the parent; (2) when tuition falls behind; (3) if the parent does not provide, upon request, a current written pediatrician's certification that a child is healthy and able to participate in BLM's programs without exposing other children to health risks (a.k.a updated/current Child Health Appraisal Form).(4) More than 2 late pickups

** Initial above next to each line item.

Child's Name: _____

I am choosing 1 of these options: (Circle One) Before Care After Care Before & After

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

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

Weather contingency Form

For

Brilliant Little Minds

Location: _____

Child Name: _____

Parent/Guardian #1 Name: _____

Cell Phone #:_____Cellphone company_____

Email Address: _____

Parent/Guardian #2 Name: _____

Cell Phone #:_____Cellphone company: _____

Email Address: _____

Important info:

- BLM will be closed at the Appo locations when schools are closed
- Drop in care will be provided if available at our location at 122 Sandhill Dr.
  Drop in fee is $40/day
- Snow Day or Delay – notice will be given by email and/or text message. We will follow the delay of the district.
  (Example: if they are delayed 2 hours then we will open at 8:30 am)
- Early closing – if Appo closes schools early then we will only provide care for 1 hour past the school end time. Late pickup fee applies $15 past end time, then $5./min after
  (example: if school closes at 12:30 then we will close at 1:30pm)
- Email address must be the same address you provided for our procare system where the billing statements come to

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)

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

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:_____

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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.****

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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.

Brilliant Little Minds
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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
June	PreK Graduation	June 11th	Close @ 5:30pm
July	Independence Day	July 2nd & 5th	Closed
Sept	Teacher Inservice	September 2nd & 3rd	Closed
Oct	Columbus Day	October 11th	Closed
November	Veterans Day	November 11th	Closed Teacher In-Service
December	Christmas	December 23rd & 24th	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 18th	Closed
April	Good Friday	April 15th	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

May 21, 2021 Picture Day (PreK Cap and gown)

October 1, 2021 Picture Day

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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 _____

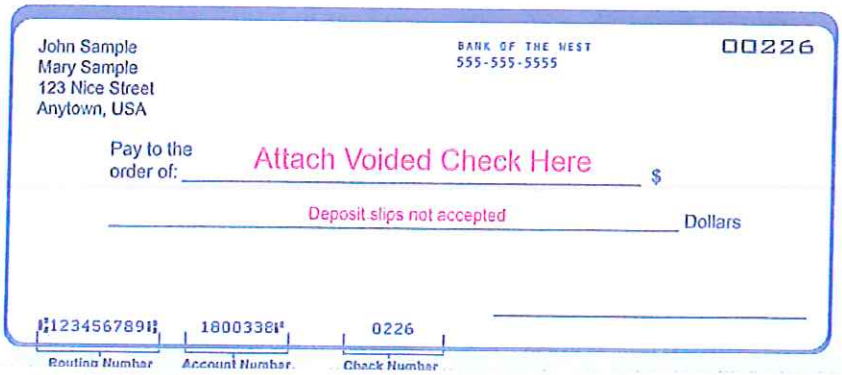
Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

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

TUITIONEXPRESS.COM REGISTRATION

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

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

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Cardholder Signature _____ Date _____

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

For Official Use Only
Date Received
Employee Signature

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