



6:30 a.m.-6:00 p.m.
373 Ewing Drive
Nashville, TN 37207
Ph: 615-226-3888
Fax: 615-226-3800

Brighter Day Childcare

Our mission is to provide a warm and stimulating, Christian environment that influence the needs of each child and enhances their development (mentally, physically, socially, spiritually, and cognitively). All these components build self-esteem and make learning and growth fun. We seek to enrich relationships with each family by means of team building so that each family may fulfill their dreams and become and remain successful in life.

We would like to thank you for considering us for your childcare needs. We take pride in offering a great program that fit the needs of you and your child(ren). Brighter Day Childcare welcomes you to the family.

Below is the check list of items that must be completed before your child may be enrolled into our center.

Pre-Placement visit.	Parent's initial: _____	Director's initial: _____
Application completed	Parent's initial: _____	Director's initial: _____
Application fee	Parent's initial: _____	Director's initial: _____
First week's tuition	Parent's initial: _____	Director's initial: _____
Immunization record	Parent's initial: _____	Director's initial: _____
Food program application	Parent's initial: _____	Director's initial: _____
Overage form (certificate)	Parent's initial: _____	Director's initial: _____
Previous Childcare Reference	Parent's Initial: _____	Director's Initial: _____

Date completed: _____

Enrollment Agreement

Completion of this agreement is required for enrollment. This information is necessary for Brighter Day Childcare to comply with the state childcare licensing regulations and to enable us to better understand your child to meet his or her needs.

Enrollment Information

Child's first name _____ Child's middle name _____ Child's last name _____

Date of birth _____ Age _____ Sex _____ Child's primary language _____

Child's home address _____

Parent's email address _____

List the family members that live in the home with the enrolled child, include the names and ages of siblings.

Name:

Relationship:

Age:

Name:	Relationship:	Age:

Is the parent/guardian a Brighter Day Childcare employee? ____ Yes ____ No If yes, list the start employment date _____

Parent/Guardian

Name (Mom): _____

Home address (Mom): _____

Home email address (Mom): _____

Home phone (Mom): _____ Cell phone _____

Work email address (Mom): _____ Employer phone/ext.: _____

Employer name/address (Mom): _____

Name (Dad): _____

Home address (Dad): _____

Home email address (Dad): _____

Home phone (Dad): _____ Cell phone _____

Work email address (Dad): _____ Employer phone/ext.: _____

Employer name/address (Dad): _____

Relationship to child if not parent _____

Dear Parent or Guardian,

The persons designated in this section will be contacted by Brighter Day Childcare and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specified emergency release forms required by individual state childcare licensing regulations. In addition, release person must be 18 years of age or older.

Name:	Relationship:	Phone:

Brighter Day Staff will release your child only to you or those persons you have listed above. Employees may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify Brighter Day Childcare staff in advance, in writing. **Your child will not be released without prior authorization.** In the event you call a pickup authorization into Brighter Day Childcare, the Parent/Guardian identification information will be used to identify and to authorize the release of your child.

For all children's safety, it is critical to sign in/out child(ren) specific to state childcare licensing regulations, this ensures the safety of our staff and children. There is also a Disaster Plan and Emergency Procedures Booklet in each classroom here at Brighter Day.

Does your child attend school? ___ Yes ___ No

School transportation provided by: ___ Elementary School ___ Parent/Guardian
___ Other(specify)_____

Elementary School Name: _____ Grade: _____ School Phone: _____

Hours of Operation:

Brighter Day is open from 6:30am until 6:00pm. Children cannot be accepted earlier or kept beyond these hours. We also ask that children arrive each day prior to 9:00am. Children arriving after 9:00am will not be accepted unless prior arrangements have been made.

Brighter Day will be closed in recognition of various holidays throughout the year. To see the selected holidays please review the list below and the parent board in the lobby.

- | | | | |
|---------------------------------|---------------------|-----------------------------|--------------------------|
| New Year's Eve | Good Friday | Independence Day | Christmas Holiday |
| New Year's Day | Memorial Day | Labor Day | |
| Martin Luther King's Day | Juneteenth | Thanksgiving Holiday | |

If I or another authorized person fail to pick up my child and/or contact Brighter Day Childcare, and I or another authorized person cannot be reached, the staff, within thirty (30) minutes after closing time or in accordance with the state childcare licensing regulations, may release children to the custody of child protective services or other local authorities.

Initial here _____

Brighter Day will be open whenever possible on a regularly scheduled day, during normal hours. The procedure for notifying families should severe weather or other conditions prevent Brighter Day from opening on time or at all will be posted and announced on channel 2 (WKRN). If it becomes necessary to close early, it will be my responsibility to arrange for my child's early pick-up. There will be no tuition credit for any time Brighter Day Childcare is closed.

Initial here _____

Parent Checklist:

Infants	Toddler	Pre-School
Ready Made Formula or Breast Milk (labeled)	Milk (if the child can't drink whole milk or 1%)	Milk (if the child can't drink whole milk or 1%)
Provided by center	N/A	N/A
Provided by center	N/A	N/A
Extra Clothing (weather appropriate) (labeled)	Extra Clothing (weather appropriate) and outside, closed toed shoes (labeled)	Extra Clothing (weather appropriate) and outside, closed toed shoes (labeled)
Crib Fitted Sheet Blanket (13 months +) (Laundered weekly & returned)	Crib Fitted Sheet & Blanket (Laundered weekly & returned)	Crib Fitted Sheet & Blanket (Laundered weekly & returned)
Immunization Record	Immunization Record	Immunization Record
Smart Steps Certificate/Parent fee + difference (prior to start date)	Smart Steps Certificate/Parent fee + difference (prior to start date)	Smart Steps Certificate/Parent fee + difference (prior to start date)
Fees (application & tuition)	Fees (application & tuition)	Fees (application & tuition)
Diapers & Wipes	Diaper/Pull ups & Wipes	Wipes
Kleenex tissue	Kleenex tissue	Kleenex tissue

Medical Information

Please answer the following:

1. Special medical conditions ___ Yes ___ No
2. Chronic Illnesses ___ Yes ___ No
3. History of serious injuries or hospitalizations of which we should be aware of ___ Yes ___ No
4. Diabetes ___ Yes ___ No
(If your child has diabetes, please notify Brighter Day's Director. An authorization form for your children with diabetes must be completed at enrollment)
5. Medication ___ Yes ___ No
6. Special dietary need ___ Yes ___ No
7. Physical restrictions ___ Yes ___ No
8. Is your child able to fully participate in all the activities offered by Brighter Day Childcare? ___ Yes ___ No
9. Does your child function at the level of other children in his or her age group? ___ Yes ___ No
10. Is your child able to walk? ___ Yes ___ No
11. Can your child effectively communicate his or her needs? ___ Yes ___ No
12. Does your child require any assistance at mealtime? ___ Yes ___ No
13. Does your child rest in the middle of the day? ___ Yes ___ No
14. Is your child toilet trained? ___ Yes ___ No If so, does he or she need assistance? ___ Yes ___ No
Toilet training status is not an eligibility requirement for enrollment
15. Does your child use any special equipment, such as Nebulizer, wheelchair, hearing aid, braces, etc.? ___ Yes ___ No
16. Does your child require one-to-one care/supervision on a regular basis for a significant amount of time? ___ Yes ___ No
17. Does your child require and/or desire any accommodations or modifications to enjoy and participate in Brighter Day Childcare's group setting, fully and equally? ___ Yes ___ No

Does your child have challenges with any of the following (please check all that apply)?

- | | |
|-------------------------------------|--------------------------------|
| ___ Vision | ___ Bee Sting Reaction |
| ___ Hearing | ___ Other Reaction |
| ___ Speech | ___ Bronchiolitis/pneumonia |
| ___ PPD Test | ___ Chicken Pox (Varicella) |
| ___ Sickle Cell Anemia | ___ Hepatitis |
| ___ Developmental Screening/Testing | ___ Scarlet Fever |
| ___ Medication Reaction | ___ Measles Rubeola |
| ___ Food Reaction | ___ Rubella (German Measles) |
| ___ Respiratory Reaction | ___ Mumps |
| ___ Other | ___ Pertussis (Whooping Cough) |

Please note your child's illness history (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Frequent colds/upper respiratory infections | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Asthma/breathing problems |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Abdominal (stomach) pain |
| <input type="checkbox"/> Frequent skin rashes | <input type="checkbox"/> Urinary tract infections/problems |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Persistent diarrhea |
| <input type="checkbox"/> Lung disease/shortness of breath | <input type="checkbox"/> Persistent constipation |
| <input type="checkbox"/> Seizures/convulsions | <input type="checkbox"/> Vision/hearing problems |
| <input type="checkbox"/> Frequent nosebleeds | <input type="checkbox"/> Other: _____ |

Height _____ Weight _____ Hair Color _____ Eye Color _____

Distinguishing Marks _____ Date of Birth _____

Allergies

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Medications | <input type="checkbox"/> Reactions |
| <input type="checkbox"/> Food | <input type="checkbox"/> Reactions |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Reactions |
| <input type="checkbox"/> Bee Sting | <input type="checkbox"/> Reactions |
| <input type="checkbox"/> Other | <input type="checkbox"/> Reactions |

Are any of the allergies severe or life-threatening? Yes No

Please provide any other special instructions/notes regarding your child's medical history:

Does the child have any health/medical condition that could result in an emergency at the childcare location?

Date of last physical examination: _____

Is the child free of any infectious or communicable disease? Yes No

Are the child's immunizations complete and up to date? Yes No (please attach provide shot record)

Do you believe the child requires any modifications or accommodations in order to be cared for and participate in the activities provided in Brighter Day Childcare setting described below? Yes No

- Brighter Day Childcare is not a medical treatment facility. Medical services are not provided; and the teachers are not medically trained. Prescription Medication may be considered per the directors' discretion.
- Brighter Day Childcare operates a childcare development center. Brighter Day Childcare provides meals and a snack, rest times, outdoor play times, and follows an established curriculum.

Brighter Day Childcare's policy is to enroll children in compliance with the Americans with Disabilities Act (ADA), its implementing regulations and any other applicable federal, state, or local laws that apply to the provision of childcare services to those with disabilities. We review each child's situation on a case-by-case basis to determine how we can best meet the needs of each child within Brighter Day Childcare's setting.

Brighter Day Childcare does not discriminate based on a person's religion, color, race, gender, sexual orientation, age, national origin, disability, Vietnam-era, or any other factors protected by law. Contact Disability Services to assist with special needs or reasonable accommodation issues.

Primary Care Physician (PCP) name: _____

Practice/Clinic name: _____

PCP address: _____

Phone: _____ Fax: _____

Preferred hospitals/clinic for acute and emergency care: _____

Health Insurance Provider and policy number: _____

- Prior to enrollment, I must provide Brighter Day with updated medical and immunization information for my child. This information must be updated in accordance with state childcare licensing regulations and kept current. I understand that children without appropriate current medical records may not attend Brighter Day Childcare.
- I agree to promptly provide information to Brighter Day regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
- If Brighter Day staff notifies me that my child is ill, I must pick them up as soon as possible, no later than one hour after being contacted, no exceptions.
- If my child contracts a reportable contagious disease or virus, my child may return only with a physician/health care professional's note indicating that my child is no longer contagious.

Medical Policy

- In case of a medical or other emergency while my child is under Brighter Day's supervision. I understand that Brighter Day Childcare staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize Brighter Day Childcare to act on my behalf and take the emergency measures including those listed below if deemed necessary by Brighter Day Childcare staff or medical authorities for the care and protection of my child. I authorize Brighter Day Childcare to:

- Consult the physician or dentist named on the previous page if I cannot be reached
 - Administer first aid and/or cardiopulmonary resuscitation
 - Transport my child via ambulance or other emergency medical service to the local hospital or urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
 - Obtain any emergency medical or dental treatment deemed necessary by medical authorities
 - Administer syrup or ipecac if directed to do so by the Poison Control Center in case of accidental ingestion of a poisonous substance, except where prohibited by the state childcare licensing regulations.
 - Transport my child to a local emergency shelter in the event of an emergency evacuation of Brighter Day Childcare's facility.
- If I wish to request a religious or personal exemption to Brighter Day Childcare's practice of securing necessary emergency medical treatment in the event I cannot be reached, state childcare licensing authorities must be consulted to determine if such an exemption may be granted.
 - I must complete any state specific medical authorization forms required by the individual state childcare licensing regulations.

Financial Information

Tuition & Fees (weekly)

Infants- \$375 (6 weeks-12 months) Toddler I & II- \$350 (13 months-31 months (1yr-2yr7mo))
Toddler II & Preschoolers- \$350 (36 months-60 months- not toilet trained (3-5 years))
Pre-schoolers- \$325(32 months-Kindergarten(2yr8mo-5yr))

I understand that my weekly tuition fees are as follows: \$ _____ per week, due on Monday morning of each week. I understand that a change in this schedule must be made in writing and may require a new enrollment agreement. **Initial here:** _____

1. If my child regularly attends school and school is not in session due to holiday, snow, etc., I agree to pay the additional fee of \$ _____ for each day my child attends Brighter Day Childcare all day. The additional fee is charged only when, during the school week, my child's school has a scheduled day off or an unscheduled day off due to weather or other unforeseen events. When school is not in session, the full-time tuition is \$ _____.
2. A late pick-up fee of \$35 after the five (5) minutes and \$1.00 per minute thereafter per child will be assessed when a child is left beyond Brighter Day's operating hours. The late pic-up fee does not constitute an agreement to provide afterhours service, nor will the late fees be applied toward tuition. Excessive lateness at closing time may be ground for termination of service. **NO EXCEPTIONS.**
3. Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of Brighter Day. If the hours my child attends change in any way, I will notify Brighter Day immediately so appropriate staffing may be arranged. Initial _____

4. I agree to pay the full tuition fee if my child is absent for one or more days; however, for each full calendar week my child is absent, Brighter Day requests a two-week notice of an intended vacation.
5. All tuition is due in advance of services being rendered. Payments are due on Monday morning- **NO EXCEPTIONS**. All unpaid balances will be assessed a late fee \$25 on Monday at 12 noon and your child will not be accepted for service until fees (regular& late) are paid in full. The terms of this agreement, including the fees, are subject to change in whole or in part by Brighter Day Childcare with 30 days' notice. This Agreement may be terminated by Brighter Day Childcare at any time.
6. Accounts in arrears may be referred to a collection agency and/or taken to small claims court. In the event an account is sent to collections/court, I will be responsible for the balance of my account, collection and attorney fees, and any costs associated with the collection of the account and/or court cost.
7. My child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event and will require completion of a specific field trip.
8. A two week's written notice is required prior to the last day of my child's attendance. If I do not give proper notice, I agree to pay any fees or full tuition that may be due for the final two weeks regardless of my child's attendance.
9. I authorize Brighter Day Childcare to initiate electronic debits to my checking account for each check presented by me to Brighter Day Childcare for payment. If any check is returned unpaid, I acknowledge that Brighter Day Childcare will attempt to collect on the returned check electronically up to two additional times. I authorize Brighter Day Childcare to electronically debit my account for any returned item and returned fee in the maximum amount allowed by the state law.

Initial: _____

10. Payment from customers with outstanding, unredeemed, returned checks must be in the form of cash, money order, or cashier's check. Accounts containing returned checks are subject to immediate termination of service, however, upon payment of applicable tuition and registration fee, Brighter Day Childcare may choose to reinstate your child's enrollment.
11. At any time, if my child's tuition becomes two weeks past due, my child will be subject to temporary suspension until the past due balance, including the late fee, is paid current.
12. Immunization records or exemption statements from parent and physician are required before your child's start date. During your child's enrollment we must always have an up-to-date immunization record on file. If your child attends an appointment for any immunizations, please return the next day with an up-to-date record. Your child will not be allowed to return without the up-to-date record. **NO EXCEPTIONS.**

Brighter Day Childcare reserves the right to alter its policies and program at any time. Brighter Day Childcare management does not have the authority to alter or modify the terms of this Agreement either verbally or in writing.

- I understand that if there is a change in any information provided for this Agreement, I will promptly update such information.
- I agree to notify the staff before 9:00 am when my child will be absent. I must notify the childcare staff if my school-age child will not arrive by the scheduled school bus on a particular day. I agree to contact the childcare center if my child will be arriving late, more than 3 late arrivals in one week will result in the consequence of your child not being able to attend on that 3rd day.
- I consent to Brighter Day Childcare communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.
- I understand to maintain the professional status of Brighter Day Childcare staff and prevent any potential conflict of interest, babysitting by childcare staff members is discouraged, However, should I hire any staff

members, it must be outside the premises and with the understanding that such arrangements and payments for services are solely between me and the childcare staff member. Brighter Day Childcare does not sanction the arrangements, and I agree to hold Brighter Day Childcare harmless from any such arrangement. If a childcare staff member chooses to babysit for an enrolled child, Brighter Day staff member and I must request and sign a Brighter Day Childcare Babysitting Liability Release Form to be kept in the child's file.

- State childcare licensing regulations are on file at Brighter Day Childcare and are available for review upon request. Certain state childcare licensing regulations have requirements in addition to those contained in this Agreement.
- A child may be disenrolled by Brighter Day Childcare without prior notice if, in sole opinion of Brighter Day Childcare it is in the best interest of the child or Brighter Day Childcare.
- Any dispute or claim arising out of or relating to this Agreement shall be submitted to nonbinding mediation prior to the commencement of arbitration, litigation, or any other proceeding before a trier of fact. The parties agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. If a mediator cannot be agreed upon by the parties, each party shall designate a mediator, and those mediators shall select a third mediator who shall act as the neutral mediator to assist the parties in attempting to reach a resolution. All parties to the mediation shall share equally in its costs.

Other Terms and Certifications

Decorum of Staff, Parents, and Guests

We are always striving to foster a fun, safe, and professional Environment here at Brighter Day Childcare. We ask if all parties Involved here to maintain a high level of professional decorum while Interacting at any Brighter Day Childcare facilities or functions.

Parent/Guardian
Signature: _____
Date: _____

Walking Trips

I give permission for my child to leave Brighter Day for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by Brighter Day staff and other proper staff supervision at all times. (If required by individual state childcare licensing regulations, I will be given a specific permission slip for each walking trip.)

Parent/Guardian
Signature: _____
Date: _____

Water Activities

I give permission for Brighter Day Childcare to include my child in supervised water activities, including water activities at Brighter Day. I will be given a specific permission slip for all off-site water activities.

Parent/Guardian
Signature: _____
Date: _____

Photographs/Videotaped

I give permission for my child to be photographed and videotaped at Brighter Day, during program functions, field trips, and for our social media, Facebook page. I understand that photographs/videos may be taken by Brighter Day staff or by other parents/guardians and /or photographers. I will be notified if any photographs/videos taken by Brighter Day staff are to be used for public relations purposes and understand, I have the right to refuse permission for such use.

Parent/Guardian
Signature: _____
Date: _____

Personal Safety Curriculum (4-5 year olds)

By signing I certify that I agree for my child to participate in the personal safety curriculum. I also agree not to send my child in open toe shoes or sandals for their personal safety during outdoor play. (If I do send my child in sandals, I will provide a pair of closed toed, outdoor shoes)

Parent/Guardian
Signature: _____
Date: _____

Immunizations

____ My child has current immunizations record on file at school/ Brighter Day.

____ Due to religious preferences, my child does not receive immunizations. (I must provide a letter from the doctor and myself)

Parent/Guardian
Signature: _____
Date: _____

Ready Pickup

If I should arrive at Brighter Day Childcare, and I Appear under the influence of drugs and/or alcohol, the following person(s) should be called to transport my child home safely. _____ Should I not follow this policy, a member of management will have no choice but to call the Metropolitan Nashville Police Department. I understand that I will not be allowed to transport my child.

Parent/Guardian
Signature: _____
Date: _____

Video/Movie Policy

Videos will not be shown to children without me being notified of the name of the video/movie, time, rating, and date. This information will be posted on the Parent Information Board.

Parent/Guardian

Signature: _____

Date: _____

Discipline policy:

I understand that if any time my child displays violent behavior he/she may be unenrolled at Brighter Day Childcare. Also, if my child repetitively misbehaves, causing a distraction to the learning environment he/she may be unenrolled at Brighter Day Childcare.

I understand that hitting staff and other children will not be tolerated and are grounds for immediate unenrollment. I will only receive a verbal, 2nd offense-written, and final offense-unenrollment. However, I will still be responsible for the tuition for the full week the child was unenrolled.

Parent/Guardian

Signature: _____

Date: _____

Supply request:

I understand that it is my responsibility to provide the supplies for my child that is listed in this application. If at any time these items are requested, and I do not supply them, they will be provided by Brighter Day Childcare and the fee will be added to my child's tuition.

Parent/Guardian

Signature: _____

Date: _____

Laundry duties:

I understand that it is my responsibility to provide a sheet and blanket for my child (depending on the age for blanket) each week. This is supposed to be washed and returned each Monday. If I do not wash them or return them, I will be charged a fee.

Parent/Guardian

Signature: _____

Date: _____

Experience with others:

What are some of the ways your child plays at home? _____

Does he/she play with children from other families? ___ Yes ___ No How? _____

Does he/she react when he/she does not get his/her way? ___ Yes ___ No How? _____

Is the entire family together for any time during the day? ___ Yes ___ No

Eating Habits:

At what time does your child eat:	Breakfast:	Lunch:	Dinner:
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Does your child feed his/herself? ___ Yes ___ No

What is your child's general attitude toward eating? _____

If the child refuses to eat, how is this handled and by whom? _____

Food Favorites:	Food Dislikes:	Food Allergies:
-----------------	----------------	-----------------

Sleep habits:

Has own room ___ Yes ___ No

Shares room with ___ Other Children ___ Parents

At night sleeps from: ___ to: ___

Average hours of sleep per night: _____

Naps from: _____ to: _____

Average hours of naps: _____

Attitude towards going to bed: _____

If there is difficulty, how is it handled? _____

Habits associated with going to bed. _____

Is bed wetting an issue? ___ Yes ___ No _____ At naptime _____ At bedtime

If yes, how is this situation handled? _____

Toilet Habits:

Time at which child is taken to the restroom? _____ Diapers _____ Toilet Trained

Can the child take themselves? ____ Yes ____ No Time of bowel movement? _____ Regular? _____

Constipated? ____ Yes ____ No

Does your child tell you when he/she needs to go, and does he/she go willingly? ____ Yes ____ No

Can he/she manage his/her clothes at the toilet? ____ Yes ____ No

What words does he/she use for: Urinating: _____ Bowel Movement: _____

Speech and Physical Growth:

The child talks: ____ Well ____ Fairly Well ____ Not Very Well ____ Not at All

Does anyone read to the child? ____ Yes ____ No How regularly? _____ At what age did the child creep? _____

Crawl? ____ Yes ____ No Walk? ____ Yes ____ No

Which of the following words would you use to describe the child (check all that apply):

____ active ____ quiet ____ thin ____ average weight ____ heavy ____ tall ____ average height ____ short

____ friendly ____ unfriendly

Is there any other information you think we should know about your child?

Does the child have any medical diagnosis that requires ongoing care? ____ Yes ____ No

If yes, explain what type of care is administered at home and by whom? _____

Are you requesting that this care be provided at the facility? ____ Yes ____ No If yes, describe the care required:

(Request a doctor's statement for any specified requests for care at the facility).

Parent Declarations:

I received a summary of the licensing requirements. **Initial:** _____

I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents). **Initial:** _____

I received a copy of the childcare facility's policy statement or handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content. **Initial:** _____

I authorize the agency to transport my child as specified in the transportation plan section (see page 7&8). **Initial:** _____

Signature of Parent(s)/Guardian(s):

Date:

Date of Admissions:	Director:	Parent's initials:
Date of Withdrawal/unenrollment:	Director:	Parent's initials:

This form/information shall be maintained for one year after the date of disenrollment. Information on this form shall be updated annually or as needed to ensure the protection of the child.

Date of last update:	Parent's initials:	Director's initials:



6:30 a.m.-6:00 p.m.

373 Ewing Drive
Nashville, TN 37207

Ph: 615-226-3888

Fax: 615-226-3800

Childcare Reference:

To whom it may concern:

Child's Name: _____

Child's Date of Birth: _____

Enrollment Start Date: _____

Enrollment End Date: _____

Eligible for re-enrollment: _____

Parent's Name: _____

Responsible payer: _____

I, _____, give Brighter Day Childcare, LLC. permission to obtain behavioral/social/emotional history from _____ to accompany the application for admissions.

I, _____, give Brighter Day Childcare, LLC. Permission to obtain payment history from _____ to accompany the application for admissions.

This information is only used for Brighter Day Childcare, LLC. application submission process.

Parent's signature: _____ Date: _____

Previous Childcare Center: _____ Date: _____

Previous director's signature: _____ Date: _____

Current Childcare Center: _____ Date: _____

Current director's signature: _____ Date: _____