



Thank you for choosing Bright Futures Childcare and Preschool Program! Whether you are a new or returning family, we are thrilled to welcome you and excited to have this opportunity to provide your child with the highest quality education and care. As a part of the enrollment process, Bright Futures is required to obtain additional information about your family.

Your center director can answer any questions you may have as well as provide any additional forms that may need to be completed.

Welcome to Bright Futures! We are thrilled you are a part of our family!

Our Enrollment Process:

- Child Enrollment Forms
- Child Information Card
- Up to date immunization record (This must be renewed at minimum once per year)
- ND Health Care Summary
- All About Me Form

Please mail, email, or drop off these completed forms along with the Parent Handbook Contract Page (last page of Parent Handbook) and the enrollment fee (\$50 for one child, \$70 for family) to ensure your spot at Bright Futures! Please speak with the center director regarding open enrollment dates.

Thank you for choosing Bright Futures! We look forward to working with you and your family!

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BRIGHT FUTURES ENROLLMENT

CHILD'S INFORMATION

Child's Name: _____ Date of Birth: _____
Place of Birth: _____ Primary Language: _____
Child's Schedule: MON _____ TUE _____ WED _____ THU _____ FRI _____

Parent/Guardian Information

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Home E-mail Address: _____	Home E-mail Address: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Others in Family Relationship: _____	

Parent/Guardian Business Information

Company Name: _____	Company Name: _____
Address: _____	Address: _____
Business Phone: _____	Business Phone: _____
E-mail Address: _____	E-mail Address: _____

Medical Information

Eye Color: _____ Hair Color: _____ Sex: _____
Height: _____ Weight: _____ Race: _____
Identifying Marks: _____
Identified Allergies: _____
Special Needs or Program Adaptations: _____
Health Insurance Provider: _____

Physician Information

Name of Physician/Clinic: _____ Phone: _____

(Parent/Guardian Signature) (Date)

(Parent/Guardian Signature) (Date)

FOR CENTER USE

Classroom: _____ Date of Admission: _____ Age of Admission: _____
Date Registration Fee Received: _____ Director's Initials: _____



Bright Futures Enrollment

I grant my informed consent for my child: _____ (Child's Name) to participate in the child care program operated by Bright Futures LLC. By signing below, I acknowledge and accept the following program conditions:

Access

I have full access to the center without notification whenever my child is present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

Child Release

For children's safety, Bright Horizons will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below by the parent/guardian.

Bright Futures will not release my child to any other person unless I notify the center, following the guidelines listed below:

- If the person (spouse, relative, friend) picking up my child is listed on this form but does not regularly pick up my child or has never before picked up my child, I will notify the center verbally, in advance.

- If the person picking up my child is NOT listed on this form, I must notify the center in writing, in advance.

- Photo identification will be required of any person picking up my child.

NAME _____

ADDRESS _____

CITY/TOWN ZIP _____

RELATIONSHIP TO CHILD _____

DAY PHONE EVENING PHONE _____

E-MAIL _____

NAME _____

ADDRESS _____

CITY/TOWN ZIP _____

RELATIONSHIP TO CHILD _____

DAY PHONE EVENING PHONE _____

E-MAIL _____

NAME _____

ADDRESS _____

CITY/TOWN ZIP _____

RELATIONSHIP TO CHILD _____

DAY PHONE EVENING PHONE _____

E-MAIL _____

Walk Permission

As part of the program, children will go on walks in the surrounding area and outdoor playground supervised by the teachers weather permitting. Infants and young toddlers will go in a buggy or stroller.

A separate Field Trip Policies and Permission Slip describing the field trip will be sent home if your child will be leaving the center for an extended period of time (for preschool and school-age children only).

I give permission for my child to participate in walks.

I do not give permission for my child to participate in walks.

Photography and Video Permission

Bright Futures takes photographs and videos of children enrolled at its centers on a regular basis for its business purposes. Bright Futures retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment. Bright Futures takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful, safe, and secure manner appropriate under the particular circumstances.

For example, at our center, these materials may be used to better communicate with families and to illustrate the daily curriculum, to chronicle a child's development, or to document center activities.

These photos may be shared with you and other families posted in the center, or in a parent newsletter.

By signing below, I give permission to Bright Futures to take photographs and videos of my child during his/her enrollment and to use these materials for its business or activity purposes.

Child Illness

In case of illness, I will be called and possibly required to pick up my child(ren) as soon as possible. We ask that for your child's comfort and to reduce the risk of contagion, children be picked up within 1 hour of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms. Children need to remain home for 24 hours without symptoms and without the use of fever reducing medications before returning to the program. This means that the child needs to remain out of the center for the remainder of the day he/she is sent home and the following day (if a child is sent home on Friday, he/she may return on Monday), unless the center receives a note from the child's medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash, or continuing symptoms, a note from the child's medical provider may be required before returning.

Children's Injuries

If my child sustains a minor injury (e.g., scraped knee) during care, I understand that I will receive an Incident Report outlining the incident and course of action taken by the staff member when I



arrive to pick up. I will be contacted immediately if the injury produces any type of swelling, is on the face or head, or needs medical attention.

Emergency Medical Care

Every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____ (Child's full name).

If I cannot be reached, the emergency contacts listed above will be called. I authorize Bright Futures to call an ambulance to transport my child to a hospital or medical facility and to secure for my child the necessary medical treatment. Staff is trained in the basics of first aid and CPR and I authorize them to give my child first aid. In a center, any member of the staff responsible for the care and education of my child may view my child's health information, as well as state licensors and health care consultants for compliance purposes.

Child's Health Insurance Provider

Name of insured

Policy number

SUNSCREEN AND INSECT REPELLANT PERMISSION SLIP

- All sunscreen or sun block will have a UVB and UVA protection of at least 15 or higher.
- All sunscreen/sun block and insect repellent must be provided in the original container
- All products require a valid expiration date, where applicable.
- Containers must be labeled clearly with the child's full name.

Note: When recommended by public health authorities or requested by a parent/guardian, the use of insect repellents containing DEET should be used. Repellents containing DEET are to be applied only to children over the age of 2 months and no more than once a day.

All sunscreen/sun blocks and insect repellents will be applied according to the directions on the label. Insect repellents will be washed off when the child has returned indoors. Combined sunscreen/sun block and insect repellents should be avoided due to the variation in application times.

I give Bright Futures permission to apply (name of sunscreen) _____ and/or (name of insect repellent) _____

_____ to my child. From: _____ To: _____ (not to exceed one year)

Special Instructions:

Parent Handbook Acknowledgement

I have received the Bright Futures Parent Handbook and applicable information specific to center and state policies. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures of the Parent Handbook. By signing below, I acknowledge receipt of these materials, and agree to abide by them. I understand that it is my responsibility to address any questions I may have regarding the policies and procedures and info.

Bright Futures Informed Consent

I grant my informed consent for my child to participate in the child care program operated by Bright Futures.

By signing below, I acknowledge and accept the following program conditions:

I have read, understand, and accept the conditions noted above.

Parent /Guardian Signature Date

Parent /Guardian Signature Date

Special Notes or Information:





CERTIFICATE OF IMMUNIZATION
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 16038 (Revised 03-2007)

Division of Disease Control
 600 East Boulevard Ave. Dept 301
 Bismarck, ND 58505-0200
 800.427.2180 or 701.328.3386

North Dakota law requires this form be completed* and provided to the childcare facility or school.

Child's Name (Last, First, Middle Initial):		Date of Birth:			
Parent's Name:		Telephone Number:			
Vaccine Type		Enter Month/Day/Year for Each Immunization Given			
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis				
OPV/IPV	Polio				
Hib	Haemophilus influenzae type B				
MMR	Measles-Mumps-Rubella				
Hepatitis B	Hepatitis B				
Hepatitis A	Hepatitis A				
Varicella	Chickenpox	History of Disease - Yes ____ Date: _____			
PCV 7	Pneumococcal Conjugate				
Rotavirus	Rotavirus				
Td/Tdap	Tetanus-Diphtheria and/or Pertussis				
MCV4/MPSV4	Meningococcal				
HPV	Human Papillomavirus				
Other					

To the best of my knowledge, this person has received the above-indicated immunizations on the above dates.

Physician, Nurse, Local/State Health	Title	Date
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If additional doses are added after initial signature, please initial dose and sign below.

Update signature #1:		
Physician, Nurse, Local/State Health:	Title:	Date:
Update signature #2:		
Physician, Nurse, Local/State Health:	Title:	Date:

My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) that my child's immunizations are incomplete and to submit a signed Certificate of Immunization.

Parent/Guardian Signature:	Date:
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Statement of Exemption to Immunization Law
 In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.

Medical Exemption: The physical condition of the above-named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

Physician Signature:	Date:
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Religious/Philosophical/Moral Belief Exemption: Parent or guardian of the above-named person adheres to a belief opposed to immunizations. (Please check one) Religious Philosophical Moral

Parent/Guardian Signature	Date
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* See back of form for assistance.
Original (white) – child care facility or school copy. **Copy (yellow)** – to be retained by parent/guardian.

Provider Instructions for Use of Certificate of Immunization

MINIMUM REQUIREMENTS¹

Children/students must be immunized age-appropriately according to the Advisory Committee of Immunization Practices (ACIP) and the Centers for Disease Control and Prevention. (See below.)

I. Childcare Facility Attendance:

Vaccine Type	Minimum Number of Doses Required Per Age				
	2-3 Months	4-5 Months	6-11 Months	12-18 Months	4-6 Years
DTaP/DTP/DT (Diphtheria-Tetanus-Pertussis)	1	2	3	4	4 or more [*]
Hib[§] (<i>Haemophilus influenzae</i> type b)	1	2	2 or 3	3 or 4	3 or 4
IPV/OPV[†] (Polio)	1	2	2	3	4
MMR (Measles-Mumps-Rubella) Minimum age: 12 months	0	0	0	1	2
Varicella (Chickenpox)	0	0	0	1 [#]	1 [#]

* One dose must have been given on or after the fourth birthday. For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required.

§ If the first dose is given at 15 months or older, only one dose of Hib is required. The number of doses required depends on the type of vaccine given for the first two doses. Children age 5 and older are exempt from the Hib requirement.

† **In all IPV or all OPV schedule:** If the third dose was given on or after the fourth birthday, the fourth dose is not required.

Combination of IPV/OPV schedule (2 IPV, followed by 2 OPV): All four doses are needed regardless of age.

Effective January 2004, one dose of varicella vaccine is required for children who are 12 months of age or older and attending daycare or an early childhood care facility.

II. School Attendance (K-12 and College):

Vaccine Type	Minimum Number of Doses Required Per Grade		
	K-6	Grades 7-12	College
DTaP/DTP/DT/Td (Diphtheria-Tetanus-Pertussis)	4 or more [*]	4 or more [*]	
IPV/OPV (Polio)	4 [†]	4 [†]	
MMR (Measles-Mumps-Rubella)	2	2 [¶]	2
Varicella (Chickenpox)	1 [#]	1 [#]	
Hepatitis B	3 [£]	3 [£]	

* One dose must have been given on or after the fourth birthday. Three doses Td required for children age 7 or older not previously vaccinated.

† **In all IPV or all OPV schedule:** If the third dose was given on or after the fourth birthday, the fourth dose is not required. If a child has received a total of four doses of any combination of OPV and IPV at least four weeks apart, he (she) is considered adequately immunized against polio.

¶ Two doses of MMR given on or after the first birthday are required for children who entered kindergarten or first grade in the 1992/1993 school year and thereafter. Each subsequent year, the next highest grade will be included.

£ Effective with the 2000/2001 school year and thereafter, three doses of hepatitis B vaccine are required for entrance into kindergarten (or first grade if the student's school does not have a kindergarten). Each subsequent year, the next highest grade will be included.

Effective with the 2004/2005 school year and thereafter, children are required to be age-appropriately immunized with varicella vaccine. Each subsequent year, the next highest grade will be included. Children with history of disease are exempt from getting the vaccine. Documentation of disease is required.

¹ Physician or clinic may recommend additional doses.