



Emergency Contact / Parental Consent Form

1

ALL boxes MUST BE FILLED IN - Nothing can be blank - N/A may be used.

★ All pick-up individuals listed will need their own Brightwheel PIN.

Child's Name		Child's Birthday	
Full Address			
Mother's/Legal Guardian Name		Phone Number	
Full Address			
Work Name		Work Phone Number	
Work Address			
Father's/Legal Guardian Name		Phone Number	
Full Address			
Work Name		Work Phone Number	
Work Address			
Emergency Contact Person(s)		Name	Phone Number
Person(s) Name to whom the child may be released to	Name	Full Address	Phone Number
Name of child's Physician/Medical Care Provider		Phone Number	
Address			
Special Disabilities (If any)		Medical or dietary information necessary in a medical situation	
Allergies (Including medication) & reaction		Medications or Special Conditions	
Additional information on the special needs of the child			
Child's Health Insurance Provider		Policy Number (REQUIRED)	
Code for pick-ups by those not listed - for use in an emergency only!		Dietary Restrictions(for any reason)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH OF THE FIVE ITEMS BELOW TO INDICATE PARENTAL CONSENT			
Emergency Care	Walks/Trips	Transportation	
First Aid	Swim/Wade	N/A	REVISED 7-2023



Permissions

Walking Trips

initial

I give permission for my child to leave the center for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. (If required by individual state child care licensing regulations, I will be given a specific permission slip for each walking trip). Examples include short walks to the nearby public library and to the nearby park/playground.

Transportation

initial

I give permission for my child to participate in and to be transported while under proper staff supervision at all times for field trips, to and from school, educational excursions, and other center sponsored activities. *I will be given a specific permission slip for each off-site field trip.* Off-site field trips and all transportation of children will meet state child care licensing regulations and center policies, including minimum-age requirements.

Water Activities

initial

I give permission for Brookline Sprouts to include my child in supervised water activities, including water activities at the center such as a water table. This does NOT include swimming or wading.

Photographs

initial

I give permission for my child to be photographed and videotaped in the center during a normal school day, and during program functions and field trips. These photos may be posted publicly, electronically, or physically, such as on the Center's social media or in Brightwheel. I understand that photographs/videos may be taken by the center staff or by other parents/guardians during functions or field trips.

First Aid and CPR

initial

I give permission to have basic first aid/CPR administered by trained staff in the event of a medical emergency.

Emergency Transportation

initial

I give permission for my child to be transported to the nearest medical facility for treatment in the event of a medical emergency that warrants said treatment.

SIGNATURE PARENT/GUARDIAN: _____

DATE: _____ **CHILD NAME:** _____



Permissions

continued

Sunscreen

initial

My child may have sunscreen applied to exposed skin areas before going outside on warm sunny days. I will provide sunscreen with a UV protection factor (SPF) of 15 or more (without Paba is recommended). Paba gives some children blotchy rashes. I will mark my child's name on his/her sunscreen in a zip-lock bag with a permanent marker.

Hand Sanitizer

State licensing requirements permit child care facilities to give hand sanitizer to children only with the written consent from the parent(s)/guardian(s). Hand sanitizer is not meant to replace regular hand washing practices of soap and water. However, there are times when it is all that is available, or is significantly less disruptive to learning. Please sign if you would like your child to use hand sanitizer while on a field trip, when soap and water are not available, or other appropriate times in between regular hand washing (such as after blowing their nose). We will provide Kleenex brand Moisturizing Foam Hand Sanitizer, Purell, or generic (active ingredient and directions listed below), if you would like your child to use a different brand, you must supply it yourself.

Active Ingredient: Ethyl Alcohol

Directions: Apply one pump into hands and rub hands together until all liquid has dried.

initial

By initialing I am permitting a staff member to offer hand sanitizer to my child according to the instructions above.

Attendance Schedule

	Start Time	Pick - Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

☐

Our child will have a variable schedule as described below. I understand that I am expected to submit schedules at least 14 days in advance to the Director in writing.

DATE: _____ CHILD NAME: _____



ENROLLMENT AGREEMENT

Financial Policies

The center is open from **7:00 a.m. to 5:30 p.m. Monday through Friday**. Prior arrangements must be made at least **two weeks in advance** for early drop-off before 8 a.m., if they are not already outlined in the child's agreement. The center will be closed in recognition of various holidays throughout the year. The Administration will provide a list of all holiday closings. The center's hours and holiday schedules are set and posted annually but may be changed at any time. **There is no reduction in tuition as a result of center closures.**

Please carefully read each statement & initial:

initial

If I or other authorized persons fail to pick up my child and/or contact the center, and I or other authorized persons cannot be reached, center staff, within thirty minutes after closing time or in accordance with state child care licensing regulations, may release children to the custody of child protective services or other local authorities.

initial

The center 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 the center from opening on time or at all, will be posted and announced on WTAE and Brightwheel.

initial

There is a late pickup fee of \$10 for every 5 minutes past contracted pickup time. Late fees are not for just pickups after close, but any pickup after your contracted pickup time. If in need of extended care time, the center may be able to accommodate this with 14 days notice at the extended care pay rate.

initial

Tuition is due in advance of service rendered. If tuition is not paid in advance, a late fee of \$10 per week late will be charged upon 7 days late and weekly. The terms of this Agreement, including the fees, are subject to change in whole or in part by the Brookline Sprouts with two weeks notice, except that this agreement may be terminated by Brookline Sprouts at any time. Tuition will still be charged during suspension for non-payment and added to the total balance.

initial

Accounts in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, I will be responsible for the balance of my account and any reasonable collection fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute, any part of the arrears payment not paid will be the responsibility of the parent/guardian.

initial

Two weeks written notice is required prior to the last day of 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. I also understand that if I do not complete the entire school year I forfeit any deposit money.

initial

I have read and reviewed the Brookline Sprouts Handbook and I understand its contents.

initial

The days and times set forth must be followed unless two weeks notice has been given to the Director in writing regarding schedule changes. Furthermore, no discounts or credits are offered if a child is late or absent regardless of the reason (illness, vacation, etc.). **All fees will be applied on any days or times missed.**

initial

If I have given my credit/debit card information for the center to have on file, I understand that it can be used to pay for future invoices.

PARENT'S EMAIL ADDRESS: _____

DATE: _____ **CHILD NAME:** _____



ENROLLMENT AGREEMENT and Considerations

Please carefully read each statement below & initial.

initial

I understand that if there is a change in any information provided for this Agreement, I will promptly update such information or emergency contact page.

initial

I agree to notify Brookline Sprouts as soon as possible when my child will not be in school through Brightwheel. I also understand that late drop-offs after 10 a.m. must be approved by Administration.

initial

I consent to Brookline Sprouts communicating with me by telephone, e-mail, or other means. Verbal and/or written communication may be sent home with drop off individuals, emergency contact, and release persons when necessary.,

initial

I understand that in an effort to maintain the professional status of Brookline Sprouts staff and prevent any potential conflict of interest, babysitting by center staff members is discouraged. However, should I hire any center staff members, it must be outside the center premises and with the understanding that such arrangements and payment for services are solely between me and the center staff member. The center and Brookline Sprouts do not sanction the arrangements, and I agree to hold Brookline Sprouts harmless from any such arrangements.

initial

I understand that state child care licensing regulations are on file at the center and are available for review upon request. Certain state child care licensing regulations have requirements in addition to those contained in the agreement.

initial

I understand that it would be in the best interest of my child's well-being, growth and development to share my child's IEP/IFSP with Brookline Sprouts. I know that I am not required to provide this information, but the center is formally requesting it if my child has one and I am willing to share it. This allows the center to best care for and nurture my child.

initial

I was given by the enrolling staff, prior to my child's first day, a copy of the Shaken Baby Syndrome & Abusive Head Trauma information. By initialing this, I acknowledge that I have read & understand the information provided to me and the policy of Brookline Sprouts.

initial

If my child has food allergies or other dietary restrictions, I will be required to submit written documentation of the request. I understand that in some cases, documentation from a medical provider may be required to fulfill the request.

initial

If any additional time is needed for care, prior notice needs to be arranged with the Director to allow for the correct staffing.

DATE: _____ **CHILD NAME:** _____