

PASSWORD: _____

BRIGHT MINDS INTERNATIONAL ACADEMY

DATE: _____ Enrollment Application START DATE: _____

PARENT / GUARDIAN INFORMATION

Mother's or Legal Guardian's name:

Last First Middle

Address:

City State Zip Code

Home Phone Number: (____) _____ - _____

Work Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

E-mail address: _____

Occupation: _____

Name of Employer: _____

Father's or Legal Guardian's name:

Last First Middle

Address: (If different)

City State Zip Code

Home Phone Number: (____) _____ - _____

Work Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

E-mail Address: _____

Occupation: _____

Name of Employer: _____

Parent's or Guardian's marital status: Married Single Divorce Widowed Separated
If divorce, who has legal custody of child? (Current letter may be required)

STUDENT INFORMATION

Child's Name	Classroom	D.O.B.	Sex
Last First Middle			
1. _____	_____	____/____/____	M / F
2. _____	_____	____/____/____	M / F
3. _____	_____	____/____/____	M / F

Child's Physician

Name Address City State Phone Number

Hospital Preference: _____
The closest hospital is Memorial West located on Flamingo Road.

EMERGENCY CONTACTS AND PICK UP AUTHORIZATION

Name	Home Number	Work Number	Relationship	Driver's License
1. _____	(____) _____ - _____	(____) _____ - _____	_____	_____
2. _____	(____) _____ - _____	(____) _____ - _____	_____	_____
3. _____	(____) _____ - _____	(____) _____ - _____	_____	_____
4. _____	(____) _____ - _____	(____) _____ - _____	_____	_____
5. _____	(____) _____ - _____	(____) _____ - _____	_____	_____

Parent's or Legal Guardian's Signature Date

BRIGHT MINDS INTERNATIONAL ACADEMY

Program Selection for each child enrolled

Please complete the information below (one form per child)

Child's Name

D.O.B.

Sex

Last First Middle Nickname _____ / _____ / _____ M / F

ATTENDENCE: (Check program desired)

SCHEDULE	2 days Tuesday -Thursday	3 Days M-W-F	5 Days
8:00 - 12:00			
8:00 - 2:00			
8:00 - 4:00			
7:00 - 6:30			
12:00-4:00 p.m.			
12:00-6:30 p.m.			
2:00-6:30 p.m.			
Summer Program			

AFTERSCHOOL PROGRAM: (Check program desired)

Afterschool _____ Name of Public School _____

* If additional forms are needed please contact the school's office.

BRIGHT MINDS INTERNATIONAL ACADEMY

Parent / Legal Guardian Acknowledgement (Addendum)

I acknowledge the receipt of Bright Minds International Academy's Statement of Policy. I understand and agree with the following policies and procedures:

(Please initial each item and sign below)

- _____ Philosophy
- _____ Registration and Tuition
- _____ Arrival and dismissal
- _____ Hours of operation
- _____ Emergency Procedures
- _____ Holiday schedule
- _____ Health Policy
- _____ Medicine Policy
- _____ Nutrition
- _____ Non discrimination Policy
- _____ Discipline Policy
- _____ Parent code of conduct Policy
- _____ Open Door policy
- _____ Programs Offered
- _____ Dress Code
- _____ Personal Belongings
- _____ Nap time
- _____ Volunteers
- _____ Communication
- _____ Immunizations
- _____ Field trips
- _____ Birthdays
- _____ Supplies

Parent's or Legal Guardian's Signature

____/____/____
Date

Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
Bureau of Children's Services
Child Care Licensing and Enforcement Section

ALTERNATE NUTRITION PLAN

Name of Facility / Home: Bright Minds Int'l Academy

Address: 7150 W Mc Nab Rd Tamarac Fl. 33321

Date: _____/_____/_____

Dear Parents:

In accordance with the Broward County Child Care Ordinance / Family Child Care Ordinance, parents, and the child care facility / home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where are not provided by the facility / home.

Please read the following carefully, sign, and return to **Bright Minds Int'l Academy** to complete your child's registration process.

The facility agrees to provide a nutritious: (Operator / Director checks those which apply)

- | | |
|---|---|
| <input type="checkbox"/> Breakfast | Snacks and a hot lunch are included in the monthly tuition if child is register after noon, and are considered to be part of the school's program. Substitutes must be pre-ordered at the beginning of the month. <u>Children will not be allowed to bring their own food unless a medical note is provided.</u>
Upon enrollment, please notify the director and the teacher of any food allergies or restrictions your child has. If your child has allergies to any food, an alternate meal will be provided. |
| <input checked="" type="checkbox"/> Mid-morning snack | |
| <input checked="" type="checkbox"/> Mid-afternoon snack | |
| <input type="checkbox"/> Evening snack | |
| <input checked="" type="checkbox"/> Hot lunch | |

The parent agrees to provide (AT HOME) a nutritious: (Parent checks these which apply.)

- At home Breakfast
 Mid-morning snack
 Lunch
 Mid-afternoon snack
 At home Dinner

I have read the preceding and agree to meet the child's nutritional needs as defined above.

Parent Signature

Owner / Director Signature

Parent – please tear and keep this portion:

Meals provided by all parents shall consist of the following:

- | | | | | | |
|----|-----------------------|---------------|----|---------------------------------|---------------|
| A. | Meal / Poultry / Fish | 2 ounces | B. | Fruits (2 or more) | ½ cup |
| | Cheese | 2 ounces | | Vegetables | ½ cup |
| | Eggs | 1 egg | | Fruits and Vegetables | ¾ cup. |
| | Peanut butter | 4 tablespoons | | *Total amount must equal ¾ cup. | |
| | Dried beans and peas | ½ cup | C. | Bread | 1 slice |
| | | | D. | Butter | 1 teaspoon |
| | | | E. | Milk | 1 cup – 8 oz. |

BRIGHT MINDS INTERNATIONAL ACADEMY

**FACILITY BROCHURE
STATEMENT**

(Chapter 402.3125, F.S.)

On _____,
(Date)

I, _____
(Name of Parent or Legal Guardian)

**received a copy of the Bright Minds International
Academy Facility Brochure.**

Signature of Parent or Legal Guardian

NAME OF CHILD

**This information is for the day care
Facility file.**

BRIGHT MINDS INTERNATIONAL ACADEMY

Child's Profile

Child's Name

D.O.B.

Sex

_____ / _____ / _____
Last

_____ M / F

Mother's or Legal Guardian's name:

Father's or Legal Guardian's name:

Home Phone Number: (____) _____ - _____

Home Phone Number: (____) _____ - _____

Work Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Name of Employer: _____

Name of Employer: _____

Parent's or Guardian's marital status: Married Single Divorce Widowed Separated

If divorce, who has legal custody of child?

Has your child been cared for by someone besides the family? _____

List Siblings and their ages: 1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

DEVELOPMENT HISTORY

Type of birth: Normal Premature

Any complications? Please explain _____

Is your child: left handed Right handed

Age child began sitting _____ crawling _____ walking _____

Is your child a good climber? _____ Does your child fall easily? _____

Is any language other than English spoken at home? _____ Primary _____ Secondary _____

Age child began talking? _____

Any evidence of Speech disorder? _____ Explain _____

Visual difficult? _____ Explain _____

Motor development? _____ Explain _____

Other illnesses or physical conditions of which you are aware? _____ Explain _____

Has your child ever had an accident, operations or hospitalization? _____ Explain: (Situation, Date and any residual concerns) _____

Does your child take any medication regularly? _____ Explain _____

Does your child have any known allergies? (Bees, food, soap, ointments, medicine, etc.?) _____

BRIGHT MINDS INTERNATIONAL ACADEMY

Child's Profile

Does your child have any evidence of hearing impairment? Explain _____

As an infant your child was: (Mark those with best apply)

Happy Cross Active Quiet High strung Even tempered

What are your child's favorite activities or pastimes? _____

SLEEPING

Does your child take naps? _____ When? _____

What time does your child go to bed at night? _____ Wake up? _____

Does your child share his / her room?

Does your child have any fears? _____ Describe _____

What is your child's mood upon waking? _____

Are there any concerns about your child's sleep habits? _____

TOILET TRAINING

Is your child toilet trained? _____ (Describe assistance needed and words used) _____

Are there any concerns about your child's toileting?

EATING

Does your child enjoy eating? _____

Do you restrict your child's diet in any way? _____ Explain _____

Are there any concerns? _____

SOCIAL AND EMOTIONAL BEHAVIOR / EXPERIENCE

Has your child gone to preschool or day care before? _____ If so, when and where? _____

Please explain previous experiences _____

How does your child relate to new people (strangers)? _____

Are there any separation problems? _____

BRIGHT MINDS INTERNATIONAL ACADEMY

Child's Profile

Does your child play well alone?_____ In groups?_____

Please describe any past experiences your child has had playing with other children_____

How does your child enjoy play dates? _____

Does your child play with children that are: Older younger the same age as He / She

What makes your child angry or upset?_____

How does your child express anger or disappointment? _____

What do you find the best way to handle your child when He / She is upset?_____

How do you discipline your child at home?_____

Patterns of your child behavior: (Please mark those that apply to your child)

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Cries easily | <input type="radio"/> Temper tantrums | <input type="radio"/> Thumb sucking |
| <input type="radio"/> Teases | <input type="radio"/> Fearful | <input type="radio"/> Independent |
| <input type="radio"/> Quiet | <input type="radio"/> Sulks | <input type="radio"/> Easy going |
| <input type="radio"/> Day dreams | <input type="radio"/> Excitable | <input type="radio"/> Bites nails |
| <input type="radio"/> Calm | <input type="radio"/> Happy | <input type="radio"/> Impulsive |
| <input type="radio"/> Friendly | <input type="radio"/> Cheerful | <input type="radio"/> Cooperative |
| <input type="radio"/> Willful | <input type="radio"/> Shy | <input type="radio"/> Aggressive |

Are you concerned about any of these behaviors?_____

Any additional information about your child that could help make this a most positive experience for your child?

What do you hope for your child to accomplish at Bright Minds Int'l Academy?_____

BRIGHT MINDS INTERNATIONAL ACADEMY

Medical Authorization Form

I hereby grant permission for _____ (child's name) to use all the play equipment and participate in all activities at Bright Minds International Academy.

In the event of any extreme medical situation, as deemed by the Owners or Acting Director, paramedics or medical personnel will be notified **immediately** to escalate medical attention for the child. All efforts will be made to notify the parents or guardian, immediately, as well.

Due to insurance, injured or ill children must be transported to a hospital, when necessary, by paramedics or ambulance. The child cannot be transported by the school van or a school personnel.

Medical Authorization for _____ (child's name)

List all allergies:

1. _____
2. _____
3. _____

List all medical conditions

1. _____
2. _____
3. _____

Hospitalization Insurance:

Name of Insurance Carrier: _____

Policy Number: _____

Group Number: _____

Hospital Preference: _____ In an extreme emergency, the child will be taken to Memorial West Hospital West.

Upon immediate need for medical attention for your child, the undersigned hereby gives consent to any x-ray examinations, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor upon the advice of a physician and / or surgeon licensed under the provisions of the **Medical Practice Act**.

The undersigned further authorizes the above named school to have the above named minor released into the custody of its representative, should hospital care no longer be required.

THIS FORM IS TO BE USED ONLY IN AN EXTREME EMERGENCY.

Parent's or Legal Guardian's Signature

_____/_____/_____
Date

BRIGHT MINDS INTERNATIONAL ACADEMY

Check Approval Form (One form per person)

Approval is needed for each individual who will sign checks for payments to Bright Minds Int'l Academy.

Please fill out the information below completely.

Parent's full name:

Mother's or Legal Guardian's name:

Last First Middle

Father's or Legal Guardian's name:

Last First Middle

Names and ages of children enrolled:

_____ Last	_____ First	_____ Middle	Age: _____
1. _____			Age: _____
2. _____			Age: _____
3. _____			Age: _____

Current Address:

Address City State Zip Code

Home Phone Number: (_____) _____ - _____

Parent Occupation: _____

Parent Social Security Number: _____ - _____ - _____

Driver's License Number: _____

Date of Birth: ____/____/____

Height: _____

Sex: M / F

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENCE.

(copies can be made in our front office).

Parent's or Legal Guardian's Signature Date