

Parental Consent

Discipline Policy

We recognize that discipline is using approved methods to train a child in a more acceptable behavior. It is our policy to discipline children using the Time-Out method. The child who has misbehaved is placed in a chair usually in full view of the group activity, until he/she is able to calm down and rejoin the group.

The child will be placed in Time-Out for a few minutes (too long is not productive)... Most childcare professionals agree that one (1) minute for each year of the child's age is appropriate (ex: 3 minutes for a 3-year old). When the time is up, the teacher goes to the child and allows him/her to return to the group after reviewing the incident with the child. The child is then reassured of the teacher's love and allowed to rejoin the group.

We believe that discipline is an on-going process that begins with the adult (teacher) that has been given the authority to discipline. Each teacher does their best to gain the trust and respect of each child entrusted in their care. In gaining the child's trust we have learned that a more orderly student will follow. In cases where additional discipline is needed the teacher will consult with our director. At this time, our director will make a decision whether to notify the parent at that moment.

To ensure order and a safe environment parents will be notified due to any continued misbehavior. Please note that caregivers are never allowed to aggressively touch a child in an effort to correct behavior.

No corporal punishment will be tolerated on Bright Eyes Kindergarten, Inc. premises. This means that neither a teacher nor a parent/guardian is allowed to use this form of punishment. This includes a teacher who has children enrolled at Bright Eyes Kindergarten, Inc.

_____ I give Bright Eyes Kindergarten, Inc. my permission to discipline my child in the following manner explained above.

Parents: You will be asked to review our discipline policy on an annual basis and sign and date a revised copy our policy - this is required to remain in each child's file.

Child's Name

Parent's Signature

____/____/____
Date

Bright Eyes Kindergarten, Inc.

____/____/____
Date

Parental Consent
Enrollment Agreement

- I understand that Bright Eyes Kindergarten, Inc. will not release my child to any person without first verifying identification for authorization. I will inform all to be prepared to show their driver's license upon arrival at Bright Eyes Kindergarten, Inc. I also agree to inform the proper staff members when someone other than the legal guardian (s) will pick-up, and provide all pertinent information for authorization.
- I am authorizing Bright Eyes Kindergarten, Inc. to obtain emergency medical care for my child. I will assume responsibility for any expense incurred if emergency treatment becomes necessary.
- I agree to complete the Medical Emergency Form in its entirety.
- I am authorizing Bright Eyes Kindergarten, Inc. to transport my child to and from field trips on the school mini-bus.
- I understand that it is the preference of Bright Eyes that all children wear secure shoes that do not pose a hazard.
- I understand that a seasonal change of clothing that properly fits is required.
- I acknowledge and understand that the annual registration fee is on the first Monday of my anniversary month.
- I acknowledge and understand that I am required to review and sign an annual discipline policy form, financial agreement, SC DHEC Childcare Exclusion Acknowledgment, Medicine Policy/Illness Form, Medical Emergency Form, Transportation Form if applicable on an annual basis.
- Termination of enrollment requires a two week notice.
- I understand that the Parent Handbook in its entirety is accessible online at www.brighteyeskindergarten.com.
- I acknowledge that I have been given a copy or provided access to the Parent Handbook and will become familiar with its contents. I also acknowledge that I have been given an oral interpretation of the Parent Handbook as well as the opportunity to ask questions concerning Bright Eyes Kindergarten, Inc.
- I affirm that enrollment is contingent upon compliance of all guidelines and policies, as well as my ability to meet my financial obligation. I acknowledge that I understand and will comply with all guidelines and policies set forth by Bright Eyes Kindergarten, Inc.

Child's Name

Parent's Signature

_____/_____/_____
Date

Bright Eyes Kindergarten, Inc.

_____/_____/_____
Date

**Parental Consent
Financial Agreement**

Bright Eyes Kindergarten, Inc. is a privately owned company that operates solely on weekly tuition payments; therefore, enrollment is contingent on the ability to pay in a timely manner.

\$125.00 tuition (or special of \$100 depending on your enrollment date) is due every Monday morning. If your child(ren) will be out for an entire week please leave your tuition payment the Friday before your absence. If tuition is not paid by Tuesday at 6:30pm a \$15.00 late fee will be added to the total amount due. This fee will NOT be added to the following week.

Consistent late payments may result in tuition prepayment and/or removal of child. Prepayment is defined as payment before service and will be required 2 weeks in advance in the form of cash/money order/cashier's check. A written warning will be issued after the 2nd late payment.

Please note that if your account becomes more than 1 week delinquent, you must see Ms. Rosa Mattress before leaving your child(ren) in our care.

Your child(ren) is entitled to one (1) tuition-free week of vacation time during a traditional calendar year (Jan-Dec).
If your check is returned for any reason, a \$30.00 fee will be applied to your balance. In addition, all applicable late fees accrued up to that date will be assessed. After two (2) returned checks, cash or money orders will ONLY be accepted.

If the check is not satisfied within five (5) business days, it will be turned over to the Solicitor's Office for legal proceedings. You may be held responsible for additional collection fees, court costs, etc.

I acknowledge that I have read and fully understand the Financial Agreement, and will comply with the guidelines set forth.

Child's Name

_____/_____/_____

Parent's Signature Date

_____/_____/_____

Bright Eyes Kindergarten, Inc. Date

**Parental Consent
Medical Agreement**

The South Carolina Department of Health Environmental Control
Childcare Exclusion List can be found via the Bright Eyes Kindergarten website, in
the office or, the SC DHEC website
(http://www.scdhec.gov/health/disease/docs/2009-2010_Childcare_Exclusion_List.pdf).

Please note that it is our mission to provide clean-quality childcare, and need the
support and cooperation from all parents in order to meet our quality standard.

Medicine Policy-at-a-Glance

We will not administer any prescription or non-prescription medicine without the
completion of a Medicine Authorization Form.

Prescription drugs as well as Over-The-Counter (OTC) medications for your child(ren)
must be in the original container and clearly labeled with your child's name, dosage
amount, times to be given, and duration schedule.

Prescription medicine will not be shared among siblings.

Bring ALL medications to a Bright Eyes staff member. Please do not leave medicine in
your child's cubby or classroom.

All children enrolled at Bright Eyes must submit proof that the immunization process
is being followed and all shots are up-to-date. All records must be provided by the
parent/guardian on the form approved by the Health Department.

If the immunization is delayed for medical reasons, you must present us with a
form/letter from your child's doctor.

If religion prohibits immunization, we must receive a valid South Carolina Certificate
of Medical Exemption, or a valid South Carolina Certificate of Religious Exemption.

By signing below you are giving Bright Eyes Kindergarten, Inc. written permission to
obtain emergency treatment for your child in the event of a medical emergency. If we
feel that the situation is serious enough, we will first call 911 and contact the
members listed as approved emergency contacts.

I acknowledge that I have read and fully understand the guidelines set forth, and
will comply accordingly.

Child's Name

_____ / _____ / _____

Parent's Signature

Date

_____ / _____ / _____

Bright Eyes Kindergarten, Inc.

Date

**Parental Consent
Policies & Procedures Acknowledgment**

I, _____, acknowledge that I have read and/or received the Parent/Guardian Handbook including Policies & Procedures of Bright Eyes Kindergarten, Inc. as well as the School Safety Plan of Bright Eyes Kindergarten, Inc. via the website or in office.

I further acknowledge and confirm that I will use the knowledge obtained from these manuals to help develop a successful relationship with Bright Eyes Kindergarten, Inc.

Confidentiality

In addition to the policies contained in the manual, I _____ affirm that I will keep all records and known information about the children, their family and staff of Bright Eyes Kindergarten Inc. confidential. I also acknowledge that information pertaining to the children of Bright Eyes Kindergarten Inc. will not be copied, posted on a web site, or disclosed to unauthorized persons.

Child's Name

Parent's Signature

_____/_____/_____
Date

Bright Eyes Kindergarten, Inc.

_____/_____/_____
Date

Parental Consent
SC DHEC Childcare Exclusion List Acknowledgment

I, _____, acknowledge that I have read and/or received the South Carolina Department of Health Environmental Control Childcare Exclusion List via the Bright Eyes Kindergarten website, SC DHEC website (http://www.scdhec.gov/health/disease/docs/2009-2010_Childcare_Exclusion_List.pdf), or in office.

I further acknowledge and confirm that I will use the information obtained from this list to make sound decisions when determining if my child should be excluded from childcare at Bright Eyes Kindergarten due to medical conditions.

Child's Name	
_____	____/____/____
Parent's Signature	Date
_____	____/____/____
Bright Eyes Kindergarten, Inc.	Date