BRITE BEGINNINGS EARLY LEARNING CENTER
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Enrollment:_____
Date of Birth: _____Sex: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address:_____

****

Family Information: Child Lives With: _____ Legal Guardian ☐

Mother's Name: _____
Address: _____
Email: _____
Home Phone: _____
Drivers License#_____
Employer: _____
Address: _____
Work Phone: _____/Cell:_____
Custody: Both _____ Mother _____

Father's Name: _____
Address: _____
Email: _____
Home Phone: _____
Drivers License#_____
Employer: _____
Address: _____
Work Phone:_____/Cell:_____
Father _____ Other _____

****

Emergency Contacts:
Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name/Relationship	Address	Work#	Home#
Name/Relationship	Address	Work#	Home#
Name/Relationship	Address	Work#	Home#
Name/Relationship	Address	Work#	Home#

****

Persons Authorized to Pick Up:
Child will not be allowed to leave the center with persons not listed without authorization from the parent or guardian in writing or by telephone. The following people are authorized to take the child from the facility:

Name/Relationship	Address	Work#	Home#
Name/Relationship	Address	Work#	Home#
Name/Relationship	Address	Work#	Home#

****

Persons Your Child is Legally Restricted from Seeing, Talking to, or Leaving with:
A copy of supporting court document must be on file

Name/Relationship	Reason
Name/Relationship	Reason

Child's Health Information:

Date of Child's Last Physical Exam_____ Date Immunization Record Submitted _____

Is your child under routine care? Yes ☐ No ☐ Child's Primary Care Provider_____

List any childhood diseases your child has had _____

Does your child have any physical condition which requires special attention?

_____

_____

In your opinion, is your child physically and emotionally able to participate in the activities of the child care program? Yes ☐ No ☐ If not, why?

_____

_____

Does your child have prescribed medication?

_____

Does your child have any allergies?

_____

Does your child have a special routine which you feel the center should know about?

_____

Level of child activity: Low ☐ Medium ☐ High ☐

Do you prefer your child to Nap? ☐ or Rest? ☐

Has your child been cared for by another day care? ☐ or in a home? ☐

Name of last day care _____

Helpful Information About Child:

_____

_____

_____

_____

- ☐ I authorize the Center staff to provide medical care and emergency surgery if I cannot be located and I will accept responsibility for the expense of this service.
- ☐ I give permission for my child to participate in all activities of the Center, including field trips, transportation, supervised classroom and outdoor water play, and evacuations.
- ☐ I give permission for the Center to take photographs, video, and capture child's image on surveillance video used at this Center.
- ☐ I have read the Center's policies/Disaster plan and understand the purpose of the Center.
- ☐ I have read the Center's financial agreement and understand policies.

I have had the opportunity to ask questions concerning all policies. I agree to abide by all policies and I accept financial obligation for the above-named child. My signature below constitutes my acknowledgement and agreement.

_____

Parent/Guardian Signature Date Parent/Guardian Signature Date

Brite Beginnings Early Learning Center
All child care is educational and curriculum based.

Contract: (Circle One) New / Change/ Re-enrollment Contract Start Date: _____/_____/_____

Childs Legal Name:_____ Birth Date: _____

Email:_____

Program:_____ Program Tuition Rate:_____

Source of Payment:(Circle One) Private Pay / DSHS / Private Pay & DSHS Combined School Attending:_____

Contract Schedule

Mon Tues Wed Thurs Fri

Start: _____

End:_____

***Re-Enrollment Fee Billed July 1 each year.** ****Care is scheduled based on contract start date and will be billed on prorated basis prior to first full month.**

PROGRAM POLICIES

The following policies are in place so that we may provide excellent care for your child by ensuring quality in our staffing programs.

Please read and initial each line, indicating that you have read and understood.

|_____| Child shall be dropped off and picked up on the contracted days and within the times designated by their program.

|_____| Care provided outside of contracted days and times will be billed at drop in rates and must be reserved at least 24 hours in advance. Availability is not guaranteed.

|_____| $5/per minute per child shall be charged for late pick up after 5:30pm. Contracted may be terminated for monthly recurring late pick up after 5:30pm.

|_____| Contract changes may be made only by submitting a new program contract. No contract schedule changes are permitted in November or December.

|_____| Billing statements are emailed or mailed after the 1st of each month. Parent/Guardian is responsible for payment of balance due by due date, regardless of misdirected email or USPS mail (spam, junk, postal delivery issues, etc.) Parent/Guardian is responsible to inquire if no billing statement is received.

|_____| Private pay tuition is due in full by the last day of the month. Payment can be made by cash, check, eCheck, credit or debit card.

|_____| Late payment fee of $25 will be billed after the 5th of the month. $35 NSF fee for eCheck or chargebacks.

|_____| If account is not paid in full by the first of the following month, child care will be suspended until account is current.

|_____| Brite Beginnings Early Learning Center may terminate your contract for recurring late or missed payments. Advance notice of termination by Brite Beginnings Early Learning Center may not be provided.

|_____| Written contract termination is required at least two weeks in advance of the final day of care. Tuition will be billed through the end of the two week notice or the final day of care, whichever is later.

|_____| An account which remains unpaid after suspension or termination, and written arrangements have not been made, will be turned over to collections.

DSHS ONLY- Please read and initial each line, indicating that you have read and understood.

|_____| DSHS Copays are due on the first of the month. Nonpayment of copay shall be reported to DSHS.

|_____| DSHS eligibility shall be verified prior to enrollment and/or providing care.

|_____| Care provided in excess of DSHS authorized days will be billed to the parent/guardian.

|_____| Loss of DSHS eligibility may result in contract termination.

I have had the opportunity to ask questions concerning all policies and pricing. I agree to abide by all policies and pricing contained herein and I accept financial obligation for the above named child. My signature below constitutes my acknowledgement and agreement.

Parent/Guardian Name (Print):_____ Date:_____

Parent/Guardian Name Signature:_____ Date:_____

Administration Signature:_____ Date:_____

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Programs & Pricing

Rates Effective: September 1, 2026

Program	4 or 5 days/week	2 or 3 days/week	5 days/week half day	Drop-In/Full day	Drop-In /Half Day
Toddlers Ages 1-2.5 years	$1000/month	NOT AVAILABLE FOR THIS PROGRAM			
Early Preschool Ages 2.5-3.5 years (Not Potty Trained)	$950/month	$625/month	$625/month	$70/day	$60/day
Early Preschool Ages 2.5-3.5 years	$875/month	$600/month	$600/month	$70/day	$60/day
Preschool Ages 3.5-4 years	$875/month	$600/month	$600/month	$70/day	$60/day
Pre-K Ages 4-5 years	$875/month	$600/month	$600/month	$70/day	$60/day
School Age Summer Ages 5-12 years	$875/month	$600/month	$600/month	$70/day	$60/day

School Age School Year 5 days/week 0-3 hours per day

Ages 5-12 years

Before and/or After School (6:30am-8:30am) (3:00pm-5:30pm)	$450/month	*Drop In Full Day Additional $30/per day	**Van Round Trip**	$80/month
Late Start Monday Only (6:30am-10:25am)	$70/month	*Drop In Half Day Additional $25/per day	**Van One Way**	$60/month
Crestview Christian Before & After School	$250/month	**Contract only with 24 hour advanced notice	**Van No Call/No Show**	$30/per incident

SIBLING DISCOUNT- Families with children enrolled in a 5 full days per week program will receive a 20% discount on tuition for each additional sibling enrolled after the first child. Discount is calculated on the lowest tuition sibling(s)and is applicable for private pay contracts only.

Annual and Periodic Fees-Fees must be paid in full at the time the program contract is submitted

Annual/New Registration Fee- $100
Billed to all new children and annual Re-enrollment July 1, including drop in only contracts.

Contract Change Fee $30
Billed for changed contracts within the contract period, including drop in only contracts. Changes include but are not limited to: responsible party, schedule and payment source changes. Not billed for contract renewal with no changes.

MONTHLY TUITION RATES

Monthly tuition rates are calculated based on a four week month. This means that over the calendar year only 48 weeks of care are billed rather than the actual 52 weeks in a year. These four weeks not billed cover the Center Closure Days plus additional days off for family vacation and/or sick days. Swapping a contract day/tie for which a child is absent is not allowed. Drop-in rates apply for care provided on non-contracted day/time. No refund available for contract days/times not attended. Holiday Closures- New Year's, Martin Luther King Jr., President's, Memorial, Independence, Labor, Veterans, Thanksgiving & the day after, Christmas.

***If a holiday falls on a weekend, then the holiday will be observed on either Friday or Monday.**

Certificate of Immunization Status (CIS)

Washington State Department of Health

Reviewed by:	Date:
Signed COE on File? ☐ Yes ☐ No	

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.
X _____ Parent/Guardian Signature Date	X _____ Parent/Guardian Signature Required if Starting in Conditional Status Date

▲Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
•▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
•▲ DT or Td (Tetanus, Diphtheria)						
•▲ Hepatitis B						
• Hib (*Haemophilus influenzae type b*)						
•▲ IPV (Polio) (any combination of IPV/OPV)						
•▲ OPV (Polio)						
•▲ MMR (Measles, Mumps, Rubella)						
• PCV/PPSV (Pneumococcal)						
•▲ Varicella (Chickenpox) ☐ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

☐ Diphtheria	☐ Hepatitis A	☐ Hepatitis B
☐ Hib	☐ Measles	☐ Mumps
☐ Rubella	☐ Tetanus	☐ Varicella

☐Polio (all 3 serotypes must show immunity)

▶

Licensed Health Care Provider Signature Date

▶

Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Getting to know your child Questionnaire

Child's Name _____

Child's Nickname or Preferred Name _____

My child lives with _____

My child's family _____

My child's family pets _____

One important thing for you to know about my son/daughter is _____

_____

_____

My child's favorite book _____

My child's favorite color _____

My child's favorite toy _____

My child learns best by _____

_____

What are your child's favorite activities or interests _____

_____

My child does not like to _____

My child is good at _____