



5900 Sundance Blvd.
 Mulberry, FL 33860
 P.863-646-6444 F.863-646-6662

Application for Admission Fall Registration

Registration Form 2017/2018 School Year Preschool/Afterschool

First Name: _____ Last Name: _____ Age: _____ Birthdate: - _____

Please circle day/time

Extended Hours 6:30am-6:00pm	Weekly Tuition	Bi-Monthly Tuition	Monthly Tuition	Yearly Tuition
Infants 6 wks. & Toddlers	\$ 186.25	\$373	\$807	\$9,685.00
2-year old	\$ 163.75	\$328	\$710	\$8,515.00
3-year old	\$ 153.75	\$308	\$666	\$7,995.00
4-year old	\$ 142.50	\$285	\$618	\$7,410.00
Full Time 7:30am-5:30pm Or 8am-6pm	Weekly Tuition	Bi-Monthly Tuition	Monthly Tuition	Yearly Tuition
Infants 6 wks. & Toddlers	\$ 177.50	\$355	\$769	\$9,230.00
2-year old	\$ 156.00	\$312	\$676	\$8,112.00
3-year old	\$ 145.00	\$290	\$628	\$7,540.00
4-year old	\$ 137.50	\$275	\$596	\$7,150.00
Block 7:00am-4:30pm	Weekly Tuition	Bi-Monthly Tuition	Monthly Tuition	Yearly Tuition
Infants 6 wks. & Toddlers	\$ 171.25	\$343	\$742	\$8,905.00
2-year old	\$ 144.00	\$288	\$624	\$7,488.00
3-year old	\$ 136.25	\$273	\$590	\$7,085.00
4-year old	\$ 130.25	\$261	\$564	\$6,773.00
Half Day 7:30am-12:00pm	Weekly Tuition	Bi-Monthly Tuition	Monthly Tuition	Yearly Tuition
Infants 6 wks. & Toddlers	\$ 121.25	\$243	\$525	\$6,305.00
2-year old	\$ 104.00	\$208	\$451	\$5,408.00
3-year old	\$ 92.50	\$185	\$401	\$4,810.00
4-year old	\$ 93.25	\$187	\$404	\$4,849.00
3 Days Partime Mon, Wed, Fri 7:30am-5:30pm	Weekly Tuition	Bi-Monthly Tuition	Monthly Tuition	Yearly Tuition
Infants 6 wks. & Toddlers	\$ 135.00	\$270	\$585	\$7,020.00
2-year old	\$ 105.75	\$212	\$458	\$5,499.00
3-year old	\$ 98.50	\$197	\$427	\$5,122.00
4-year old	\$ 96.00	\$192	\$416	\$4,992.00
2 Days Partime Tues, Thurs 7:30am-5:30pm	Weekly Tuition	Bi-Monthly Tuition	Monthly Tuition	Yearly Tuition
Infants 6 wks. & Toddlers	\$ 105.50	\$211	\$457	\$5,486.00
2-year old	\$ 81.00	\$162	\$351	\$4,212.00
3-year old	\$ 78.50	\$157	\$340	\$4,082.00
4-year old	\$ 76.00	\$152	\$329	\$3,952.00

Age Registration Fee Schedule	Fee	Key Fob
Infants	\$80	\$12
Toddlers	\$85	\$12
2 year olds	\$90	\$12
3 year olds	\$95	\$12
4 year olds	\$100	\$12
VPK Wrap Only	\$65	\$12
After School (school Age Students) School Pick-up	\$65	\$12

VPK Only 3ours		
8:00am-11:00am 11:30am-2:30pm	9:00am-12:00pm	8:15am-11:15am 11:45am-2:45pm

VPK Wrap Tuition	Weekly Tuition	Bi-Monthly Tuition	Monthly Tuition
6:30am-9:00am	\$ 27.50	\$ 55.00	\$ 119.17
7:30am-9:00am	\$ 18.75	\$ 37.50	\$ 81.25
8:30am-9:00am	\$ 11.25	\$ 22.50	\$ 48.75
AFTERNOON			
12:00pm-4:30pm	\$ 68.75	\$137.50	\$ 297.92
12:00pm-5:30pm	\$ 77.50	\$155.00	\$ 335.83
12:00pm-6:00pm	\$ 87.50	\$175.00	\$ 379.17

Before School & After School	Weekly Tuition	Bi-Monthly Tuition	Monthly Tuition
BEFORE SCHOOL			
PreK Before School 3yr	\$ 13.75	\$ 27.50	\$ 59.58
PreK Before School 4yr	\$ 11.25	\$ 22.50	\$ 48.75
School Age 5yr-12yr	\$ 7.50	\$ 15.00	\$ 32.50
AFTERNOON			
PreK Afterschool 3yr	\$ 75.00	\$150.00	\$ 325.00
PreK Afterschool 4yr	\$ 70.00	\$140.00	\$ 303.33
School Age 5yr-12yr	\$ 57.50	\$115.00	\$ 249.17

Multiple Child Discount: The child with the greatest tuition rate will be considered the first child. Each additional child's tuition is discounted 10%.

All tuition payments are made via ACH or CC debit weekly, bi-monthly, monthly, or yearly.

Incidental child care rate for late pickup is \$1 per minute before/after scheduled drop off/pickup time.

Changes of enrollment, including schedule changes, require a two-week notice.

Tuition does not include kids club for VPK and Elementary Students.

After 6 months of consecutive attendance students are eligible for a vacation week. Two vacation weeks per year are awarded.

Lunch Tuition	Weekly Tuition	Bi-Monthly Tuition	Monthly Tuition
Monday-Friday	\$ 8.75	\$ 17.50	\$ 37.92
Mon, Wed, Fri	\$ 6.25	\$ 12.50	\$ 27.08
Tues, Thurs	\$ 5.00	\$ 10.00	\$ 21.67



Registration Information

Child's Name Date of Birth Social Security Number

Parent's/Guardian's Name (Father) Parent's/Guardian's Name (Mother)

Home Work Home Work

Address Address

City, St, Zip Code City, St, Zip Code

Cell Phone Cell Phone

Email Address Email Address

Employer Employer

Authorization Alternate Emergency Contacts

Primary Emergency Contact Secondary Emergency Contact

Home Work Home Work

Address Address

City, St, Zip Code City, St, Zip Code

Authorization for Alternate Pick-Up

Name	Relationship	Phone

Authorization for Emergency Medical Treatment

Hospital/Clinic Name and Address

Physician's Name

Phone Number

Insurance Company

Policy Number

Dentist Name and Address

Phone Number

Insurance Company

Policy Number

Drug Allergies

Food Allergies

List Current Medications

List and Disabilities or Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. I will accept responsibility for payment of any medical services rendered, not covered by my insurance carrier. **This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. Brilliant Minds Early Learning Academy, LLC will make every attempt to contact the parent/guardian or emergency contact, in the event that no contact is made, the signing of this consent gives Brilliant Minds Early Learning Academy, LLC permission to take all reasonable steps to see that children enrolled at Brilliant Minds Early Learning Academy, LLC receive necessary medical treatment.**

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

Witness Signature

Date

Emergency Medical Transportation

I give permission for my child to be released from Brilliant Minds Early Learning Academy, LLC and transported by Emergency Medical Services Transportation (Ambulance/Paramedic or Fire Rescue) to the nearest medical facility. I release Brilliant Minds Early Learning Academy, LLC and any individuals from liability in case of accident or injury transport, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

Witness Signature

Date

Transportation Information

Will you provide daily transportation for your child, to and from, Brilliant Minds Early Learning Academy, LLC?
YES NO (Please Circle One)

If no, please indicate, by whom and, what mode of transportation your child will arrive and depart from BMELA?

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

Authorized Driver

Mode of transportation

Witness Signature

Date

Field Trip Authorization (for school-aged students)

I give permission for my child to go on field trips via transportation provided by Brilliant Minds Early Learning Academy, LLC or any contracted transportation provider for extracurricular field trips. I release Brilliant Minds Early Learning Academy, LLC and any contracted individuals/providers from liability in case of accident or injury during activities related to Brilliant Minds Early Learning Academy, LLC daily curriculum, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date

ALLERGY AND FOOD PREFERENCE INFORMATION

Substances	Child's Information					(Check if allergic)	
	MAY be exposed	May NOT be exposed	IS Allergic	Is NOT Allergic	Not Sure	Parent(s)	Other Family Member
Food:							
Peanut							
Other Nuts & Seeds							
Citrus Fruits							
Other Fruits							
Cow's Milk							
Yogurt							
Other Dairy							
Corn							
Oats							
Wheat							
Other Grains							
Yeast							
Egg Yolks							
Egg Whites							
Soy Foods							
Fish							
Shell Fish							
Strawberries							
Mushrooms							
Environment:							
Dust							
Mold Spores							
Cats							
Dogs							
Other Animals							
Pollen							
Bee Stings							
Other Insects							
Medical:							
Penicillin							
Latex							
Other:							

Media Release Authorization

I DO / DO NOT (please circle one) give permission for Brilliant Minds Early Learning Academy, LLC to use photographs or videotapes of my child for publication (bulletin boards, newsletters, or other media outlets) taken during Brilliant Minds Early Learning Academy, LLC hosted events throughout the school year.

Parents/Guardian's Signature

Date

Witness Signature

Date

Know Your Child Care Facility

I acknowledge Brilliant Minds Early Learning Academy; LLC did provide me with a Know Your Child Care Facility brochure. This brochure is intended to provide helpful information regarding child care facilities and some minimum standards used to license child care facilities.

Parents/Guardian's Signature

Date

Government Requirements

I. We hereby authorize emergency medical care in the event of serious illness or accident if the parents of _____ cannot be notified.

Parents/Guardian Signature

Date

II. Alternate Nutrition Plan Agreement

I understand and approve the use of the alternate nutrition plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

A.M. Snack

Noon Meal

P.M. Snack

Evening Snack
(for extended hr. students)

C

C

C

(Mark "P" for parent provided & "C" for center provided)

Parents/Guardian Signature

Date

BMELA Director's Signature

Date

III. Brilliant Minds Early Learning Academy, LLC's discipline policy is based upon a positive application approach by relating each groups need to age appropriate guidance techniques such as redirection, distraction and diversion. Any form of corporal punishment shall not be allowed.

Parents/Guardian Signature

Date

IV. Polk County Know your Child's Day Care Facility Brochure is located at the end of packet.

V. Florida Department of Children and Families requires that parents receive a copy of the brochure "The Flu ad Guide for Parents".

(The parent's or legal guardian's signature certifies receipt of the brochure.)

Parents/Guardian Signature

Date

Brilliant Minds Early Learning Academy, LLC

What to Expect

Based on our experience and the advice of experts, some of the children in our early learning academy and preschool will experience some or all of the following. All are normal behaviors.

1. Your child may become overly tired and irritable on preschool days. This may cause him to be overactive and noisy. This new experience is very stimulating. Give him snack or lunch and a quiet time to nap.
2. Your child may act very differently on the days you work at school. He may exhibit very negative behavior. Please do not be embarrassed or push him away. Give him/her the attention he needs. It is very hard for him/her to share you with so many others.
3. Your normally outgoing child may be very quiet at school or vice versa. Accept this and let him enter at his own pace. Many young children prefer to watch first before entering play or a group.
4. Your child may do things at home for himself that he will not do at school or vice versa, like dressing himself.
5. Your child may pick up behavior or language you dislike. This can happen anywhere, not just in school. Relax and do not make an issue of it.
6. Your child will not necessarily play together with other children. He/she will play alone or alongside others. He may go quickly from one activity to another, spending little time with any.
7. Your child may come home spotted with paint or grass stains but glowing with wonder over his experiences. Please do not scold, threaten or bribe.
8. Your child may suddenly not want to come to school or will want you to stay. Look for the reasons. Talk with the teacher. Please do not scold, threaten or bribe.
9. Do not expect your child to be equally happy every day. We all have ups and downs. Part of preschool is learning about life and to accept its ups and downs.
10. Do not always expect your child to learn facts or complete songs, or bring home a finished product suitable for framing. He is learning skills, developing coordination and developing happy, well-adjusted attitudes towards other and life.
11. Parents—expect to watch your own child and be mostly concerned for him at first. But learn to look at and be interested and concerned for the other children, and their growth and development.

I acknowledge that I have read the information above regarding child discipline. I have also received a copy of this policy.

Parent Signature _____ Date _____

Emergency Evacuation Policies and Procedures

Brilliant Minds Early Learning Academy, LLC holds the highest importance to the safety of each child, staff member, family, and visiting person within the facility. In the event of the following emergencies the academy will evacuate to Huntington Apartment Clubhouse, 300 Heartland Blvd, Mulberry, FL 33860, for fire, building structure damage, water pipe burst, bomb threat, electrical issues, as well as anything not mentioned that purposes a hazard to anyone within the building during an emergency situation.

Owner-Tisa McNeil-Robinson is to be immediately contacted upon any emergency situation or unusual event by the leading supervisor on duty.

Step 1

The leading supervisor on staff is to conduct any outside calls deemed necessary for the circumstances. This is to include, but not limited to emergency services and parents of children involved in any emergency situation.

The Director or second supervisor in command shall assist in any medical attention necessary. This would include CPR/First Aid or any direction from local paramedics in support of the teacher in direct supervision of the child.

A third supervisor or administrator on staff will assist in moving children to the evacuation site. In addition, there will be a full class and staff count throughout the facility. Documentation of a full attendance will be included in the unusual incident report.

Step 2

A written incident report will be filled out by all parties involved. This will include their roles, actions within the emergency, and the outcome of the emergency.

In the event that a teacher on staff is in need of medical attention. Children shall be immediately removed from her care to the nearest class available. (Ratio regulations are deemed void in the event of an emergency.) Leadership roles will continue as above to do all that is necessary for the staff in need.

Name: _____ Signature: _____ Date: _____

DISCIPLINE AND GUIDANCE

The term guidance is use for several reasons. It is a positive term, and implies working WITH the child to develop internal control of her/his behavior. Our goal is to encourage the children to become creative, independent, responsible, and socially mature human beings. This involves learning to make responsible choices, and accepting the consequences of such choices.

Guidance takes several forms;

1. Environment - A place designed for children. The furniture is child-sized, with lots of hands-on experiences.
2. Logical Rules – Such as keeping our hands to ourselves, and taking Care of the learning environment. These are discussed with the children, as well as why such rules are needed.
3. Curriculum – Is developmentally appropriate, based on the children’s interests and level of readiness.
4. Positive Behavior – We reinforce the behaviors we encourage. Catch them being good!
5. Redirection – Often interesting a child in another activity can eliminate a potential difficulty. We might ask a child to help us or send them to a different area to play.
6. Positive Reminder – Telling the child what we want them to do, rather than using no or don’t.
7. Renewal Time – Occasionally a child needs to be removed from the situation for a brief time allowing them to consider alternate behavior.

Any on-going situations will be discussed with the parents to ensure a cooperative approach. Please feel free to discuss any questions or concerns.

Note: No corporal punishment will be allowed. This is defined as the use of negative physical touching. (Spanking, slapping, pinching, etc.) No unusual punishment will be allowed, such as humiliation, ridicule, threat, or coercion.

CHRONIC DISRUPTIVE BEHAVIOR

We will make every effort to work with the parents of children having difficulties in the academy. We are here to serve and protect all of our children. Though, children displaying chronic disruptive behavior, which has been determined to be upsetting to the physical or emotional well-being of another child, may require the following actions.

CHRONIC DISRUPTIVE BEHAVIOR CONTINUED

1. Initial Consultation - The Director may require the parent(s) of any child who attends Brilliant Minds Early Learning Academy, LLC to meet for a conference. The problem will be defined on paper. Goals will be established and the parent will be Involved in creating approaches towards solving the problem.
2. Second Consultation - If the initial plan for helping the child fails, the parent(s) will again be required to meet with the Director. Another attempt will be made to identify the problem, outline new approaches to the problem, and discuss the consequences if progress is not apparent.
3. Suspension - When the previous attempts have been followed and no progress has been made towards solving the problem, the child may be suspended from child care indefinitely. The Brilliant Minds Early Learning Academy, LLC Director may immediately suspend a child at any time he/she exhibits a behavior which is harmful to him/herself or others. A parent may be called from work at any time the child exhibits uncontrollable behavior that cannot be modified by staff. That parent may be asked to take the child home immediately. Suspensions from the academy may vary from a few hours to an indefinite period.

DISCHARGE POLICY

The Children’s Center reserves the right to cancel the enrollment of a child for the following reasons:

1. Non-payment or excessive late payments of fees.
2. Not observing the rules of the center as outlined in the parent agreement.
3. Child has special needs, which we cannot adequately meet with our current staffing patterns.
4. Physical and/or verbal abuse of staff or children by parent or child.

Signature _____ Date: _____

Alternate Nutrition Agreement

I have chosen **to pack** my child's lunch daily and I agree to provide my child, each day, with a meal that meets the nutritional needs for a child of his/her age group by following the food pyramid.

Signature _____ Date: _____

My child **will be** eating the school lunch on most days that meets the nutritional needs for a child of his/her age group by following the food pyramid.

Signature _____ Date: _____

(All Parents)

I understand it is the responsibility of the Academy to provide me with pertinent nutritional/dietary information for my child's age group and have received the "My Pyramid for Kids" handout.

Signature _____ Date: _____

Severe Weather Policy



In the event of severe weather, please listen to the radio or instructions on TV. During the school year, we will follow the Polk County School Board decisions in regards to school closings, early releases, delayed openings, etc. During the summer months we will use our own guidelines and discretion on weather related closings. Please call the school and listen to the message. We must have a working land-line phone, running water, and electricity to have our facility open.

Tell us about your child!

Please use this sheet to tell us inside information about your sweetheart(s) so we can get to know them better and make their school environment as comfortable and enjoyable as possible!

This Form Must Be Notarized

Parents: Please read carefully and initial after each statement.

1. I authorize staff members to provide any first aide treatment deemed necessary for my child. This includes triple antibiotic ointment, Neosporin, Benadryl spray, antiseptic wash or spray for cuts, and Band-Aids. _____
2. In order to meet all legal requirements, I hereby authorize the Director of the School or any person in charge, to give my consent for any and all emergency treatment for my child, while he/she is under BMELA's care. _____
3. In the event of serious illness or accident, if I cannot be immediately contacted, I give permission to have my child transported by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I also guarantee payment of all charges incurred as a result of this medical treatment. _____
4. My child is in overall good health and I feel it is safe for my child to be actively involved with the program at BMELA. _____
5. **I understand that parents will be notified and required to pick up their child** who is suspected of having a communicable illness such as, but not limited to: Fever (100 degrees +), diarrhea, pink eye, ringworm, head lice, vomiting, green/yellow runny nose, cough, and rotavirus. Children must be symptom free, without medication for 24hours before returning to school. **A written statement from a physician attesting that the child has been appropriately treated for an illness is required upon returning to school.** _____
6. I understand that attending BMELA is a privilege and if my child continuously interrupts the learning process, or engages in excessive inappropriate behavior, the Administration may suspend or expel my child. _____
7. **I am aware that the tuition payment must be paid in advance.** Parents may either pay the monthly tuition rate in full on the first of each month OR divide the monthly rate into two payments; one to be made on the first of each month and one on the fifteen of each month. If you do not pay at least two weeks in advance, BMELA reserves the right to suspend care. _____
8. In the event we choose to withdraw our child from BMELA, we understand that 2 weeks' written notice is required. **Two weeks of your tuition will be non-refundable.**_____
9. I understand that all fees/tuition payments are non-refundable and are subject to change at any time. _____
10. I agree to pay all fees. The registration fees must be paid during our annual registration times (usually during the fall and summer). _____
11. I agree to work with BMELA cooperatively and to assists in providing the best learning environment possible. I understand that there may be modifications set in order for my child to succeed. BMELA has my permission to complete screenings and evaluations that are in the best interest of my child. I

agree to follow through with referrals given by the BMELA Director. This could include, but not limited to hearing speech, behavioral, etc. _____

12. I have received a Parent Handbook. I have read it and have a good understanding of BMELA's policies and Procedures. _____

State of Florida

Count of _____

Parent/Legal Guardian Full Name:

Sworn to and subscribed to me in the aforementioned State and County.

This _____ day of _____ in the year _____.

Personally known to me or who has produced a valid Driver's License # _____ as identification.

Notary Public, State of Florida

Commission Number: _____

Commission Expires: _____

How did you learn about BMCAT?

(Please check all that apply)

- Online ad
- Newspaper/Magazine ad
- Social media website
- Online search (Google, etc.)
- Friend, family or colleague
- Referral
- Read an article about
- Lakeland (newspaper etc.)
- I live or work in the area
- Other: _____

Please rank the following factors in your school selection process according to importance: 1=most important; 7=least important)

- ___ Convenient location
- ___ Character education
- ___ Individualized instruction
- ___ Quality of facilities
- ___ Quality of teachers
- ___ Safe, secure campus
- ___ Strong Academics

OFFICE USE ONLY:

App. Received Date ____/____/____ Grade ____ Needs Testing (Y)____ (N)____ Date Tested _____

Date of Enrollment ____/____/____ Accepted by: _____

Data Entry (Adm.): _____ Other: _____