

Welcome to Bright Minds.



3744 Eubank Blvd NE
Albuquerque, NM 87111
Phone (505) 299-1406
Fax (505) 821-9860

office@brightmindsabq.com

Thank you for considering Bright Minds Academy in your search for early childcare. Choosing the right center is a very personal decision; just as no two children are the same, neither are any of our families and their needs are all unique. We are a small center dedicated to serving children and families as individuals. Our staff works in house to meet the emotional, developmental, and learning needs of all enrolled children. Thanks for coming in today.

Child's Name: _____

Admissions

If you should choose Bright Minds Academy for your family's early childcare needs, we request the following:

- ✓ ___ The attached forms filled out completely
- ✓ ___ Your child's most recent vaccination records. We do not accept exemptions.
- ✓ ___ A \$150 nonrefundable registration fee

How did you hear about Bright Minds Academy? _____

2021/2022 Monthly Tuition and Fees (All tuition includes tax)

(Enrollment discounts are as follows: 10% public service, 10% to oldest sibling, 10% if child is dropped off after 9 am, 10% if child is picked up by 4:00 pm, 18% if child is dropped off after 9 am and picked up before 4:00 pm, 40% if child is picked up by 12:00 pm, 40% if child is dropped off after 12:00 pm, and a once annual 20% vacation discount for a full week of missed attendance. Combined Discounts are not allowed)

Room	Five Days/week*	Four Days/week	Three Days/week	Two Days/week	One Day/Week
Infant	\$960/month	\$865/month	\$660/month	\$565/month	\$285/month
Toddler	\$865/month	\$745/month	\$610/month	\$525/month	\$275/month
Young Mixed Ages	\$750/month	\$680/month	\$555/month	\$470/month	\$265/month
Older Mixed Ages	\$690/month	\$630/month	\$505/month	\$420/month	\$260/month

*Number of days per week. Days of the week are to be set in advance and cannot be changed without prior approval. We will do our best to accommodate day changes but due to other children and staff scheduling please understand that this may not be possible.

A minimum of 25% of full tuition is due by the 10th of the month. Bright Minds accepts personal checks, cash and most major credit cards, however we do charge a handling fee of \$5.00 for this service. You will be charged the monthly flat rate even if your child is absent, to reserve his/her place in the classroom. There is no reduction in tuition in the months that include holidays or a school closure due to an emergency or inclement weather.

For office Staff

Tour Initials: _____ Date: _____

Referred by: _____

Acceptance

Bright Minds Academy is an organization exempt from the Americans with Disabilities Act. Although we strive to meet each individual child's social, emotional, and intellectual needs we reserve the right to deny admission or to cancel enrollment for any child with special needs we cannot adequately meet. In the interest of your child, please be honest when answering the following questions, answering yes to any of these questions does not mean we will not accept your child automatically. We have many children receiving services, and we welcome early intervention within the center, in fact, we often encourage referrals for services including Speech, Occupational therapy, and Physical Therapy when warranted.

Has your child ever been referred for testing or placed in a special program? Yes No

Has your child ever been examined or treated by a counselor, doctor or psychiatrist for hyperactivity or attention deficit disorder? Yes No

Has your child ever received a diagnosis of any disability? Yes No

If so, briefly describe: _____

List any special needs that we should be aware of: _____

Tell us about your Child

Please attach pages if you feel additional information is needed.

What is upsetting to your child? _____

What is the best way you have found to comfort your child? _____

Is your child on a specific schedule? _____

How many naps a day does your child take? _____ How long are the naps? _____

How does your child like to fall asleep? _____

Does your child use a pacifier? Yes / No If yes, is it just for sleep? Yes / No

Does your child have a special blanket, stuffed animal, or other item they are very attached to? Yes / No

If yes, do they require it to nap? Yes / No If you bring one in does it need to go home daily? Yes / No

Is your child on cows milk / formula / breast milk? If yes do they take it cold / warm / very warm ?

Any specialty milk such as soy? _____

If applicable, can your child hold their own bottle? Yes / No

Can your child use a spoon or spork? Yes / No Can your child self-feed with a pouch? Yes / No

Can your child drink from a straw? Yes / No Is your child a picky eater? Yes / No

Describe the texture of food your child can tolerate. Liquid only / purees / soft chunks / table food

Is your child toilet trained? Yes / No / Working on it

Enrollment Form

Please be sure to complete information regarding your child. Family information that is the "same" may be so noted.

Child's Name: _____	Date of Birth: _____	Sex: _____
Nicknames: _____	Home Telephone: _____	
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Date of Enrollment: _____		

Guardian #1: _____	Relationship to child: _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Home Phone: _____	Cell _____
Place of Employment: _____	Occupation: _____
Street Address: _____	City: _____ State: _____ Zip Code: _____
Work Hours: _____	Work Phone: _____ Email: _____

Guardian #2: _____	Relationship to child: _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Home Phone: _____	Cell _____
Place of Employment: _____	Occupation: _____
Street Address: _____	City: _____ State: _____ Zip Code: _____
Work Hours: _____	Work Phone: _____ Email: _____

The following person(s) may not remove my child from the center:

Name: _____ Documentation: Y / N (If yes a copy should be kept on site in child's file)

Parent Handbook Acknowledgement

I have read and understood the policies and guidelines in the Parent Handbook. I have a copy for my records.

Signature: _____ **Date** _____

Bright Minds Academy Emergency Contact List

I hereby authorize the following local person(s), other than listed guardians, to pick up my child (three are required):

1. Name: _____ Relationship: _____

Address: _____

Telephone: _____ Alternate #: _____

2. Name: _____ Relationship: _____

Address: _____

Telephone: _____ Alternate #: _____

3. Name: _____ Relationship: _____

Address: _____

Telephone: _____ Alternate #: _____

4. Name: _____ Relationship: _____

Address: _____

Telephone: _____ Alternate #: _____

If I cannot be contacted in the event of an emergency, please contact the following two local people. (For example, an individual who can locate you at work if you are not available by phone. These individuals are not authorized to pick your child up.)

1. Name: _____ Relationship: _____

Address: _____

Telephone: _____ Alternate #: _____

2. Name: _____ Relationship: _____

Address: _____

Telephone: _____ Alternate #: _____

Guardian Signature: _____ **Date:** _____

Bright Minds Academy Health Statement Form

Physician: _____ Practice: _____

Address: _____ Phone: _____

Preferred Hospital: _____ Address: _____

Insurance Carrier: _____ Policy Number: _____

Dentist: _____ Address: _____ Phone: _____

I consider my child's physical health to be: Excellent / Above Average / Average / Poor

If "poor" please explain: _____

As part of the State of New Mexico effort to ensure child health and wellbeing we are required to obtain the most recent date for the following services:

Type of Service	Yes	No	Date of Service
Well Child Visit			
Dental Check			
Vision Check			
Hearing/Speech Check			

Below is a list of Resources if you are seeking health care providers or screenings for your child.

After Hours Pediatrics 9201 Montgomery #201 ABQ, NM 87111 (505) 298-2505	Optum Primary Care 9101 Montgomery Blvd ABQ, NM 87111 (505) 275-4288	Smiles for Kids 2801 Eubank Blvd NE ABQ, NM 87112 (505) 299-9606	Albuquerque Pediatric Dental Associates 3900 Eubank Blvd NE ABQ, NM 87111 (505) 298-2505
Sandia Vision Clinic 3701 Eubank Blvd NE Albuquerque, NM 87111 (505) 298-2020	Albuquerque Speech and Language Hearing Center 9500 Montgomery Suite 215 ABQ, NM 87111 (505) 431-4212	NAPPR Early Intervention Casey Fowler 2201 San Pedro DR NE #3 ABQ, NM 87110 (505) 345-6289	Kid Power Therapy 3530 Pan American Frwy #D ABQ, NM 87107 (505) 888-4469

Bright Minds Academy Health History

Please circle any applicable health diagnoses, leaving un-circled indicates absence of condition:

Asthma	Bleeding Trait	Congenital Defect	Convulsions	Diabetes	Diaper Rash
Epilepsy	Hay fever	Hepatitis	Chicken Pox	High Blood Pressure	
Migraines	Nervous Stomach	Psychiatric Needs	Rheumatic Fever	Sinus Trouble	
Thyroid	Hyperactivity	Vision Problems	Hearing Problems	Allergies	
Heart Murmur	Valve Problems	Frequent Infections	Ear Infections	No known health issues	

If you circled any of the above diagnoses, or have other diagnosis, please explain: _____

Please specify any special diet or N/A: _____

Please specify any food restrictions or N/A : _____

Please note BMA is strictly **peanut and tree nut free**

Please indicate a prescription medication used or N/A: _____

Please note: Students on prescription medication must have a Medical Authorization form signed and on file

Please list and explain any physical disability (medical problem causing long term disability) or N/A: _____

Please list and explain any restrictions concerning physical participation or N/A: _____

In the event of a medical emergency, I hereby give my consent for Bright Minds Academy to arrange for emergency medical treatment necessary to preserve the health of my child and to any hospital or doctor to render immediate care and medical treatment, including diagnostic procedures and blood transfusions, by authorized pre-hospital personnel and members of the hospital staff, as may in their professional judgment be necessary or in the best interest of my child's health and safety. I hereby acknowledge that I will be responsible for all reasonable expenses in connection with the care and treatment rendered.

Signature: _____

Date: _____

Bright Minds Academy Release for Photography of Minor Children

I, (print name) _____,

The parent or official guardian of (print child's name) _____,

Hereby (circle one) **grant / do not grant** permission to Bright Minds Academy representatives, to take and use: photographs and / or digital images of my child for use in news release and / or promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I understand that my child's identity **will not** be revealed in connection with the image(s). I authorize the use of these images of these images with no compensation to me. All negatives, prints, and digital reproductions shall be the property of Bright Minds Academy representatives.

Signature: _____ Date: _____

Bright Minds Academy Exclusion Guidelines

The purpose of this exclusion policy is to protect sick children and healthy children and to avoid misunderstandings between center staff and our families. Center Staff must exercise careful judgement so as not to expose all the children to a highly communicable disease nor burden our working parents with the necessity of absence from their jobs. The reasons for keeping a sick child home are the child's comfort, the possibility of a secondary infection and the possibility of infecting other children. Parents should be sure children are feeling well before bringing them in. Bright Minds will do its best to provide a clean, safe environment that keeps the spread of illness to a minimum.

Children with any of the below symptoms need to be excluded from childcare until the child is well. It is highly recommended that if these symptoms relate to a communicable disease that children be seen by a health care professional and that a note is obtained stating that the child can be in childcare. Children who are being treated for a contagious bacterial infection must be on antibiotics 24 hours before they may return to school. Bright Minds reserves the right to make the final decision whether a child may or may not attend the program due to illness or any other condition.

- Child's armpit temperature exceeds 100.3 when in combination with behavior changes or other signs of illness including lethargy, fussiness, inconsolable crying, wheezing, uncontrolled coughing, difficult breathing stiff neck or headache
- Skin rash other than diaper rash accompanied by fever, or untreated skin patches
- Diarrhea, three or more episodes where stool runs out of the diaper or the child cannot get to the toilet in time, or accompanied by stomach cramps/pain.
- Vomiting more than once
- Mouth sore accompanied by drooling
- Evidence of scabies, head lice or other infestation
- Severe coughing, coughing with a barking sound, coughing with inability to catch breath
- Difficult or rapid breathing
- Yellowish skin or eyes
- Conjunctivitis, pink eye with white, yellow, or green discharge
- Unusually dark urine, grey or white stool or evidence of blood in stool/urine
- Green or yellowish nasal discharge
- Significant pain complaints

Children's parents will be notified of the presence of any of the above symptoms. If they cannot be reached emergency contacts will be notified. Your child is expected to be picked up within one hour. If a diagnosis is made it is imperative that you contact center staff so that other parents whose children are in the same room can be notified. Please do not return your child the next day with symptoms; a 24 hour wait from the end of symptoms is necessary for your child's health.

Signature: _____

Date: _____

Bright Minds Academy Acknowledgment Form

I acknowledge that all of the information provided on this Enrollment Form is current and accurate. I hereby agree to notify the school in writing if any of the information contained on this Enrollment Form should change during the course of the school year in order that all information may be current and accurate at all times. I will not hold Bright Minds Academy responsible if I fail to keep this information current and accurate.

Signature: _____

Date: _____

Discipline & Guidance Policy and Acknowledgement: Bright Minds Academy will only use positive guidance techniques that model and encourage age-appropriate behavior and self-discipline. Bright Minds Academy will not tolerate any method of discipline that could cause physical, mental, or emotional harm to your child, including corporal punishment. Bright Minds Academy will communicate only with the parents regarding inappropriate behavior problems when they are ongoing or of a serious nature that is either dangerous or uncontrollable. Please note that Bright Minds Academy reserves the right to ask you to remove your child from our program(s) if it is determined that your child does not respond to discipline and continues to be disruptive to the class on a continual basis. ***I hereby acknowledge that I have read and understand the policies and procedures with regards to discipline.***

Signature: _____

Date: _____

Enrollment Agreement: I hereby enroll my child for the following Bright Minds Academy program services as indicated:

First date of Attendance: _____

Please circle: Infant Toddler Young Mixed Ages Older Mixed Ages

Monday Tuesday Wednesday Thursday Friday
 From _____ to _____ from _____ to _____ from _____ to _____ from _____ to _____ from _____ to _____

Bright Minds Academy will be open from 7:00 am to 6:00 pm Monday through Friday with the exception of the following days, New Year's Day, Dr. Martin Luther King Day, Presidents Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, the Thanksgiving holiday weekend, Christmas Eve and Christmas Day. Fees are based on an annual cycle; therefore there is no tuition reduction for months that include holidays or closure due to inclement weather.

I understand that I need to make arrangements for my child to be admitted and released from school on time as indicated above. If I am going to be late by more than ten minutes, I agree to notify the school in a timely manner and understand that if my child is picked up after 6:00 p.m. there is a fee of \$10.00 for the first ten minutes and \$2.00 for every minute thereafter, until my child is picked up.

I agree to pay a \$150.00 fee due upon registration that is non-refundable. I also agree to submit tuition as due. 25% of payment is due by the 10th of the month. A late fee of \$25 will be charged after the 10th, and \$10 for every additional week after that. If payment is not forthcoming for tuition outstanding in any program(s) by more than one week, without previous arrangements made with the Director, BMA reserves the right to dis-enroll your child from all programs, effective the first class day of the upcoming month, unless payment in full is received. BMA reserves the right to make your child's space available to another student and your child will not be accepted for any further child care services until payment is made in full and space is available.

There is a \$25 non-sufficient fund fee for returned checks. The NSF and any outstanding balance must be paid in full with cash to allow you child to continue at Bright Minds Academy.

Parents should check for possible tax credits under the Tax Reform Act of 1979.

Bright Minds Academy requests two weeks of notification in the event of withdrawal. No refunds can be given for partial months after withdrawal without two weeks of notification. If other money is owed BMA that money will be deducted from any refund.

I agree to the enrollment of my child in Bright Minds Academy. I have read and agree to comply with the policies and procedures of Bright Minds Academy as described above and in the Parent Handbook. We agree to submit tuition as due unless other arrangements have been made with the Director of Bright Minds Academy.

Signature: _____ Enrollment Date: _____

Bright Minds Academy Credit Card Processing

Credit Card Processing is an optional service available to you. Both credit and debit cards are permitted for automatic credit card processing. Payments not received by the 10th of the month are subject to late fees as outlined in the parent handbook.

Child(ren)'s Name: _____

Name as it appears on the card: _____

Billing Address: _____

Card Number: _____ - _____ - _____

CVV/Security Code: _____ Expiration Date: _____ - _____

I, _____, hereby authorize Bright Minds Academy to charge my (circle one) VISA/Master Card/American Express/Discover card on an ongoing basis in the amount of:

\$_____ on the first Monday of the Month

AND/OR

\$_____ on the third Monday of the Month (\$0.00 if first charge amount is total tuition balance).

A \$5.00 convenience fee will be added to the above amount for all credit card transactions, not just for automatic processing. I understand that this agreement will carry forward and my card will be charged if my child's tuition changes for any reason.

Card holder signature: _____ Date: _____

Bright Minds Academy Waiver of Liability and Health Screening Agreement

Each parent should screen their child prior to bringing him/her to Bright Minds each day. Each employee should screen themselves before entering Bright Minds each day. By signing, I hereby agree not to enter Bright Minds nor permit my child/student to enter Bright Minds if they have exhibited within the previous 48 hours any of the symptoms currently listed by the Center for Disease Control and Prevention as Symptoms of Coronavirus:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

- Fever of 100.4 or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- ● Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Furthermore, I will not knowingly bring my child to Bright Minds with a combination of the symptoms above and will not medicate in order to mask any symptoms of fever or otherwise, as a means to send my child to Bright Minds. We strongly encourage any symptomatic students to obtain COVID-19 testing and request that any positive COVID-19 test result be made known to NMDOH at 855-600-3453 and Bright Minds Academy. (Per requirements, the NMDOH must be notified of any positive COVID-19 case, in order to keep our students and staff safe and healthy). If I choose not to test my child for COVID-19, I agree to keep my child home for 10 days minimum and allow for a return only when he/she is symptom free for 3 days per CDC guidelines. Protocol for return to Bright Minds for students who test positive for COVID-19 will be as per NMDOH guidelines and doctor clearance. (See symptoms above)

In consideration of myself and my child/student, I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge Bright Minds Academy, its officers, directors, employees, agents, and representatives from all liability for any loss or damage, and any claim or damages resulting from, on account of any injury, illness or exposure to and/or contracting the coronavirus (COVID-19) or other biological agents, virus or similar bacteriological agent by me or my child/student attendance at and participation in Bright Minds Academy Program.

The above waiver and agreement will need to be signed and returned to Bright Minds prior to enrollment.

Signature of legal parent/guardian

Date

Name of child

Child's DOB

COVID-19 Parental Consent Form
Bright Minds Academy

I confirm that I _____ am the parent/legal guardian of:
(Print parent/guardian name)

 Name of Enrolled Child

 Date of Birth

 Name of Enrolled Child

 Date of Birth

 Name of Enrolled Child

 Date of Birth

I hereby consent to allow Bright Minds Academy to share with the New Mexico Department of Health my child's name, date of birth and the fact that my child attends this facility/program only for the purpose of testing and contact tracing and to limit and control the spread of COVID-19 in our communities. *(Please initial)* _____ Consent _____ Decline

I hereby consent to allow DOH to conduct contact tracing *(Please initial)* _____ Consent _____ Decline

I hereby consent to have my child tested in the next 48 hours in the event of a positive/close contact at Bright Minds. (parent must be present during their child's test) *(Please initial)* _____ Consent _____ Decline

You have the right to decline this authorization, and your child will not be disenrolled from this program. However, due to our Health Emergency Procedures, if your child was a close contact with the positive case they will not be allowed to attend this child care facility or any other child care facility for 14 days from the last date of contact with the positive case.

I acknowledge that if my child was a close contact to the positive case, my child must be excluded from this *facility and any other child care facility for a 14-day quarantine period (please initial)* _____.

Name: *(please print)* _____ Relationship to Child(ren) _____

Signature _____ Date: _____

Address _____

Parent's/Guardian's Mobile Phone No. _____