



Brilliant
minds



BRILLIANT BABIES CHILDCARE

Parent Handbook

2018 - 2019

BRILLIANT BABIES BUILDING

2015 S. Monroe Street Tallahassee, FL 32301

(850) 562-6148

BRILLIANT BABIES CHILD CARE
Brilliant Minds Tallahassee, LLC

Brilliant Babies is a Day Care program that offers a Safe, Well-supervised, Clean, Educational, Nurturing and Fun-filled environment for infants and toddlers ages 6 weeks to 3 years.

Research shows that from birth to age 5, the brain triples in size! To feed our growing brains we provide a curriculum designed to keep our little ones engaged throughout the day learning through all senses: sight, sound, touch, smell and taste.

To ensure a successful partnership between teacher and parent(s) we ask all of our Brilliant parents to download the “Brightwheel app”. With Brightwheel, parents can be involved with their child(ren) throughout the day. Not to mention parents are free to come and visit anytime their child is in our care.

We love each of our Brilliant Babies as though they were our very own and offer an open door policy allowing parents to stop by at any time. For additional safety the entire premises is monitored by 24 hour camera surveillance along with a coded keypad entrance. This code will be updated periodically to ensure the continued safety of our Brilliant babies.

Parents are welcome to view the camera system live as well as playbacks of specific time periods. However, in order to protect the privacy rights of other students, parents will not be allowed to view indiscriminately throughout the day.

Open Door Policy

Brilliant Babies Tallahassee offers an Open Door Policy. An open door policy allows parents to visit their children in our facilities any time they wish. We do ask parents who plan to visit their children frequently to follow the classroom routine, to avoid disturbing classroom schedules and activities. We also ask that visits are respectful of the other students in care, we suggest short visits or observing from the hallway to ensure the students are not distracted from their learning activities and classroom rules. Brilliant Babies often has classroom celebrations that we encourage our our parents to participate in.

As much as Brilliant Babies appreciates parent involvement, visitors can be overwhelming to teachers, students and even your own child. During Brilliant Babies hours of operation all children present add to our capacity (per Leon County Fire Department) whether or not parents are present. With that said, if you wish to allow your child to participate in celebrations on days not normally scheduled, please see tuition policy for charges that may apply. Furthermore, Brilliant Babies limits a total of 2 additional adults in each classroom. Please speak with your child's Lead teacher about arrangements: First requested, first granted. Our only exception to the rule is when parents are formally invited to our quarterly Show & Tell and lunch days. If you wish to meet with the Director or Lead Teacher, please make an appointment so that arrangements can be made. This is to ensure that appropriate attention is being given to all of our students during hours of operation.

OUR TEACHERS

Our Instructors have all been screened for criminal background Level II checks.

They are CPR certified and have completed the necessary early childhood courses required by Florida's Department of Children & Families (DCF). **Our ratios per Federal Law and the Department of Children and Families requires 1:4 teachers for every four (4) infants; 1:6 one year old; 1:11 teachers for two year old.**

Our Instructors love our Brilliant babies and are excited to partner with you to ensure your child's success in the transition from home to school.

AUTHORIZATION TO PICK UP CHILD(REN) FROM THE CENTER:

If you need a friend, co-worker, or relative to pick up your child and you know that they are not listed on the registration form, call us at **562-6148**. The person will be required to show a photo ID unless personally known by the check-out staff. This is for the protection of your child and will be strictly enforced.

Brilliant Babies will be open all week except for the following holidays:

August 10, 2018	Teacher Planning Day
September 3, 2018	Labor Day Holiday
Nov. 21 - 23, 2018	Thanksgiving Holiday
Dec. 24 - 31, 2018	Christmas Holiday
January 1, 2019	New Year Holiday
January 21, 2019	Martin Luther King Jr. Day
February 18, 2019	Presidents Day
May 27, 2019	Memorial Day

NOTE: Annual Supply Fee is due at sign-up and registration. It will be charged on the 1st day of of the new school year. Supply fees are used to maintain supplies for your child(ren)'s class.

CLASS	FULL TIME WEEKLY	DAILY DROP-IN	ANNUAL SUPPLY/ACTIVITY FEE	REGISTRATION
INFANTS	\$215.00	\$40.00	\$75.00	\$65.00
1's	\$200.00	\$40.00	\$95.00	\$65.00
2's	\$185.00	\$40.00	\$115.00	\$65.00
3's	\$160.00	\$40.00	\$125.00	\$65.00
4's	\$100.00	X	\$125.00	\$65.00

VPK Wrap Around				
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FOOD & FOOD STORAGE

All food items are placed in our refrigerator to maintain freshness. We ask that you label all food items brought in with child, including but not limited to utensils, bottles, cups, bowls, plates, forks and spoons.

Nursing babies must have **their very own** bottle warmers, complete with the child's name written on the warmer in permanent marker ink. While breast milk offers the very best in nutrition for your growing baby it is also capable of transmitting contagions. Therefore, we must strictly enforce this policy for the health of everyone. Please note that per DCF regulations, leftover formula will be discarded after 1 hour from start of feeding.

Lunches should be nutritionally balanced including protein, fiber and healthy fats. Lunches may not contain any candies, cakes, cookies or similar items.

We thank you for trusting your most precious gems with us.

We are available 24/7 with any questions or concerns at our cell phone, just call or text at 850-459-0770.

Health Policy

As documented in Florida's Administrative Code 65C-22.004, any child showing any of the signs or symptoms listed below shall be removed from facility and may not return without physician authorization.

1. Severe coughing, causing a child to become red or blue in the face or to make a whooping sound,
2. Difficult or rapid breathing,
3. Stiff neck,
4. Diarrhea (more than one abnormally loose stool within a 24 hour period),
5. Temperature of 100.4 degrees Fahrenheit or higher when in conjunction with any other signs of illness,
6. Pink Eye,
7. Exposed, open skin lesions,
8. Unusually dark urine and/or gray or white stool,
9. Yellowish skin or eyes, or
10. Any other unusual sign or symptom of illness.

Once Brilliant Minds Staff have made contact with parent or emergency contact person, the child must be picked up within 1 hour.

DISCIPLINE PLAN



As a program that offers a safe and enjoyable environment for your children we will not tolerate inappropriate behavior.

Positive Reinforcement is the only form of discipline that will be employed with our students.

Children are prohibited from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited for all child care personnel. Children may not be denied active play as a consequence of misbehavior.

THESE ACTIONS ARE IN ACCORDANCE WITH THE STUDENT CODE OF CONDUCT BOOKLETS AND THE DEPARTMENT OF CHILDREN AND FAMILIES POLICIES

We take pride in making our program a safe and pleasant atmosphere for both children and staff members.

IMPORTANT: ALL STAFF MEMBERS HAVE CLEARED THE LEVEL II CRIMINAL BACKGROUND CHECK AS REQUIRED BY LEON COUNTY SCHOOLS and possess the necessary early childhood certifications required by DCF.

PARENT CONTRACT

In completing this registration for my child I understand and agree that:

1. I must pay the cycle fees on or before the due dates regardless of whether my child is in attendance on the due date.
2. A \$10.00 late fee will be assessed for any payment received after the due date.
3. Parents of children who are not picked up by closing time will be assessed a late fee of \$5.00 for every 5 minutes you are late; this fee will be assessed in 5-minute increments according to program clock beginning with the first minute. The late fee will be paid in full before your child will be allowed back into the program.

-Please do not ask for an exception to this rule.
4. I must sign my child in and out every day and that failure/refusal to do so may result in immediate dismissal from Brilliant Babies.
5. I must notify BRILLIANT BABIES by phone, email or both by 9:00 a.m. daily to report if my child will be late due doctor's appointment. No child will be allowed in after 9:05 a.m. As stated before, even though your child is absent that space has been held for you and you cannot receive a credit for that day of absence.
6. I have read, understand and agree with the Discipline Plan outlined in the Brilliant Babies' Policy.
7. I have read the contract and agree to all of the payment and procedure requirements for the program.

Parent Signature & Date _____

Brilliant Babies 2018-2019



Child's Name: _____

Date of Birth: _____ Rate determined by age at admission
\$ _____

Home Address: _____

Start Date for Brilliant
Babies: _____

Please check: Is attendance Daily Weekly _____ Monthly _____

HOUSEHOLD/FAMILY INFORMATION

Parent/Guardian Name: _____ Relationship: _____

Street Address (if
different) _____

Employer: _____

Work#: _____ Home#: _____ Cell#: _____

Email Address: _____

Parent/Guardian's Name: _____
Relationship: _____

Street Address (if
different) _____

Employer: _____

Work#: _____ Home#: _____ Cell#: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION (In addition to names listed above)

Name

Relationship

Phone

Name

Relationship

Phone

WAIVER OF LIABILITY

Brilliant Minds recommends that all youth have an examination by a licensed physician prior to participating in Brilliant Minds –sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous Brilliant activities and to protect other participants from communicable diseases.

I hereby waive any liability that Brilliant Minds (Brilliant Babies), its agents, contractors, staff, volunteers, owners, director, manager, employees might have for and agree that said Brilliant Minds, it's agents, contractors, staff, volunteers, owners, director, manager, employees shall not be liable for any bodily injury to me or my child incurred while playing or activity, that encourages exercise and free play sponsored by Brilliant Minds.

I hereby give my permission for my child to participate in the full Brilliant Minds-sponsored program, and, to the best of my knowledge, my child(ren) has/have no physical conditions which will make it dangerous for him/her to participate in Brilliant Mind sponsored program activities. In consideration of admittance I authorize Brilliant Minds to arrange for a medical examination and/or treatment for my child should an emergency arise at Brilliant Minds (Brilliant Babies). It is understood that a conscious effort will be made by the Director to contact me at the emergency number provided before any medical action is taken.

X _____

Parent/Guardian Signature

X _____

Parent/Guardian Signature

Please be aware that the signatures on this application are the only persons authorized to make changes to this application including adding and deleting pick-up names.

2017-18 HEALTH HISTORY

My child is currently taking the following medication(s): Please indicate dosage needed and initial.

List any and all allergies or limitations your child may have/previously had:

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order routine tests, x-rays, treatment and necessary transportation for the individual named above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child named above.

X _____

Parent/Guardian Signature

Date

THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP MY CHILD(REN) FROM BRILLIANT BABIES:

Name: _____ Ph#: _____ Relationship: _____



Name: _____ Ph#: _____ Relationship: _____

Name: _____ Ph#: _____ Relationship: _____

BRILLIANT BABIES' ENROLLMENT AGREEMENT

By my initials on each line below I understand and agree that:

_____ The registration fee is non-refundable.

_____ I will be responsible for payment for the weekly Fee on **MONDAY** morning of each week (weekly payers) or by the 5th of the month (monthly payers).

_____ I understand that I am responsible to pay any portion of fees unpaid by a third party agency, (ex. ELC) if I use one. I agree to fill out any required paperwork in a timely manner and pay any fees required by the third party.

_____ The registration fee of \$65.00 must be paid at the time of the registration to guarantee a space for my child and it is nonrefundable.

_____ I understand that if two checks are returned for insufficient funds, etc. that I will be required to pay by cash, money order or credit card.

_____ Credit will **not** be applied due to absences from Day Care. Your child has reserved space that cannot be sold to another individual and we have a space limit dictated by DCF.

_____ I understand that if my child remains at Day Care past the scheduled closing, I will be charged and I agree to pay \$1.00 for each minute per child, after closing. Any more than two late pick-ups may be cause for enrollment in our Beyond the Bell extended hour program.

_____ I understand that a Medication Release form must be filled out if medication is required. The only medication allowed at Day Care must have the following: a doctor's label with the name of the child, name of medication, time/dosage to be administered and an expiration date.

_____ I understand that if Day Care staff is unsuccessful in contacting any authorized person(s) to pick up my child one hour after closing, local law enforcement will be contacted.

_____ I understand that I must sign my child in and out of the program daily and that I must provide a valid picture ID in order to do so. Any other authorized persons sent to pick up my child must be listed on the child's application and must be able to furnish a picture ID. Those persons listed must be at least 18 years of age.

_____ I understand that there is no financial compensation/refund for time missed due to behavioral problems.

I understand that the Camp Director may discontinue care for any of the following reasons:

- 1) Parent has not submitted required paperwork or paperwork is inaccurate;

- 2) Payment is late or unpaid.
- 3) Child is determined to be dangerous (physically, sexually or verbally aggressive or threatening) to other children or staff;
- 4) Child is determined to have medical, developmental, or emotional condition that is beyond the scope of the camp program's licensed ability to care for the needs of the child.

Parent/Guardian Signature

Date

PHOTOGRAPHY OPTION:

I understand that Brilliant Minds takes photographs of its students throughout the day and frequently posts pictures on our Brightwheel app, Website, Facebook, Instagram, Twitter and other social media sites. Brilliant Minds does not disclose children's names or any personal information.

_____ I give permission for my child to appear in any Brilliant Minds advertisement.

_____ I do not give permission for my child to appear in any Brilliant Minds' advertisement.

Parent Signature



Please fill out this form for your child ages 0 to 18 months. It will help us get to know your child better. Thank you

Child's Name: _____ Child's Date of
Birth: _____

____ Pre-Mature Birth ____ Full-Term

Child's Birth Weight: _____ Home birth

or Hospital

Child's General Mood: Are they mostly Happy, fussy, colicky, what?

Has child stayed with anyone else besides parents? _____ If so who?

Is child Bottle or breast-fed? _____ If using both, when do you use bottle vs.
breast?

How do you give bottle, room temp, warmed, cold?

If you warm the bottle, what procedure do you use to warm bottle?

Does the child hold his or her own bottle? _____

Is child on formula or milk? _____ What kind of milk or formula do you use?

Is child on baby cereal? _____ List the kinds you use:

Is child on strained or other baby foods? _____ List the varieties you use fruits veggies etc:

Food likes: _____ Food Dislikes:

List amounts of food, types of food and times your child usually eats below:

Breakfast _____

Lunch _____

Snack _____

Will your child have a bottle or breast fed before arriving? _____

Will your child need breakfast? _____

Does your child use a pacifier? _____ When? _____

Does your child need a special comfort item to sleep with? _____. What is it?

Does your child sleep through the night? _____ IF not how often do they wake
and what do you do when they wake – feed, rock change etc?

When does your child wake in the morning?

When does your child nap morning? _____ Afternoon? _____

Please list any other important information or special instructions on the care of your child below:

Signature _____ Relationship to Child _____
Date _____

Please fill out this form for your child ages 19 months to 4 years. It will help us get to know your child better. Thank you

My name is: _____ My nickname is:

I have ____ brothers & ____ sisters, their names and ages are: _____

My favorite activity is:

My favorite food is: _____ My least favorite food is:

My favorite person is: _____ My favorite toy is:

I am afraid of:

I can do all these things by myself:

Has your child had previous day care experience? _____

Why are you looking for a new childcare arrangement?

Please list prior caregivers and/or day care

centers: _____

Describe these experiences:

What type of discipline is used at home?

Does your child eat unaided? _____ Does he/she enjoy eating? YES () NO () Does your child have a special diet? _____

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child?

How does your child go to sleep?

Are there any special dolls or toys he/she needs in order to go to sleep?

What is the usual time and length of naps taken each day? _____

How long does he/she usually sleep at night? _____

Please list any personal habits, thumb sucking, nail biting, etc.

and/or specific words used to describe bodily functions or objects:

What are your main expectations of this program:

Signature _____ Relationship to Child _____
Date _____