

# Brainiac's Childcare Center

Where Learning and Fun Take Place

## Enrollment Form

### Your Child's Personal Details *(Please Print)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male / Female      D.O.B: \_\_\_/\_\_\_/\_\_\_      Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

Available Start Date: \_\_\_/\_\_\_/\_\_\_      Previous School: \_\_\_\_\_

Care: \_\_\_ Infants 6w-12 m    \_\_\_ Waddlers 12-24m    \_\_\_ Toddlers 2-3yrs    \_\_\_ Pre- School 3-4yrs  
      \_\_\_ PreK 4+    \_\_\_ After School Care

Required Days: 3days \_\_\_ (PT)    5 Days \_\_\_ (FT)

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Is your child toilet trained? \_\_\_ Yes \_\_\_ With Prompting \_\_\_ No

Are there any issues or considerations relating to any specific needs or requirements for your child? \_\_\_ Yes \_\_\_ NO If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

### Protection of your child:

Is there anyone who is prohibited from having contact or access to your child? \_\_\_ Yes \_\_\_ NO  
Explain

\_\_\_\_\_  
\_\_\_\_\_

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## Parent Details

**Parent 1**      Relationship to child: Mother    Father    Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: *(If different from child's address)*

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City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

## Contact Information

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

**Parent 2**      Relationship to child: Mother    Father    Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: *(If different from child's address)*

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City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

## Contact Information

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

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## Emergency Contact Information

Please nominate at least two people to collect your child in the event that both parents are unavailable.

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

### Doctor's Info

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Dentist Info

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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## Immunizations

Please supply a current copy of your child's Early Childhood Health Assessment Forms with this enrollment form.

## Medical Details

Health Insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

Has your child, or do they suffer from any of the following:

Chicken Pox \_\_\_

Hepatitis \_\_\_

Measles \_\_\_

German Measles \_\_\_

Mumps \_\_\_

Ear Infection \_\_\_

Throat Infection \_\_\_

Asthma \_\_\_

Epilepsy \_\_\_

Other \_\_\_

If yes, please explain

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Does your child require any form of on- going treatment for condition or medication?

\_\_\_ Yes \_\_\_ NO

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Dietary Requirements /Allergies

Does your child have any particular dietary requirements? \_\_\_ Yes \_\_\_ No

Explain

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Does your child have any known or suspected allergies of any kind? \_\_\_ Yes \_\_\_ No

How is managed and treated?

Explain

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## Consents & Acknowledgements

I give permission for my child to attend walking distance excursions with Brainiac's staff.

Yes  No

I consent to center staff applying sunscreen (supplied by parent) to my child's skin as required.

Yes  No

I consent to trained center staff administering First Aid to my child when necessary, using contents of the First Aid Kit when appropriate.

Yes  No

In the event of an emergency, if Brainiac's is unable to contact either parent or emergency contacts, I give permission for center staff to seek any medical treatment deemed appropriate (e.g. Medical, Dental, Hospital, Ambulance, etc.)

Yes  No

I will accept full liability for the cost of any medical treatment that is given to my child in case of emergency.

Yes  No

I understand that in the event that the center staff consider my child too ill or contagious to attend (or remain at) the center that I will be required to pick my child up promptly.

Yes  No

I agree that if my child is suffering from a contagious illness that I will not return him/her to the center until cleared by Doctor and supply a note.

Yes  No

I understand that if there is an outbreak of a vaccine preventable disease at the center and if my child is not immunized, he/she will be unable to attend.

Yes  No  N/A

I will submit a new "Universals Health Record Form" yearly or when updated.

Yes  No

# Brainiac's Childcare Center

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I understand that tuition is payable weekly, on Monday's and that there is a \$5 a day late fee.

Yes  No

I understand that if tuition is not paid after a week, my child will not be admitted and my security deposit will be used (if arrangements are not made prior)

Yes  No

I accept that refunds or credits are not issued for sickness or school closures.

Yes  No

I understand that tuition is due as long as my child is enrolled (whether they attend school or not).

Yes  NO

I understand that there is a late fee if my child is picked up late, \$1.00 per minute after 6pm.

Yes  No

I understand that if I am constantly late paying tuition or picking up on time, my child will be expelled.

Yes  NO

I understand that if my child will be late for school I need to inform the school.

Yes  No

I understand that children will not be admitted past 9:30am, unless the school was notified or they have a doctor's note.

Yes  No

I understand that if my child is going to be absent from school, I need to inform the school.

Yes  NO

I acknowledge that a two week written notice is required to withdraw my child from Brainiac's and that my security deposit will cover the cost of the last week of care .

Yes  No

I understand and accept the Behavior Guidance policy.

Yes  No

I have read that parent handbook. (Handbook will be emailed upon your request.)

Yes  No

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I understand that there is an open door policy and that I am always welcome.

Yes  No

I acknowledge that the center will operate according to NJ Childcare regulations and Brainiac's Childcare Center handbook, both of which are available for me to review at any time.

Yes  No

Brainiac's Childcare Center, LLC staff or affiliates are not authorized / advised to care for students off of the premises on "their own time" (after scheduled work hours, weekends or holidays). In the event that this occurs, Brainiac's Childcare Center, LLC will be held harmless (Brainiac's will not be legally/ financially liable for any injuries, accidents, actions, damages or accusations, etc. caused to the student in the staff members care) from any / all legal actions taken due this unauthorized service.

Yes  NO

I understand that medication cannot be administered without a prescription, as per the medication policy.

Yes  NO

## Photography Permission

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to be photographed by Brainiac's Childcare Center. The images can be used in center's displays, websites, social media, newspapers editorials or for Brainiac's printed marketing (e.g. flyers or on-line). I also consent to my child's picture being taken unknowing by center visitors during events and being post via social media.

## Walking Trip

I give permission for my child to participate in walking trips within the center's neighborhood.

\_\_\_\_\_  
Parent's signature

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## Document Checklist

1. Immunization Records (completed by doctor)
2. Universal Health Record Form
3. Enrollment Packet
4. Copy of child's birth certificate
5. Copy of parent's ID and others on the pick- up form
6. Non- Refundable \$ 100.00 registration fee (Annual Every September)
7. Initial payment

1 week security deposit \$ \_\_\_\_\_ (Non- refundable if you decide not to start after holding a spot)

1 week tuition \$ \_\_\_\_\_

**Thank you!**  
**Welcome to Brainiac's**