



Bright Start Learning Center

316 N. Main Street
Johnstown, OH 43031
Phone: 740-967-8454 * Fax: 740-967-2748
Email: Brightstartlearningctr@gmail.com

Dear Parents,

We are pleased that you are interested in Bright Start Learning Center. We are committed to providing your family with the best possible care during the most formative years of your child's life.

The center is privately owned and operated as a local Johnstown Daycare and is licensed by the Ohio Department of Job and Family Services and approved to provide childcare services. We provide care and learning opportunities for children aged six weeks through the 5th grade of school from 6:30 a.m. to 5:30 p.m. Monday through Friday.

Our first and foremost goal is to provide a caring and nurturing environment that is sensitive to the needs of young children. Using age-appropriate curriculum and activities we provide learning experiences that build progressively as your child continues to grow and acquire new concepts and skills.

Our Director, Jessica, provides daily management of our center, and she will be working with you through the enrollment process and will also assist with any future needs. We believe that Jessica and our teaching staff will do their best to make your family feel welcome. We know they all look forward to getting acquainted with your child.

Punita Vakil,
Owner

Bright Start Learning Center

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Tuition Rates - Effective 09/04/2023

Tuition is due each week on Monday for that week's services
 Annual Registration Fee(non-refundable) - \$55/child or \$75/family billed in Jan

Infant - Preschool Age Childcare

Schedule	Infant	Toddler	Preschool
Full Time	275.00	250.00	225.00
Part Time - 3 days	220.00	200.00	180.00

School Age Students

Schedule	Before OR After Grades K - 5	Before AND After Grades K - 5	Summer Grades K - 5
Full Time- 4/5 days	100.00	150.00	200.00
Part Time - 3 days	80.00	120.00	160.00

Additional Services Offered for School Age (K-5th)

Service	Additional Fee
Transportation to Johnstown Elementary	10.00 weekly
No School Day - Snow days, Holidays & Prof Days	20.00 daily
Christmas Break & Spring Break Weeks	50.00 max weekly 200.00 week Full-Time 160.00 week Part-Time

Available Discounts

- Multi-Child Discount**
Oldest child - 5% discount on their tuition
- Monthly Payment Option**
If you prepay your child(ren)'s tuition monthly, You will receive a 5% discount on all tuition. This amount MUST be paid by the 5th of every month.

Late Payment
 If your tuition account falls more than two (2) weeks behind, services for your child will be terminated until the account is brought up to date.



Bright Start Learning Center

New Student Application Packet

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What's Next? The Application and Enrollment Process

Please complete all applicable forms in this packet for each child who will be enrolled in our center. The forms must be filled in completely leaving no empty spaces.

Enrollment Forms Checklist (All Students)

- _____ Child Enrollment and Health Information
- _____ Child and Family Information
- _____ Schedules, Tuition and Financial Obligations
- _____ General Permission Form
- _____ Licking County Child Enrollment form for Publicly Funded Childcare - only required for families applying for assistance from Job & Family Services (JFS) for their tuition
- _____ Food Program Enrollment (information page + enrollment form)
- _____ Food Program Income Eligibility Application (optional form, but necessary to the daycare if you are receiving food assistance thru SNAP, OWF or receiving Tuition Assistance thru JFS)

Additional Forms: Required as stated for Infant and Preschool children

- _____ Child Medical Statement – Infant, Toddler and Preschool children only. Shot record is required prior to first day of attendance; physical by Physician required within 30 days
- _____ Infant Only Packet – This packet provides us with all the details on feeding, diaper changes, etc.

Final Step

Meet with our Director! Return your forms and enrollment fee to our center office. Our Director will review your forms, complete your tuition information sheet and establish your child's first date of attendance.

Other Important Notes Regarding Enrollment

Building Access - You will use a 4-digit access code to enter the building to drop off and pick up your child. Please provide this number on the Child and Family Information Form in the space designated.

Communication by E-mail – Please provide current e-mail addresses on the Child and Family Information form as we will use this means to communicate with you about closings, special events and other important information.

Parent Participation – Parents are welcome to observe or volunteer in the classroom. Parent-Teacher conferences will be scheduled upon request by either the parent or teacher.

Parent Handbook – A copy of the parent handbook is being provided for you to read and review at your leisure,

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address		City			
State	Zip Code	Home Telephone Number		Relationship to Child	
Parent/Guardian Name #1		Relationship to Child			
Home Address <input type="checkbox"/> Same as Child's		Home Telephone Number <input type="checkbox"/> Same as Child's			
City	State	Zip			
Email Address (if applicable)		Cell Phone (if applicable)			
Parents' Work/School Name		Parents' Work/School Telephone Number			
Parents' Work/School Address		City			
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2		Relationship to Child			
Home Address <input type="checkbox"/> Same as Child's		Home Telephone Number <input type="checkbox"/> Same as Child's			
City	State	Zip			
Email Address (if applicable)		Cell Phone			
Parents' Work/School Name		Parents' Work/School Telephone Number			
Parents' Work/School Address		City			
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name		Name			
City	State	City		State	
Telephone Number		Relationship to Child			
Other numbers where emergency contact can be reached (if applicable)		Telephone Number			
Name of Physician or Clinic/Hospital		Other numbers where emergency contact can be reached (if applicable)			
Street Address					
City		State		Telephone Number	

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - *check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No
 Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on file.
 N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section)
 No (If no, fill out the following:)

The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <i>Permission</i> to Transport		Do Not Give <i>Permission</i> to Transport	
Program or Home Name		Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		OR does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parents Signature	Date	Parents Signature	Date

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.



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Child and Family Information

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By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in our care.

Tell Us About Your Child

Full Name _____ M/F _____ Ethnicity _____
Nickname (if any) _____ Child's Age _____ School Grade (if app) _____
Birthdate _____

Has your child had a previous care arrangement? Yes _____ No _____ Additional details? (center based, in home, with family, with parents, or any other pertinent info) _____

List things your child might be anxious about as he/she starts in this program? _____

Please check all the words that best describe your child's personality and behavior

active _____ adventurous _____ affectionate _____ anxious _____ bossy _____ calm _____ cautious _____ cheerful
content _____ creative _____ curious _____ easily angered _____ emotional _____ energetic _____ excitable
friendly _____ gives-in easily _____ happy _____ hesitant _____ insecure _____ jealous _____ likes routine
loud _____ mellow _____ outgoing _____ prefers adult attention _____ quiet _____ sensitive _____ shares well
social _____ spontaneous _____ stubborn _____ tentative _____ other: _____

What are some of your child's favorites?
Food(s) _____

Movie/TV show Character _____
Inside activity _____
Outside activity _____
Other _____

Does your child/family have a pet? What kind? Name? _____

Are there any special sleep / nap habits? _____

Are there things that frighten your child? _____

Are there things that cause your child to feel angry or frustrated? _____

What do you do to comfort your child in either of these situations? _____

Is there anything else we need to know about your child to ensure he or she makes a smooth transition to our center and can be well cared for by our staff? _____

Child and Family Information (Cont.)

Child's Name _____

Tell Us About You and Your Child's Family

1 - Parent/Guardian's Name _____ Relationship to Child _____
Best Daytime Phone: _____ Type: _____ Work _____ Cell _____ Home
E-mail address _____

2 - Parent/Guardian's Name _____ Relationship to Child _____
Best Daytime Phone: _____ Type: _____ Work _____ Cell _____ Home
E-mail address _____

Who does the child live with? (Please Circle)

Mother	Stepmother	Grandma	Foster Parent	Other
Father	Stepfather	Grandpa	Legal Guardian	

Siblings @ home _____ brothers and _____ sisters. Their names and ages are: _____

Are there any special family arrangements such as shared parenting, custody specifications, etc. that will be applicable while in our care? Yes _____ No _____ If yes, please explain _____

My child has regular contact with these people who help provide care when needed:
(grandparents, stepparents, other family member, family friend)

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

What is the primary language spoken in your child's home? _____

General Information

How did you hear about our Childcare Center? (Please circle)

Drive by _____ Online _____ Referred by _____ Other (specify) _____

My Preferred start date would be _____

My requested code for Building Access for drop off and pick up of children (4 digits) _____

Parent/Guardian Signature _____ Date _____

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (*print or type*)

Date of Birth

Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):
Section A - EXAMINATION

- The above named child has been examined.
- The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).
- The above named child does not have allergies OR is allergic to the following (*please list in space below*):

Check below, if applicable:

- Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.

Optional: Measurements and Recommended Assessments/Screenings

Height _____	Vision _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

Notes: _____

Signature of Examining Health Care Practitioner _____ Date of Examination _____

Name of Examining Health Care Practitioner _____ Telephone Number _____

Street Address _____ City, State and Zip Code _____

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (Complete ONLY ONE SECTION below)

Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:
 Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.

Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:

The above named child has been immunized against the diseases listed above.

If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):

_____ Date _____

Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):

Signature of Parent _____

I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):

_____ Date _____



Bright Start Learning Center

Authorized Pick Up List

This form must be updated annually

Child's Name _____

Authorized Pick up List

The safety of children in our center is our top priority. Center staff will release your child only to individuals you have authorized. Please list below the names of individuals besides the parents/guardians who are authorized to pick up your child. Please note, ID may be requested to verify identity.

Name	Phone	Relationship
1		
2		
3		
4		
5		

.....

Walks Permission

At various times throughout the year our children take short walks in proximity around the center, to the Library, or to nearby park and school. Please sign below and return this form to the office. Written permission shall be considered valid for all routine trips until withdrawn in writing by the parent/guardian.

_____ Yes, my child may participate in these walks
_____ No, my child may not participate in these walks

Parent/Guardian Signature _____ Date _____

Bus Transportation Permission (school age children)

We provide transportation to and from school for students who attend Johnstown Elementary, Johnstown Intermediate and Northridge Schools by means of a BSLC bus or van for a small fee all within Johnstown City Limits. I give permission to BSLC to transport my child to and from school. Written permission shall be considered valid for all trips to/from school until withdrawn in writing by the parent/guardian.

My Child's school is _____
Parent/Guardian Signature _____ Date _____



PHOTO RELEASE

I _____, the parent of a child/children at Bright Start Learning Center agree to the following:

I _____, the parent of a child/children at Bright Start Learning Center do not give consent to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

The child(ren) are known as: _____

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature _____ Date _____

Relationship To Child _____



Sunscreen

I, _____, give Bright Start Learning Center permission to apply Equate Sunscreen 50 SPF Sport Lotion as a preventative measure on my child, _____.

This permission is good effective _____. This form will stay on file and effective for one year.

Parent Signature

Date

Director Signature

Date