



Enrollment Form

1590 27th Avenue, Suite A+ Vero Beach, FL 32960
Pre-School (772) 778-5981 · Nursery (772) 562-7098
A Preschool that's as Unique as Your Child.

Child Information:

► Child's Name: _____
Last First Middle Nickname

Address: _____

City/State/Zip code: _____

Home Phone: _____ Date of Birth: _____

Ethnicity (Optional): _____ Gender: Male: Female: Attending: Part-time: Full-time:

Responsible Party Information:

► Primary Name: _____
Last First Middle

Address: _____

City/State/Zip code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Employer: _____

E-mail: _____

► Secondary Name: _____
Last First Middle

Address: _____

City/State/Zip code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Employer: _____

E-mail: _____

Medical Information:

Please list allergies, special medical or dietary needs, or other areas of concern: Feel free to use an additional sheet if necessary.

Authorized Contacts:

Child will be released only to custodial parent or legal guardian and the persons listed below. If for some reason the custodial parent or legal guardian cannot be reached, the following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency.

Responsible party initials here to confirm understanding and acceptance of this policy:

◇ Contact #1 Name: _____
Last First Middle

Full Address: _____

Phone #1: _____ Phone #2: _____

◇ Contact #2 Name: _____
Last First Middle

Full Address: _____

Phone #1: _____ Phone #2: _____

◇ Contact #3 Name: _____
Last First Middle

Full Address: _____

Phone #1: _____ Phone #2: _____

Additional Information:

Is there any additional information you want us to know about your child? Feel free to use an additional sheet if necessary.

Bridges Discipline Policy:

Our discipline policy at Bridges Early Learning Center is consistent with the age and needs of our children. We believe in using a positive approach using re-direction, direct and indirect praise, and logical consequences. This concept reinforces your child's good feelings about his/her behavior. Physical punishment is never permitted at Bridges Early Learning Center by any persons.

If your child is experiencing a change in home environment that may affect his/her behavior, please inform your child's teacher or a member of management. Communication plays an important role in the success of your child. If any inappropriate behaviors are observed, we will inform you as well. We will work together to resolve any inappropriate behaviors. However, if it becomes necessary, Bridges does reserve the right to ask the parent to seek alternate care temporarily or permanently for their child.

I have read and, by my signature below, confirm my understanding and acceptance of this policy:

Responsible Party's Signature

Date

Emergency Authorization:

State law requires that we have written authorization for a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization.

Our policy, in the event of a medical emergency is to contact you first. If we can not contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act on your behalf and in the best interest of the child.

I have read and, by my signature below, confirm my understanding and acceptance of this authorization:

Responsible Party's Signature

Date

Notarized Authorization for Emergency Medical and First Aid:

(Required ONLY for students enrolling in a VPK Program)

I hereby authorize Bridges Early Learning Center to administer medical and first aid care to my child named _____ while my child is in Bridges care.

Signature of Parent or Guardian

Date

State of _____

County of _____

Subscribed and sworn to before me on this _____ day _____, 20____, _____, who is personally known to me or has produced _____ for identification, did take an oath.

Notary Public, State of _____

My commission expires on: _____

Transportation Authorization:

Check applicable authorization(s) below:

- I give permission for my child, _____, to be transported by Bridges ELC.
- My child, _____, has my permission to ride the Bridges van to and/or from _____
Elementary School.

Responsible Party's Signature

Date

Returned Check Policy:

In the event that your check is returned to Bridges for non-payment, we will make up to two (2) subsequent attempts to collect from your checking account. Bridges Early Learning Center will charge a fee of \$35.00 fee for all returned checks. If we are unable to collect, we will require a cashier's check, money order, or other suitable means of payment for the returned check and applicable fees. If there are repeated instances of returned checks, you will be required to pay with a cashier's check, money order, or other acceptable payment option on an ongoing basis. If payments are not received within a reasonable time, then it will be necessary to turn your account over to a collection agency.

I have read and, by my signature below, confirm my understanding and acceptance of this policy:

Responsible Party's Signature

Date

Additional Policies:

Bridges Early Learning Center's hours of operation are 7 a.m. to 6 p.m. for children ages 6 weeks to 5 years. A late pick-up fee will be charged in the amount of \$1.00 per minute for late pick-ups.

Tuition payments are due on Monday or the first day your child attends that week. A late payment fee will be charged to your account in the amount of \$25.00 on Tuesday after 12:00 p.m. if not received by Monday.

Should you have a balance on your account by Friday, we will be unable to provide care for your child until balance is paid.

An annual registration fee will be charged to your account the first week of September. The registration is non-refundable.

You acknowledge having received the Bridges Parent Manual.

You agree to provide the required licensing documents which include blue immunization record, yellow physical form, a list of all and any allergies, medication, etc.

Morning and afternoon snacks are provided, however lunch is not. You will be required to bring a packed lunch. Due to licensing standards, we are unable to "cook" food. We are only permitted to heat food that is pre-cooked.

I have read and, by my signature below, confirm my understanding and acceptance of these additional policies:

Responsible Party's Signature

Date



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