



# BYCC Academy

8551 Vegas Drive, Las Vegas, NV 89128  
(702) 901-8383

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## ENROLLMENT REGISTRATION INFORMATION 2020/2021

### CHILD'S INFORMATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Primary Residence: ☐ Mother ☐ Father ☐ Both ☐ Guardian

### PRIMARY CONTACTS AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

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

Parent/Guardian #2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

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

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons that are authorized to pick up your child on any day and accompany the child for the purposes of emergency/medical treatment, if we cannot get a hold of you.

**All authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up.**

Name #1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Name #2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

If you want any person besides the child's legal Parents/Guardians/Release persons to pick up your child, you must notify school office in advance, in writing. Your child will not be released without prior authorization.

# ENROLLMENT AGREEMENT

Please read each section listed below, then sign and date the last page.

**REGISTRATION FEE:** I understand that an annual, non-refundable, registration fee of \$250 shall be paid in advance to enroll my child.

**TUITION AND MODIFICATIONS CONDITIONS:** \$1000 per month is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. BYCC Academy is open 12 months a year, closed for only specified holidays on the school calendar. Payment is due every month for the full 12 months.

**LUNCH:** Hot lunch will be provided once a day for a total of \$100 a month. Parents must commit for the FULL school year by the beginning of the school year. Hot lunch is NOT a month-by-month program, the flat fee of \$100 will apply to the monthly tuition every month regardless of the amount of school days in that month, or how often the child attends school on that month. If a parent decides to discontinue the lunch program, they will not be able to restart until the next school year. A menu will be provided every month via Whatsapp broadcast.

**PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each month. Appropriate alternate Tuition Fees must be paid during school breaks.

**VACCINATIONS:** My child is fully up to date on his or her shots as we do not accept children who are not vaccinated. The BYCC reserves the right to discontinue service to any child who has not received vaccinations or given proof of vaccinations to registrar.

**CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from 8:30 am to 5:00 pm, Monday through Thursday all year, except for Friday (Winter hours are until 2:45 PM. Summer hours are until 3:45 PM) and holidays. I understand that if I fail to pick up my child by the scheduled closing time (5:00 PM), I will be charged a late fee of \$1 per minute, per child, until the child is picked up, to be given at pick up to the teacher.

**DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s).

**RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

**DAILY DROP OFF AND PICK UP:** I understand that drop off will be 8:30am - 9:00am and a staff member will come to pick up my child. No parent are allowed in the daycare building, unless otherwise specified by the director. I understand that pick up will be from 4:00pm - 4:30pm, aside from Fridays when it will be earlier. If I pick up or drop off my child after or before these hours, I will call the office for a staff member to come.

**COVID-19 POLICIES:** I understand that my child's temperature will be taken every morning before entering the building. If the temperature is elevated, my child will not be able to enter the building and will be sent home. All foods and food items will be returned daily with my child to be cleaned and sanitized at home and to be returned the next school day.

**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

**MODEL RELEASE:** The company, its agents, affiliates, and licensees, may use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

**PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

**WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

**HOLIDAYS:** I understand that the school is closed on the days noted on the school calendar.

**EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue, including COVID-19 emergency closing, may disrupt service. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to ten business days.

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**ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

**ABSENCES/VACATIONS:** I understand that no allowances, credits refunds, or make up days shall be made for absences/vacations. Full tuition is due at the beginning of the each month. I agree to inform the school if my child will be absent.

**PARENT HANDBOOK:** I have received a copy of the Parent Handbook. I have read and understand its contents and policies and agree to be bound by same.

**PARKING:** I agree to park my vehicle in the appropriate parking spots and not park on the fire lane (and handicapped spots if I am not a handicap badge holder.)

**NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

**We do not discriminate based on disability in the admission/enrollment or access to our programs or services, in accordance with the provisions of the Americans with Disabilities Act (ADA).**

**These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement and Family Handbook*. The policies in this contract will supersede all other previous documents.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MEDICAL INFORMATION

## AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

I authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Nevada.

Allergies to drugs, foods or other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

**I also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.**

## DIAPER CREAM PERMISSION SLIP

I/We, give permission to apply non- prescription ointment to my child. I understand that I must supply the diaper cream to BYCC Academy labeled with my child's first and last name. The diaper cream must be a non-prescription topical that is free of anti-fungal, steroidal, or antibiotic components. The cream will be applied according to the directions on the bottle. In the event prescription cream is needed, a doctor's note must be given. Please do not bring baby powder because it is not permitted according to Health Department regulations.

## SUNSCREEN PERMISSION SLIP

I/We, give permission to apply sunscreen to my child. I understand that I must supply the sunscreen to BYCC Academy labeled with my child's first and last name. The sunscreen must be a non-prescription topical that we will apply according to the directions on the bottle.

## CHEMICAL AIR FRESHENER NOTIFICATION

At times, BYCC Academy uses chemical air fresheners during our regular business hours.

## PEST CONTROL NOTIFICATION

BYCC Academy has a pest control service that monitors and treats the facility monthly. This service is provided by a licensed pest control operator. All chemicals are approved by the State of Nevada Department of Agriculture and are stored off-site. The treatment is applied the first of each month.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MEDICAL HISTORY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_

1. Medication that will be administered regularly at the school: \_\_\_\_\_

2. Special Dietary Needs: \_\_\_\_\_

3. Is your child able to walk? ☐ Yes ☐ No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs? ☐ Yes ☐ No Explain: \_\_\_\_\_

5. Is your child toilet trained? ☐ Yes ☐ No

Please provide special instructions concerning any other illnesses, as necessary: N/A

## Allergies (please check and list all that apply)

☐ Medications Reaction: \_\_\_\_\_

☐ Food Reaction: \_\_\_\_\_

☐ Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening? ☐ Yes ☐ No

If yes, please provide special instructions:

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## BYCC Academy's Infant, Toddler & Jr. Preschool Procedures

### Feeding

- All food is to be provided by parents.
- All milk bottles need to be prepared and clearly labeled with the child's initials and date on each one.
- If you are breast feeding and plan to send in frozen breast milk we will need a clean bottle for **EVERY** feeding and each container will need to be labeled with the child's initials and date.
- All bottles and frozen breast milk must be taken home every night.
- Health regulations prohibit adding anything to your child's formula bottles without a doctor's note.
- No previously opened baby food jars will be accepted.
- Regulations require we discard bottles of milk after 1 hour of taking them out of the refrigerator; the leftover milk in the bottles will be sent home.
- Highchairs used for the feeding of infants are washed after feeding and then sprayed with sanitizing solution prior to feeding the next child.

### Care of and kinds of diapers used

- Parents are to provide all diapers and wipes.
- Disposable diapers are required for sanitary reasons.
- Diapers are changed on a vinyl covered changing pad, which is sprayed with a sanitizer and dried after every change.

We ask that a change of clothing be kept in your child's diaper bag or in the classroom.

We do not bathe children.

### Sleeping/Napping accommodations

- All staff members working with infants are required to attend a **SIDS** class.
- A SIDS handout for parents is included in the enrollment packet available at BYCC Academy, please read and become familiar with it. Along with the brochure we want to inform you that the use of fluffy blankets, comforters, waterbeds, sheepskin, pillows or other soft materials have been known to contribute to Sudden Infant Death Syndrome.

### Infants

- Sleep in cribs with sheets that are washed on a regular basis.
- All infants will be placed on their backs while sleeping and no sleeping aides will be placed in the crib unless we have a doctor's note authorizing it.

### Toddlers & Jr. Preschoolers

- Sleep on their own personal cots with sheets and blankets brought from home that are sent home to be washed weekly.

### Toilet training

Potty training starts at home. We will assist your child with potty training if they indicate to us that they are ready. Indicators are that the child needs to recognize the sensations, be able to control it and verbally express that they need to go before they are ready to work on this. A good indication of this is if they are waking up with a dry diaper. The child should be able to put on/off their own clothing and be able to wipe themselves without assistance. No child is forced to sit on the toilet and no punishment of any kind will be administered or suggested in the toilet training process. When accidents occur, health regulations restrict us from rinsing out soiled clothing.

### Biting

Infant and Toddler areas are unfortunately a place that substantial biting occurs. We try to keep this to a minimum, but it still happens. Some of the reasons for this behavior include children exploring by placing objects in their mouth, the lack of verbal skills to deal with anger, frustration (as in change of routine, having to share or another child taking their possession). Another possible reason for biting at this age may also be teething. When we have a child that is biting we track the time of the day, the activity that is happening and also the possibility of new teeth coming in. Parents of a biting child, as well as the parents of the child who has been bitten, are informed in writing each time a child bites. We also shadow the child during this time in order to watch their behavior more closely. Upon request, we have biting information packets available at our office.

### Additional Information

All of our policies for sick children are strictly enforced. Please refer to your Parent Handbook under "Illness" for more information.

At BYCC Academy, our policy for the **infant areas** is for children to **eat and sleep on demand**. In our infant rooms, diapers are changed each hour or more often if soiled. Meeting an infant's needs on demand builds trust between the child and the caregiver.

# ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

## OBTAIN SIGNED FORMS FROM FAMILY

- ☐ Completed Enrollment Registration Information Packet
- ☐ Read Parent Handbook
- ☐ Health Statement
- ☐ Vaccination Records
- ☐ Right to Review
- ☐ Communications Letter

## REVIEW WITH FAMILY

- ☐ The child's first day (what to expect, food, Clothing and other items to bring (labeled))
- ☐ Child guidance and classroom management
- ☐ Assessments
- ☐ Tuition payment schedule, amounts, due dates, checks in advance, card on file
- ☐ Parent teacher/school communication and procedures
- ☐ Security (fob system, gate, cameras)
- ☐ Authorized pickup, late pickup policy and emergency controls (any pickup restrictions)
- ☐ Child Custody Documents (if applicable)
- ☐ Immunization/Health information
- ☐ Annual registration fee
- ☐ Vacation policy
- ☐ Food/Kashrut
- ☐ Special needs
- ☐ Absenteeism policy
- ☐ Sick policy
- ☐ Meals
- ☐ Allergies
- ☐ Medication policy
- ☐ Brightwheel
- ☐ Additional policies (COVID-19 policies)
- ☐ Injuries procedures
- ☐ Review Disaster Plans

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of BYCC Academy's policies.

**Name of Parent/Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Director:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# CHILD PROFILE

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

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2. What does your child enjoy doing the most?

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3. What are your child's favorite toys?

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4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_

CHILDREN: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_

5. Who also cares for your child(ren)? \_\_\_\_\_

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6. What language is spoken in your home? \_\_\_\_\_

7. Does your child have any medical or physical needs? Explain:

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8. Does your child have any allergies? Explain:

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9. What are the foods your child likes best? \_\_\_\_\_

Least? \_\_\_\_\_

10. What are your child's mealtime routines at home? \_\_\_\_\_

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11. How many hours of sleep does your child receive at night? \_\_\_\_\_

12. Does your child need to be awakened in the morning to attend the school? \_\_\_\_\_

13. What are your child's sleeping arrangements? Check appropriate answer.

☐ Own room    ☐ Shares room with \_\_\_\_\_    ☐ Sleeps in crib ☐ Sleeps in bed

14. What are your child's bedtime rituals? \_\_\_\_\_

15. Does your child take naps? ☐ Yes    ☐ No    How long? \_\_\_\_\_

16. Does your child need a favorite item (such as a blanket) for a nap? ☐ Yes    ☐ No

If so, does your child have a special name for it? \_\_\_\_\_

17. What words are spoken in your house for toileting? \_\_\_\_\_

18. How does your child express anger or react to frustration? \_\_\_\_\_

19. Does your child have any particular fears? \_\_\_\_\_

20. How does your child react to change (such as being left by parents)? \_\_\_\_\_

21. How does your child comfort himself/herself? \_\_\_\_\_

22. What are your child's play interests (preference for creative, dramatic or construction play)? \_\_\_\_\_

23. How do you discipline your child? \_\_\_\_\_

24. When did your child begin to use language? \_\_\_\_\_

25. How would you describe your child (personality characteristics)? \_\_\_\_\_

26. What do you enjoy the most about your child? \_\_\_\_\_

27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

28. Has your child had previous preschool experiences? \_\_\_\_\_

29. Are you available to help us with field trips or other special events?

30. Do you have a special interest or hobby you would like to share with the children?

31. What family or cultural traditions are important in your home? \_\_\_\_\_

Would you be willing to share these traditions with the children? \_\_\_\_\_