

# BRILLIANCE PRESCHOOL AND ACADEMY

## ENROLLMENT APPLICATION

Name of Student	Birth date	Students Social Security#	Gender (M / F)	Who does the child live with	Start Date

Father's Name Social Security # Drivers License #	Address	Home Telephone	Business Telephone	Place of Employment	Address

Mother's Name Social Security # Drivers License #	Address	Home Telephone	Business Telephone	Place of Employment	Address

# Of days attending	Curriculum hours 9:00 to 3:45 (Y/N)	Morning extended care 7:00 to 9:00 (Y/N)	Evening extended care 3:45 to 6:00 (Y/N)	Both extended care (Y/N)	Other offered program Please specify the details

Your child may be released to the following person(s)

Name	Address	Telephone #	Relationship

**Emergency Contact in the event parent's cannot be reached:**

Name	Address	Telephone

**Emergency Physician Contact**

Name	Address	Telephone

**HEALTH REQUIREMENTS**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>IMMUNIZATIONS</b>	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
DTP / DTaP / DT					
POLIO IPV or OPV					
MEASLES Rubeola / Serampion					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	Positive	Negative	Date:		
Varicella (See below)					

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

\_\_\_\_\_  
**Parent's signature** \_\_\_\_\_  
**Date**

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**Signature of Health Care Professional** \_\_\_\_\_ **Date** \_\_\_\_\_

For additional information regarding immunizations contact the Department of State Health Services at  
<http://www.dshs.state.tx.us/immunize/schoolinfo.htm>

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.  
**Please check only one option:**

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/ she is physically able to take part in the day care program.  
**Health Care Professional's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_
- A signed and dated copy of a health care professional's statement is attached.
- PARENT'S STATEMENT: My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:  
 \_\_\_\_\_

**Signature - Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

4. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

<b>VISION</b>	<u>R 20/</u> _____	<u>L 20/</u> _____	PASS	FAIL
<b>SIGNATURE</b> _____	<b>DATE</b> _____			

<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz	PASS	FAIL
R					
L					

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Signature: Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## MEDICAL RELEASE FORM

Name of Child: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Tel # \_\_\_\_\_

I hereby grant Brilliance Pre-School and Academy permission to seek medical attention for my child in the event of an emergency and I am unable to be contacted. I further consent to medical or surgical treatment by any licensed physician and/or hospital. I also permit administration of necessary anesthetics, medical treatments, tests or drugs, and the performing of whatever operation may be necessary or advisable.

### Emergency Medical Information

Drug Allergies:	
Chronic Diseases/Other Health Problems:	
Insurance Coverage (if any):	
Blood Type:	
Parent's Signature:	
Date:	
Witness:	

## Parent Understanding of School Policies

**Please read the following policies carefully, check the box, and sign/date at the bottom:**

- I will inform the school promptly of any changes to my address, phone numbers or child pick-up information.
- I understand that my child will only be released to parents or those designated by parents on the child's enrollment form.
- I understand that the tuition is an annual tuition and it is broken down into ten payments according to the school year (August - May).
- I understand that tuition will not be pro-rated during the school year for in-service days; vacation, illnesses and bad weather days. (Please refer to the Closing and Holiday Schedule)*
- I understand that tuition will be prorated during the summer months of June and July only for planned vacation and that credit will be given toward tuition for the following month.
- I agree to pay the monthly tuition plus after school care fee by the first of each month.*
- I understand that a late charge of \$ 20.00 will incur as late tuition if paid on or after 4<sup>th</sup> of the month and \$50.00 if tuition is paid on or after 10<sup>th</sup> of the month.*
- In the event of returned check, Brilliance Academy will charge a fee of \$30.00, plus a late fee payment. I agree to pay the initial check amount with the returned fee and late fee payment by cashiers check or money order.
- I agree to pay \$ 5.00 per hour if my child is not picked up by 3:45 p.m. (applicable only to children enrolled until 3:45 p.m. only).
- I understand that to withdraw my child, I must provide one month's notice or forfeit a month's tuition. The last month's tuition will be paid by cashiers check or money order. If notice is not provided, and tuition is not paid, Brilliance may forward these arrears to the District Attorney or to a collection agency.***
- I understand that end-of-year report cards, transfer records and/or tax receipts will not be issued if tuition is not up to date.
- I understand that Brilliance Academy reserves the right to dismiss my child if his/her behavior is disruptive to the class or results in destruction of property. (Brilliance Academy will follow the process of informing parents verbally at first then through a written memo).
- I understand that to transfer from full time enrollment to part time enrollment, one month's notice must be given. I understand that no transfers are available during the months of March, November, and December.
- I understand that the Brilliance Pre-School and Academy is a 'School' that teaches academics to young children and also provides extended child care services. It is not a drop off center or a weekly child care/day care service center.
- I agree to work hand in hand with the teachers and administrators to provide the support my child requires in developing his/her social, physical and intellectual skills.

- I agree to provide the school with all necessary information pertaining to administering medicine to my child.
- I understand my child will be provided with snacks and lunch served at school however, I am totally responsible for any special diet required by my child.
- I understand that according to the school's regulations, it is my responsibility to escort my child in and out of the school.
- I understand that in the event of a medical emergency: first aid/cpr will be administered, 911 will be called and then the parent/emergency contact will be contacted. In the event that your child must be transported to the nearest medical facility, a staff member will be with your child until a family member arrives (The parent will assume responsibility for payment).
- I understand that if my child is ill, including, but not limited to, a severe cough or sore throat; undetermined rash or spots; temperature over 100 degrees Fahrenheit; severe headaches, upset stomach or diarrhea, he or she cannot be accepted in to the school until well. In the event my child has a communicable disease, a release form from a medical source may be required before my child re-enters the center. Brilliance Pre-School and Academy will notify parents if a communicable disease has been introduced into the school.
- I understand that all shot records/immunizations must be current and kept up to date. The only exemption would be for medical or religious reasons and in those cases we would need a letter from a physician or clergy. Any child out of compliance will not be allowed to attend.
- I understand that hearing and vision testing is required at age 4 years old. Please make arrangements with your family's medical team. If preferred, we will have a service come to school and provide this service to you at an additional cost.
- I understand that in the case of a disaster or other even that requires evacuation of the building, you will be contacted as soon as possible. In the event of evacuation we will go to the closest safest place.
- I give my consent for my child to participate in field trips and water activities (Yes €/ No €).
- I understand that Brilliance Pre-School and Academy does not provide transportation to or from home or local schools. The only transportation provided will be for pre-approved field trips.
- I understand that Brilliance operates on an open door policy and parents are welcome to observe, visit, or participate in their child's class at anytime without notice. If a parent is going to be a regular visitor, we will require a background check and finger printing.
- If I have not picked up my child by 6:00 p.m. and all attempts to contact me and all of my emergency contacts fail, Brilliance Pre-School and Academy will contact Police and State Agents. (There will be a charge of \$1.00 per minute up to \$ 20.00 per hour paid directly to the person who is waiting with your child)*
- I give my consent for my child's photo and or video footage to be taken within the school.
- I understand that I may not physically discipline my child on school premises.
- I understand that any complaints can be discussed with the Director or Assistant Director.
- As a parent of Brilliance your opinion is respected and appreciated.

**Brilliance Preschool and Academy's Statement of Non-Discriminatory Policy**

Brilliance Preschool and Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.

*I understand all of the above and agree to abide by all policies and procedures of Brilliance Pre-School and Academy as outlined in this agreement. Failure to adhere to these policies may result in dismissal of my child from the Brilliance.*

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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



The following contacts are for your information:

Child Care Licensing: Phone number: 214.951.7902  
Website: [http://www.dfps.state.tx.us/Child\\_care](http://www.dfps.state.tx.us/Child_care)

Child Abuse/Neglect: Phone number: 800.336.7788

## INFORMATION FOR TEACHERS

Child's first and last name Name your child goes by:	
Child's birth date:	
Names of siblings (male/female):	
Who does the child live with: MOTHER / FATHER / BOTH PARENTS / OTHER	
Names of paternal and maternal grandparents:	
Any allergies to foods or is your child a picky eater:	
What type of discipline do you use with your child at home:	
How often do you read with your child at home:	
What time does your child go to bed at night:	
What does your child normally eat for breakfast:	
Tell us a little bit about what your child knows. For example: names of colors, shapes, numbers, alphabet, ability to color or write etc.	
Anything else that you feel we need to know.	

*For Office use only:*

*Class:* \_\_\_\_\_ *Start Date:* \_\_\_\_\_ *Hours:* \_\_\_\_\_

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## For Office Use Only

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Name of the Student : \_\_\_\_\_

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

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

Class Assigned : \_\_\_\_\_

Type of Program: \_\_\_\_\_ Hours: \_\_\_\_\_ Tuition: \_\_\_\_\_

Registration fee received: \$ \_\_\_\_\_ on \_\_\_\_\_

Copy of Shot record received: Y/N

Parent orientation form signed: Y / N

Comments:

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Signature of Administrative Staff

# Brilliance Preschool & Academy

(Guest Information)

Thank you for showing your interest in Brilliance Academy. In order to better assist you, please fill out the following information.

Your Name: \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Daytime Tel # \_\_\_\_\_ Home Tel # \_\_\_\_\_

Your relation to the child \_\_\_\_\_

Name of the Child: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Has your child attended any of the following in the past?

- Day Care
- Private School
- Public School
- Other

If yes, please mention the name and how long he/she attended.

\_\_\_\_\_

How did you learn about our school?

- a) Through a friend
- b) Driving by
- c) Advertisement
- d) Other

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For office use only

Tour provided by: \_\_\_\_\_

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

Comments:

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

# Parent Orientation

Name of the child: \_\_\_\_\_ Date: \_\_\_\_\_

1. Security Code Assigned
2. Birthdays can be celebrated on Fridays from 3:00 to 3:45 only. A birthday request form needs to be filed out in advance and pre approved.
3. A Child will not be allowed in the school without shoes.
4. Medicine is administered between 11:30 am to 12:00 p.m. and after snack between 3:30 p.m. and 4:00 p.m. only. Parents must sign the form on the reception counter. All the medicine must be marked with the child's name and must be in the original container. Prescription must not be expired and must be written for the child. Over the counter medication may be used if it has been signed in and is in the original container.
5. If your child is running a low-grade fever, our staff member will attempt to make a courtesy call to inform the parent. This will alert the parent in advance and perhaps the parent can take preventive measures.
6. Parent **must** come and pick up the child in the following cases:
  - Oral temperature 100.4 degrees or greater; armpit temperature 99.4 degrees or greater.
  - Symptoms and signs of possible severe illness (such as lethargy, uncontrolled breathing, uncontrolled diarrhea, vomiting illness [two or more episodes in 24 hours]), rash with fever, mouth sore with drooling, wheezing, behavior change, or other unusual signs until medical evaluation indicates that the child can be well enough to participate in all class activities.
7. Weekly newsletters are sent from each teacher. Monthly newsletter and lunch menu can be picked from the front office.
8. Ensure your child has enough supply of diapers and wipes on a weekly basis (if applicable).
9. Ensure your child has a change of clothes.
10. Blankets and pillows must be picked up every Friday for washing.
11. Please sign your child in and out every day.
12. Please check your child's folder / cubby every day.
13. Please read the parent bulletin board everyday for all the important notices.
14. Toys are only allowed on show and tell days.
15. Brilliance Academy does not have any pets or animals on site. On special occasions we may have animals visit the school. In that case, parents will be notified.
16. Brilliance Academy provides three report cards during the school year.
17. Brilliance Academy offers a Parent Teacher Conference during the month of December. This conference is mandatory.
18. Parents will be notified if their child is moving from one class to another through a letter during the school year. (September to April)
19. Children registered for Summer School will be placed according to their age group. That may not necessarily be his/her fall class.

Parent's Name \_\_\_\_\_ (please print)

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

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