



**BRIGHT BEGINNINGS  
PRESCHOOL**

# 2024-2025 SCHOOL YEAR

## CHILD'S INFORMATION

Full Name :

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender :  Male  Female

Allergies : \_\_\_\_\_

Is your child fully toilet trained?  YES  NO Church Affiliation: \_\_\_\_\_

**CHILDREN IN OUR 3'S (3 by 8/31) AND PREK CLASSROOMS MUST BE FULLY TOILET TRAINED WHEN SCHOOL**

## ENROLLMENT OPTIONS

SCHEDULE	HOURS	TUITION
<input type="checkbox"/> Monday - Friday	8:30-2:30	\$425/mo
<input type="checkbox"/> Monday - Thursday	8:30-2:30	\$350/mo
<input type="checkbox"/> Monday/Wednesday/Friday	8:30-2:30	\$250/mo
<input type="checkbox"/> Tuesday/Thursday	8:30-2:30	\$175/mo
<input type="checkbox"/> Before School Care	7:30-8:30	\$25/mo
<input type="checkbox"/> After School Care	2:30-5:15	\$150/mo

**A \$100 NON-REFUNDABLE ENROLLMENT FEE IS REQUIRED AT ENROLLMENT  
PREK STUDENTS (4YRS BY 8/31) MUST ATTEND MONDAY - THURSDAY OR MONDAY - FRIDAY**

## HOT LUNCH OPTIONS

YES  NO

### LUNCH FEES

Lunch fees are based off of an average number of days each month. There will be no daily charge. If you unexpectedly need us to provide lunch for your child you will be charge the monthly fee based on the number of days your child is enrolled.

5 days \$75/mo

4 days \$65/mo

3 days \$55/mo

2 days \$45/mo

## PHOTO RELEASE

I give permission for any videotapes, photographs, and/or comments or quotes from interviews to be used by First Methodist Church, its assigns or successors to promote children's ministry. Furthermore, I hereby consent that such photographs, films and comments shall be property of FMC, and they shall have the right to use as they may desire for publicity purposes, free and clear of any claim whatsoever on my part. Children's names will not be associated with photographs on our website, or social media.

Signature \_\_\_\_\_



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### **TUITION**

Bright Beginnings has established the following policy for payment of tuition to help insure the tuition is divided into 10 monthly payments, beginning August 1st through May 1st, with 10 monthly payments. Tuition is not waived during holidays, breaks, inclement weather or closures. Tuition is due on the 1st of each month and is considered late after the 10th. There will be a \$25 charge for late tuition payments (unless previous arrangements have been made with the office). Payments can be made via Bright-wheel, check, or money order. We DO NOT accept cash payments. If paying on Bright-wheel you will also pay a processing fee from the company. If your check is returned you will be required to pay a \$30 returned check fee. If this happens more than two times you will be required to pay with a money order.

### **FUNDRAISER**

Each year Bright Beginnings at FMC Preschool will have one main fundraising event to help with the cost of purchasing new equipment, supporting our teachers, and our classrooms. Each family will be responsible for collecting a minimum of \$50 in funds. Each additional sibling is responsible for an additional \$25.

### **TO RECEIVE EMERGENCY MEDICAL CARE**

I give permission for the Director or person in charge to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt is made to contact a parent or guardian.
2. Attempt to contact parent through anyone listed on the child's emergency card.
3. If we cannot contact the parent or an emergency contact we will do any or all of the following:
4. Have the child taken to the emergency room of the local hospital in the company of a staff member and/or call an ambulance.

Any expense incurred under item number 4 above will be the child's family responsibility. Bright Beginnings will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I \_\_\_\_\_ agree to the policies listed above.



Program name \_\_\_\_\_ K8 \_\_\_\_\_ Date \_\_\_\_\_

**Child Information**

Child's name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

Home street address \_\_\_\_\_ City \_\_\_\_\_ Oklahoma State \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Oklahoma State \_\_\_\_\_

Finding directions \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Parent or guardian name, adult **whom child lives with** \_\_\_\_\_ Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Business phone \_\_\_\_\_ Email \_\_\_\_\_

Parent or guardian name, adult **whom child lives with** \_\_\_\_\_ Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Business phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact**

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference:

Name	Phone

## Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. **Parent/guardian must provide a copy of the current updated immunization record to the child care program.** Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

## Health Record

Child's physician or clinic \_\_\_\_\_ Phone \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ Oklahoma State \_\_\_\_\_ ZIP \_\_\_\_\_

I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies?  Yes  No

When yes, list:

Does the known allergy require special precautions, actions, or medications?  Yes  No

When yes, describe:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel?  Yes  No

When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?  Yes  No

**Transportation**

- I do not give permission to transport my child.
- I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- When an emergency occurs and I cannot be reached
- Field trips
- To and from home

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- To and from school

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- Other, specify:

**Pick Up Permission**

Individuals who have permission to pick up my child:

Name	Phone

**Signature**

I understand this form is supplied by the Oklahoma Human Services (OKDHS) for the convenience of the child care program and me to assist with care of my child. Supplying this form in no way imposes any responsibility or obligation upon OKDHS.

Program policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care - A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

**Child Care Program Use**

Date child entered program: \_\_\_\_\_

Date child withdrawn: \_\_\_\_\_



**Compliance File Notification:  
Child Care Programs and Family Child Care Homes**



**Program Information**

First Methodist Church Preschool K8 30020446  
 Program name License number  
501 W. Main St Ardmore OK 73401  
 Street address City State ZIP code  
501 W. Main St, Ardmore, OK 73401  
 Mailing address  
580 223 3672 David Daniel  
 Phone Owner

**Child Information**

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

**Agreement and Signature**

- I understand and am aware:
  - this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
  - of the Compliance File location and its contents.
  - this form is to be completed:
    - upon child enrollment; and
    - every 12 months thereafter.
  - a copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

\_\_\_\_\_  
 Parent or legal guardian name      Parent or legal guardian signature      Date

This document does not meet posting requirements per OAC 340:110-3-275 through 340:110-3-311, and DHS Pub 14-15 Licensing Requirements for Child Care Programs, and is a parent provided document only. Information contained in DHS Pub 14-01 Notice to Parents is stated below. You may obtain a copy of DHS Pub 14-01 by calling 1-877-283-4113, or by faxing (405) 962-1741.

### NOTICE TO PARENTS

Please review the following records on a regular basis at child care centers, day-camps, drop-in programs, out-of-school time programs, part-day programs, and programs for sick children.

**Posted:**      **The program is required to post:**

- **This Notice to Parents;** and
- Child Welfare Investigative Summary, with confirmed and substantiated findings for 120 calendar days from the date the investigation is completed as indicated on the form.

**Compliance file:** The program is required to make accessible in a prominent location the following documents, maintained together, with the most recent on top and all child-identifying information removed. The compliance file includes items within the last 120 calendar days, at a minimum, from the date on the document or the investigation completion date on the form, unless requirements state otherwise.

The compliance file **only** contains: compliance monitoring from Licensing, Stars and tribal agencies, such as: **monitoring visit forms;** including the most recent visit; **case status information;** such as forms and correspondence regarding: issuance of permits and licenses; non-compliances and Stars violations; notices to comply; complaint findings; office conferences with Licensing, Stars and tribal agencies; Stars alternative settlements and reductions; consent agreements, denials of a request for license, and revocations of a license; child welfare investigative summary, regardless of findings; however, confirmed or substantiated findings are maintained in the file for 12 months; granted criminal history restriction waiver notifications are maintained in the file for as long as the individual is employed or is living in the facility; and other documents indicating placement in the compliance file.

### Online

**Child care locator and case summary:** Access at the below Web address.

**Licensing requirements for child care programs:** Access at the below Web address or contact the local DHS office below for a mailed copy.

### At the DHS local office

**Public licensing file:** Contact the local office below to schedule an appointment.

**Case summary:** Contact the local office below for a faxed or mailed copy.

If you believe licensing requirements are not being met or you have questions, please contact a child care licensing specialist from DHS Child Care Services at:

**DHS local office**

**Child Care Services**

**Address:** 410 Travertine Dr.      **Phone:** 580-490-3600

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>