



2024-2025 Parent Handbook

Phone numbers:

(850) 765-4292 or (850) 765-2129

**OWNERS/DIRECTORS**

Terry & Madria Price

**Locations**

1408 Hendrix Rd Tallahassee, FL

1000 Tharpe St. Tallahassee, FL

395 W. Palmer Mill Rd Monticello, FL

# OUR OBJECTIVE

Bright Future Christian Academy (BFCA) is a Christian Childcare program that offers a Safe, Well Supervised, Clean, Educational, Nurturing and Fun-Filled environment for infants and toddlers, ages 6 weeks to 5 years.

Research shows that from birth to age 5, the brain triples in size! To feed our growing brains, we provide a curriculum designed to keep our little ones engaged throughout the day learning through all senses: sight, sound, touch, smell, and taste.

To ensure a successful partnership between teacher and parent(s), we ask all our Bright Future parents to download the "ProCare app". With ProCare, parents can be involved with their child(ren) throughout the day. Not to mention that parents are free to come and visit anytime their child is in our care.

We love each of our Bright Children as though they were our very own. For additional safety, our entire premises is monitored by a 24-hour camera surveillance along with a coded keypad entrance. This code will be updated periodically to ensure the continued safety of our Bright Children.

# OPEN DOOR POLICY

BFCA offers an Open Door Policy. An open-door policy allows parents to visit their children in our facilities any time they wish. We do ask parents who plan to visit their children to follow the classroom routine, to avoid disturbing classroom schedules and activities. We also ask that visits are respectful of the other students in our care; we suggest short visits or observing from the hallway/door to ensure the students are not distracted from their learning activities and classroom rules. As much as BFCA appreciates parent involvement, however, too many visitors at one time can be overwhelming to teachers, students and even your own child.

BFCA Children often have classroom celebrations that we encourage our parents to participate in. During hours of operation, all children present add to our capacity (per Leon County Fire Department) whether they are Bright Future students or not. With that said, if you wish to allow your child's sibling(s) to participate in celebrations, please speak with the site Director about arrangements.

# OUR TEACHERS

Our instructors have all been screened for criminal background Level II checks. They are CPR and First Aid certified and have completed the necessary early childhood courses required by Florida's Department of Children & Families (DCF). Our ratio per Federal Law and the Department of Children and Families requires the following: 1 teacher for every four infants; 1 teacher for every 6 one year old; 1 teacher for every 11 two years old; 1 teacher for every 15 three years old; 1 teacher for every 20 four years old; 1 teacher for every 25 five years old.

Our instructors love our Bright Children and are excited to partner with you to ensure your child's future success in the transition from home to school.

## STUDENT PICK UP AUTHORIZATION

If you need a friend, co-worker, or relative to pick up your child that is not listed on the registration form, call us at (850) 765-4292 (Hendrix) or (850) 765-2129 (Tharpe). The person will be required to show a photo ID, regardless of whether personally known by the check-out staff. This is for the protection of your child and will be strictly enforced.

## **Bright Future Christian Academy will NOT be opened on the following holidays:**

Independence Day (4 <sup>th</sup> of July) – July 4, 2024 Labor Day – September 2, 2024	Thanksgiving - November 25-29, 2024 Christmas- December 24 <sup>th</sup> -27 <sup>th</sup> , 2024
New Years January 1, 2025 Good Friday – April 18, 2025	Memorial Day- May 26, 2025 Juneteenth- June 19, 2025

# FOOD AND FOOD STORAGE

Bright Future does not participate in any food program. **All meals** for Breakfast, Lunch and Snack are the **responsibility of the parents.**

All food items are placed in our refrigerator to maintain freshness. Microwaves are available in all classrooms. We ask that you label all food containers that are brought in with your child's **first and last name**, including but not limited to bottles, cups, bowls, plates, forks and spoons.

Meals should be nutritionally balanced, including protein, fiber and healthy fats. Meals may not contain any candies, cakes, cookies or similar items.

We thank you for trusting your most precious gems with us.

We are available 24/7 with any questions or concerns please call (850) 765-4292 (Hendrix & Monticello) or (850) 765-2129 (Tharpe).

# HEALTH POLICY

As documented in **Florida's Administrative Code 65C-22.004**, any child showing any of the signs or symptoms listed below shall be removed from the facility and may not return without a physician's authorization.

1. Severe coughing causing a child to become red or blue in the face or to make a whooping sound
2. Difficult or rapid breathing
3. Stiff neck
4. Diarrhea (more than one abnormally loose stool within a 24-hour period)
5. Temperature of 101, degrees Fahrenheit or higher
6. Pink Eye
7. Exposed or open skin lesions
8. Unusually dark urine and/or gray or white stool
9. Yellowish skin or eyes
10. Head Lice
11. Any other unusual sign or symptom of illness

Once Bright Future Staff have contacted the parent or emergency contact person, the child must be picked up within 1 hour.

# DISCIPLINE PLAN

As a program that offers a safe and enjoyable environment for your children, **we will not tolerate inappropriate behavior.**

Positive reinforcement and redirection are the only forms of conscious discipline that will be employed with our students.

Children are prohibited from being subjected to discipline, which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited for all childcare personnel. Children may not be denied active play as a consequence of misbehavior.

These actions are in accordance with the student code of conduct booklets and the Department of Children and Families policies.

We take pride in making our program a safe and pleasant atmosphere for both children and staff members.

1. I have read, understand and agree with the Discipline Plan outlined in the Bright Future Christian Academy's Policy.

Parent Signature & Date \_\_\_\_\_

# PARENT CONTRACT

In completing this registration for my child, I understand and agree that:

**FEES:**

1. I must pay the weekly tuition on or before the due dates regardless of whether my child is in attendance or not.
2. No child will be accepted with any past due fees.
3. Parents of children who are not picked up by closing time, (Hendrix Rd. & Monticello 5:30pm) or (Tharpe St. 6:30) will be assessed a late fee of \$25.00 and \$1.00 for every minute thereafter you are late. The late fee must be paid in full before your child will be allowed back into the program.

**-Please do not ask for an exception to this rule.**

## PAY RATES

CLASS	FULL TIME WEEKLY	DAILY RATE	DAILY DROP-IN	ANNUAL SUPPLY/ACTIVITY FEE	REGISTRATION
INFANTS	\$225.00	\$45.00	\$60.00	\$100.00	\$100.00
1's	\$200.00	\$40.00	\$60.00	\$125.00	\$100.00
2's	\$180.00	\$36.00	\$60.00	\$125.00	\$100.00
3's	\$165.00	\$33.00	\$60.00	\$125.00	\$100.00



4's VPK Wrap Around	\$155.00	\$31.00	\$60.00	\$125.00	\$100.00
Special Needs	\$200.00	\$40.00	\$60.00	\$125.00	\$100.00
School Age	\$150	\$30	X	X	X
Before/After School	\$150	\$30	\$60	X	\$100

**NOTE:** Annual Supply Fee is due annually and during registration. The fee will be charged on the 1<sup>st</sup> day of the new school year. Supply fees are used to maintain supplies for your child(ren)'s class.

**\*\*\* Any family of 3 or more will receive a 20% discount.**

**ATTENDANCE:**

- 1 I must sign my child in and out every day and that failure/refusal to do so may result in immediate dismissal from BFCA.
  
2. I must notify BFCA by phone or on ProCare by 8:45 a.m. daily to report if my child will be absent or late due to a doctor's appointment. No child will be allowed in the facility after 9:00 a.m. As stated before, even though your child is absent (due to sickness, vacation, holidays) space is being held for your child, full weekly payment is expected and you cannot receive credit for that time of absence.
  
3. **Withdrawals or transfers will be given to the parent by request. Two weeks' notice and a full paid balance is required.**

I have read the contract and agree to all the payment and procedure requirements for the program.

Parent Signature & Date \_\_\_\_\_

# BFCA 2024-2025

## REGISTRATION

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

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

Zip Code: \_\_\_\_\_ Start Date for BFCA: \_\_\_\_\_

Rate determined by age at admission \$ \_\_\_\_\_

Hours: 6:30am-5:30pm (Day) or 6:00pm - Midnight (Evening) Hendrix Rd. 6:30am - 6:30pm (Tharpe St)

### HOUSEHOLD/FAMILY INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work#: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address \_\_\_\_\_

Employer: \_\_\_\_\_

Work#: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

### EMERGENCY CONTACT INFORMATION (In addition to names listed above)

\_\_\_\_\_

Name Relationship Phone \_\_\_\_\_

Name Relationship  
Phone \_\_\_\_\_

# WAIVER OF LIABILITY

Bright Future recommends that all youth have an examination by a licensed physician prior to participating in Bright Future sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous Bright Future activities and to protect other participants from communicable diseases.

I hereby waive any liability that Bright Future (BFCA), its agents, contractors, staff, volunteers, owners, director, manager, employees might have for and agree that said Bright Future, it's agents, contractors, staff, volunteers, owners, director, manager, employees shall not be liable for any bodily injury to me or my child incurred while playing or activity, that encourages exercise and free play sponsored by Bright Future.

I hereby give my permission for my child to participate in the full Bright Future sponsored program, and, to the best of my knowledge, my child(ren) has/have no physical conditions which will make it dangerous for him/her to participate in Bright Future sponsored program activities. In consideration of admittance, I authorize Bright Future to arrange for a medical examination and/or treatment for my child should an emergency arise at Bright Future (BFCA). It is understood that a  
A conscious effort will be made by the Director to contact me at the emergency number provided before any medical action is taken.

X \_\_\_\_\_

Parent/Guardian Signature

X \_\_\_\_\_

Parent/Guardian Signature

Please be aware that the signatures on this application are the only persons authorized to make changes to this application including adding and deleting pick-up names.

THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP MY CHILD(REN) FROM

BFCA: Name: \_\_\_\_\_

Ph#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Ph#: \_\_\_\_\_ Relationship: \_\_\_\_\_

# 2024-2025 HEALTH HISTORY

***We do not administer any medication to our students.*** Parents can arrange to come in and administer medication as needed. My child is currently taking the following medication(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *Please indicate dosage needed and initial.*

List all allergies or limitations your child may have/previously had:

\_\_\_\_\_

\_\_\_\_\_

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed class activities except as noted. I hereby give permission to the medical personnel selected by the Director to order routine tests, x-rays, treatment, and necessary transportation for the individual named above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director to secure and administer treatment, including hospitalization, for my child named above.

X

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

\_\_\_\_\_  
Date

# ENROLLMENT AGREEMENT

By my initials on each line below, I understand and agree that:

\_\_\_\_\_ I will be responsible for payment for the weekly fee on MONDAY morning of each week (weekly payers) or by the first Monday of the month (monthly payers).

\_\_\_\_\_ I understand that I am responsible for paying any portion of fees unpaid by a third-party agency, (ex. ELC). I agree to fill out any required paperwork in a timely manner and pay any fees required by the third party.

\_\_\_\_\_ The registration fee of \$100.00 must be paid at the time of the registration to guarantee a space for my child and it is nonrefundable.

\_\_\_\_\_ The annual supply fee of \$125 must be paid at the time of registration and annually to maintain supplies for my child's activities and it is nonrefundable.

\_\_\_\_\_ I understand that payments will be accepted in the ProCare app, Cash app (\$Brightfutureacademy), Money order, Cash, Cashier's Check, Zelle or square.

\_\_\_\_\_ Credit will not be applied due to absences from the Day Academy. My child has a reserved space that cannot be sold to another individual and BFCA has a space limit dictated by DCF.

\_\_\_\_\_ I understand that if my child remains at the Academy past the scheduled closing, I will be charged a \$25 late fee and then \$1.00 for each minute per child, after closing. Any more than two late pick-ups may cause enrollment in our night care extended hours program.

\_\_\_\_\_ I understand that medication will NOT be administered by BFCA Staff.

\_\_\_\_\_ I understand that if the Academy staff is unsuccessful in contacting any authorized person(s) to pick up my child 30mins after closing, without contact pursuant to DCF Policy, local law enforcement will be contacted.

\_\_\_\_\_ I understand that I must sign my child in and out of the program daily. Any authorized persons sent to pick up my child must be able to furnish a picture ID. Those persons listed must be at least 18 years of age.

\_\_\_\_\_ I understand that there is no financial compensation/refund for time missed due to behavioral problems, illness or vacations.

I understand that the Director may discontinue care for any of the following reasons:

- 1) Parent has not submitted required paperwork, or the paperwork is inaccurate.
- 2) Payment is late or unpaid.
- 3) Child is determined to be dangerous (physically, sexually or verbally aggressive or threatening) to other children or the staff.
- 4) Child is determined to have a medical, developmental, or emotional condition that is beyond the scope of the program's licensed ability to care for the needs of the child.

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Parent/Guardian Signature

Date

# PHOTOGRAPHY OPTION

I understand that Bright Future takes photographs of its students throughout the day and frequently posts pictures on our ProCare app, Website, Facebook, Instagram, Twitter and other social media sites. Bright Future does not disclose children's names or any personal information.

\_\_\_\_\_ I give permission for my child to appear in any Bright Future advertisement.

\_\_\_\_\_ I do not give permission for my child to appear in any Bright Future advertisement.

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Parent Signature

Date

# CHILDCARE HISTORY

Has your child had previous day care experience? \_\_\_\_\_ Has you ever been terminated \_\_\_\_\_ If yes please explain \_\_\_\_\_

Please list prior caregivers and/or day care centers: \_\_\_\_\_  
\_\_\_\_\_

Describe these experiences: \_\_\_\_\_

Why are you looking for a new childcare arrangement? \_\_\_\_\_



# KNOWING OUR BRIGHT FUTURE CHILDREN

## **Infants to 11 months**

Please fill out this form for your child ages 0 to 11 months so we can learn more about your little one.

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

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

Pre-Mature Birth\_\_\_ Full-Term\_\_\_ Birth Weight: \_\_\_\_\_

Child's General Mood: mostly Happy, fussy, colicky, what? \_\_\_\_\_

Please circle one: Home birth or Hospital Has child stayed with anyone else besides parents? \_\_\_\_\_ If so, who? \_\_\_\_\_

Is child Bottle or breast-fed? \_\_\_\_\_ If using both, when do you use bottle vs. breast? \_\_\_\_\_

How do you give bottle, room temp, warmed, cold? \_\_\_\_\_

If you warm the bottle, what procedure do you use to warm bottle? \_\_\_\_\_

Does the child hold his or her own bottle? \_\_\_\_\_

Is child on formula or milk? \_\_\_\_\_

What kind of milk or formula do you use? \_\_\_\_\_

Is child on baby cereal? \_\_\_\_\_

List the kinds you use: \_\_\_\_\_

Is child on strained or other baby foods? \_\_\_\_\_

List the varieties you use fruits veggies etc: \_\_\_\_\_

Food likes: \_\_\_\_\_ Food Dislikes: \_\_\_\_\_

List amounts of food, types of food and times your child usually eats below: Breakfast

Lunch: \_\_\_\_\_

Snack: \_\_\_\_\_

Will your child have a bottle or breast fed before arriving? \_\_\_\_\_ Will your child need breakfast? \_\_\_\_\_ Does your child use

a pacifier? \_\_\_\_\_ When? \_\_\_\_\_ Does your child need a special comfort item to sleep with? \_\_\_\_\_ What is it? \_\_\_\_\_ Does your child sleep

through the night? \_\_\_\_\_ If not, how often do they wake and what do you do when they wake - feed, rock change etc? \_\_\_\_\_

What time does your child wake up in the morning? \_\_\_\_\_

What time does your child nap in the morning? \_\_\_\_\_

Afternoon? \_\_\_\_\_

Please list any other important information or special instructions on the care of your child below: \_\_\_\_\_

# KNOWING OUR BRIGHT FUTURE CHILDREN:

## **12 months to 5 years**

Please fill out this form for your child aged 12 months to 5 years. It will help us get to know your child better.

Child's name \_\_\_\_\_

Nickname \_\_\_\_\_

I have \_\_\_ brothers & \_\_\_ sisters, their names and age \_\_\_\_\_

My favorite activity is: \_\_\_\_\_

My favorite food is: \_\_\_\_\_

My least favorite food is: \_\_\_\_\_

My favorite toy is: \_\_\_\_\_

I am afraid of: \_\_\_\_\_

I can do all these things by myself: \_\_\_\_\_

What type of discipline is used at home?  
\_\_\_\_\_

Does your child eat unaided? \_\_\_\_\_ Does he/she enjoy eating? \_\_\_\_\_

Does your child have a special diet? \_\_\_\_\_

If so, what is it? \_\_\_\_\_

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child?  
\_\_\_\_\_

How does your child go to sleep? \_\_\_\_\_

Are there any special dolls or toys he/she needs in order to go to sleep? \_\_\_\_\_

What is the usual time and length of naps taken each day? \_\_\_\_\_

How long does he/she usually sleep at night? \_\_\_\_\_

Please list any personal habits, thumb-sucking, nail biting, etc. \_\_\_\_\_

What are your main expectations of this program: \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_

## Authorization and Waiver to Transport Child

Authorization Is Valid: July 1, 2024-June 30, 2025

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ School if applicable \_\_\_\_\_

My child requires a booster seat: Yes No (All children under 8 years of age are required to be in a booster seat)

I authorize Bright Future Christian Academy, Inc. to transport my minor child in a company Bus or Van, driven by an individual authorized by Bright Future Christian Academy, Inc. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer.

I understand participation in the identified event is not a requirement for participation in the program.

I have read, understand, and discussed with my child:

- (1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel.
- (2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
- (4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

### *Initial Each Statement*

\_\_\_\_\_ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

\_\_\_\_\_ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Bright Future Christian Academy, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf regarding any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

\_\_\_\_\_ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

## UNIFORMS

Beginning August 1, 2020, all students will be required to wear uniforms.

Polo shirts must be purchased from the office staff.

**Tops: Grey Polo Shirt with BFCA logo**

**Pants: Any Pants**

**Your Choice of close toe schools Shoes**