**Bright Beginnings**

Owner/Director: Stacey Betz | 20000 Old Scenic Hwy Zachary, LA 70791 | Phone: 225.570.8062 |

Email: dani.bbcdc@gmail.com Webpage: www.brightbeginningscdc.com

**2023-2024 Registration**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_Sex:M/F

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_Sex:M/F

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_Sex:M/F

Name of Parent/Guardian (with whom they live):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please Check Program Selection:**

**Regular Care:**

\_\_\_ Infants: $220/Weekly $953/Monthly \_\_\_ Older Infants: $215/Weekly $932/Monthly

\_\_\_ Toddlers: $210/Weekly $910/Monthly \_\_\_ Pre-K $205/Weekly $888/Monthly

\_\_\_ Before or After Care $185/Monthly \_\_\_Before/After Care $400 Monthly

\_\_\_ Holiday Care $50/Daily

**Extended Care (*Over 10 Hours*)**:

\_\_\_ Infants: $230/Weekly $997/Monthly \_\_\_ Older Infants: $225/Weekly $975/Monthly

\_\_\_ Toddlers: $220/Weekly $953 Monthly \_\_\_\_ Pre-K $215/Weekly $932/Monthly

Please list your drop-off and pick-up times:

Drop Off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pickup: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annual Registration Fee is $150 per child. Payment Made: \_\_\_\_\_\_\_**

*Please sign below, stating that you have read and understand the Parent Handbook posted on our website.*

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

**2023-2024 Tuition Agreement**

**\*Please initial each statement\***

\_\_\_\_\_ This tuition agreement is a 52 week contract and is only canceled with a 2 week notice.

\_\_\_\_\_ Tuition is due regardless of absence for illness, vacation, holidays, or weather closures, etc.

\_\_\_\_\_ Tuition is to be paid by the date given on the invoice to avoid late fees.

\_\_\_\_\_ Payments must be paid via Brightwheel, no checks or cash will be accepted.

\_\_\_\_\_ Tuition payments are due in advance of services.

\_\_\_\_\_ If you are not signed up for extended day care, and exceed a 10 hour day, your account will be charged $15 per day that it is exceeded.

\_\_\_\_\_ If you pick-up past the 10 hour window more than 3 times, while not being signed up for extended day, your charges will change to extended day on the next statement.

\_\_\_\_\_ Late payment fees will be assessed at the rate of $10 per business day, based on your agreed payment schedule.

\_\_\_\_\_ Tuition must be current for your child to attend.

\_\_\_\_\_ Autopay is mandatory. Parents with CCAP or TIPS will only be billed for their copay.

I agree to pay in the following manner:

\_\_\_\_\_\_\_\_ Monthly (1st of each month)

\_\_\_\_\_\_\_\_ Bi-weekly (1st and 15th of each month)

\_\_\_\_\_\_\_\_ Weekly (Friday before service)

By initialing and signing this agreement, I understand and will follow these policies.

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

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

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