

Meeting Street Bright Futures

Emergency Contact and Medical Treatment Authorization

Date: _____

DOB: _____

Child's Full Name: _____

Last

First

Middle

Address: _____

Street

City

State/ ZIP Code

Father/Guardian	Mother/Guardian
Name	Name
Employer	Employer
Business Tel.	Business Tel.
Home Tel.	Home Tel.
Cell Tel.	Cell Tel.
E-Mail address	E-Mail address

In case of an emergency the following persons may be contact and pick up my child:

Name		
Home Tel.	Business Tel.	Cell Tel.
Relationship		
Physician's Name & Tel.		
Hospital Preference		

I hereby authorize the Meeting Street staff to give consent for any and all necessary emergency medical care required for my child _____, while in Meeting Street's custody. I understand that Meeting Street is not liable for any emergency care administered. If necessary, the following insurance information may be given: I carry primary medical insurance of this child? YES ___ NO ___. If YES, name of insurance company: _____ Policy Number: _____

In case of emergency, I hereby authorize the doctor or the hospital to which my child may be taken to perform any emergency procedure or operation, to give treatment and the administration of any anesthetic necessary for the health of my child.

The following persons are authorized to pick up my child:

1. Name: _____ Relationship to child: _____
Home Tel. _____ Business Tel. _____ Cell Tel. _____
Driver's license number or street address: _____
2. Name: _____ Relationship to child: _____
Home Tel. _____ Business Tel. _____ Cell Tel. _____
Driver's license number or street address: _____
3. Name: _____ Relationship to child: _____
Home Tel. _____ Business Tel. _____ Cell Tel. _____
Driver's license number or street address: _____
4. Name: _____ Relationship to child: _____
Home Tel. _____ Business Tel. _____ Cell Tel. _____
Driver's license number or street address: _____
5. Name: _____ Relationship to child: _____
Home Tel. _____ Business Tel. _____ Cell Tel. _____
Driver's license number or street address: _____
6. Name: _____ Relationship to child: _____
Home Tel. _____ Business Tel. _____ Cell Tel. _____
Driver's license number or street address: _____
7. Name: _____ Relationship to child: _____
Home Tel. _____ Business Tel. _____ Cell Tel. _____
Driver's license number or street address: _____
8. Name: _____ Relationship to child: _____
Home Tel. _____ Business Tel. _____ Cell Tel. _____
Driver's license number or street address: _____
9. Name: _____ Relationship to child: _____
Home Tel. _____ Business Tel. _____ Cell Tel. _____
Driver's license number or street address: _____
10. Name: _____ Relationship to child: _____
Home Tel. _____ Business Tel. _____ Cell Tel. _____
Driver's license number or street address: _____

The authorization granted by this form will be used only where absolutely necessary and only after every attempt has been made to contact the parent/guardian. Doctors and hospitals refuse to give treatment regardless of how minor, unless they have authorization from parents/guardians. As time can be essential in a medical emergency, this form would assure your child of receiving prompt, professional medical attention.

Signature of Parent/Guardian: _____ Date: _____

Witness/Interpreted by: _____ Date: _____

Family Education Rights and Privacy Act

Notification to Parents

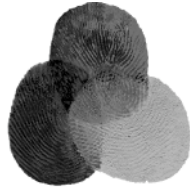
The Family Education Rights and Privacy Act (FERPA) affords parents and students over 18 years of age (“eligible student”) certain rights with respect to a student’s education records. These rights are:

1. The right to inspect and review a student’s education records within 45 days of the day that Meeting Street receives a request for access. Parents or eligible students should submit to the Compliance Officer a written request that identifies the record(s) they wish to inspect. The Compliance Officer will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request an amendment of a student’s education records that the parent or eligible student believes are inaccurate or misleading. Parents or eligible students may ask Meeting Street to amend a record that they believe is inaccurate or misleading. They should write to the Compliance Officer, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If Meeting Street decides not to amend the record as requested by the parent or eligible student, Meeting Street will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent.

Disclosure without consent: Disclosure to school officials that have legitimate educational interests. A school official is a person employed by Meeting Street as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on Meeting Street’s Board; a person or company with whom Meeting Street has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Meeting Street will disclose educational records without consent to school districts that the students intend to enroll in.

4. Meeting Street will not disclose directory information.
5. The right to file a complaint with the U.S. Department of Education concerning alleged failures by Meeting Street to comply with the requirement of FERPA. To file a complaint, write to:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901



Meeting Street Bright Futures

Financial Agreement

1. Enrollment Commitment

I, the parent or guardian of _____, agree to enroll my child in Bright Futures. My Payment per week is _____.

2. Payment of Fees

I understand that payments are due on Friday for the following week of service and Monday is a grace day. I agree to make payments on time. Fees received after Friday are past due and are subject to a \$5.00 per day late fee. I understand that if weekly fees have not been paid for more than two weeks my child will not be allowed to remain in Bright Futures.

3. Absentee Policy

I understand that if my child is absent I will be held responsible for the entire weekly fee. I understand that when Bright Futures is closed for a holiday or inclement weather full rates still apply. If my child will be absent on a Friday/Monday because of a planned absence, I agree to pay my tuition prior to the planned absence. (Post dated checks for each week involved can be used).

4. Supply Fee

I understand that there is a fee of \$30.00 for supplies that is charged annually and is due at the time of enrollment and with my tuition for the first week of September each year.

5. Late Pick-Up Fee

I understand the scheduled closing time for Bright Futures is 6:00 p.m. If my child remains at Bright Futures past the scheduled closing time I will be charged a late fee. Fee amounts are listed in the Bright Futures Family Handbook.

6. Withdrawal

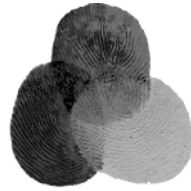
I understand that a two week notice is required if I am to withdraw my child from Bright Futures.

7. Returned Checks

I understand and agree a returned check fee will automatically be charged to my account as a processing fee.

Signature of Parent _____ Date _____

Witnessed _____ Date _____



Meeting Street Bright Futures

Marketing Communications & Development Authorization Form

Child's/Student's Name: _____ **DOB:** _____

As the parent/legal guardian of the above-named child, I give my permission for Meeting Street to obtain and use the following information for marketing communications and development purposes: photo and/or video of my child, written description of my child's program or activities, and identification by name and town of residence. If there are any exceptions or stipulations in regards to the above permission given to Meeting Street, please describe specifically below:

Meeting Street employees are authorized to use the information, as are individuals or entities and/or their agents working on Meeting Street projects including, but not limited to, Im-aj Communications & Design, Inc., Bridget Snow Design, Inc., and Embolden Design, Inc. to produce marketing communication materials exclusively for Meeting Street.

The information and/or photos/videos shall be used in a variety of Meeting Street marketing communications and development activities including, but not limited to, those listed below:

Annual reports, newsletters, brochures, media releases and/or coverage, mailings, web site postings, promotional materials and advertising for events, and Telethon.

These activities could result in either direct or indirect payment to Meeting Street.

By giving authorization, it should be understood that upon disclosure, the potential to be re-disclosed by the recipient of the information is no longer under the control of Meeting Street.

By giving permission, I release Meeting Street from any liability arising from the authorized use of this information by Meeting Street or its listed designee.

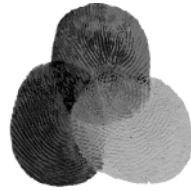
This authorization to use or disclose this information shall remain in effect **until 9/30/12** unless I revoke it in writing at any time by sending written notification to: **Compliance Officer, Meeting Street, 1000 Eddy Street, Providence, RI 02905.**

Promotional or educational materials and videos that use any of the above-listed information and are produced while this authorization is in effect can be used by Meeting Street and its agents for a period of six (6) years from the date of production. These materials and videos remain part of the agency's historical record.

Signed: _____
Parent/Guardian

Please Print Name

Date: _____



Meeting Street Bright Futures

Permission Form

Child's Name: _____ **Parent's Name:** _____

Permission for Transportation

Bright Futures has permission to transport my child, _____, on excursions or other planned trips away from the agency. I understand that parents/guardians will receive advance notification each time my child leaves the agency on a field trip with transportation involved.

Signature of Parent/Guardian: _____ **Date:** _____

Permission for Water Activities

Bright Futures has permission for my child, _____, to participate in water activities. I understand that my child will be continuously supervised by at least two adults. Water play activities consist of a water sprinkler or shallow plastic wading pools.

Signature of Parent/Guardian: _____ **Date:** _____

Permission for Classroom Observations

Bright Futures has permission for my child, _____, to be observed in the classroom by consultants hired by Bright Futures/Meeting Street to provide classroom support. I understand that I will be notified if there are concerns specific to my child that may require additional input.

Signature of Parent/Guardian: _____ **Date:** _____

Permission for Hearing/Vision Screening

I give permission for my child, _____, to participate in vision and/or hearing screening which the Director has approved.

Signature of Parent/Guardian: _____ **Date:** _____

This (these) permission(s) extend from this date forward and may be withdrawn or revoked in writing at any time in the future.

Signature of Parent/Guardian: _____ **Date:** _____

Interpreted by: _____



Meeting Street Bright Futures

Statement of Understanding

Please read each statement below and check to indicate that you have read, understand, and agree to comply with each.

- Bright Futures' operating hours are Monday - Friday, 7:00 a.m. to 6:00 p.m.
- Upon arrival at the center I will accompany my child to his/her classroom, sign in, and leave my child with a staff person. Before removing my child from the center I will sign him/her out.
- My child will be released only to authorized persons on file in the center's office.
- I have received an orientation and been given the Bright Futures Family Handbook containing the center's policies.
- I understand that the first 60 days of my child's enrollment is a probationary period.
- I have completed the Emergency Medical Treatment form, which authorizes the center staff to secure emergency medical care if I cannot be reached.
- I have submitted an up to date Immunization and Health Record, and will ensure that it is kept current.
- I understand that medication will not be administered to my child without my written consent and consent from a doctor. All medications must be in the original container and must be accompanied by a dispenser.
- I understand the center cannot keep sick children and agree to abide by Bright Futures' written policies concerning illness.
- I am responsible for informing the center of any special health, physical, social or emotional needs my child may have.
- Bright Futures cannot be responsible for personal belongings. I am aware that I need to label all personal items.
- I understand that according to the Rhode Island Child Abuse and Neglect Law center staff is obligated to report any signs of child abuse.
- If at any time I decide to withdraw my child I agree to give two weeks notice.
- I agree to keep information on this form and all other records up to date.
- I agree to have on file a copy of any applicable Custody and Visitation Agreements.
- I understand that Meeting Street/Bright Futures has the right to withdraw my child from the program if they feel that he/she represents a danger to him/herself or others.
- I understand that my child may lose his/her spot in Bright Futures if I miss 2 weeks of tuition payments.

Parent/Guardian Signature

Date

Manager/Director's Signature

Date