

Welcome!

Thank you for your interest in Shine Nurture Center. This packet contains all the information you need to successfully enroll your child!

Enrollment is made on a first-come, first-served basis. To begin the enrollment process or to get your child on a waitlist, turn in the following as soon as possible: - Shine Registration Form

Please be sure to attend an Open House & read the Family Handbook carefully before reserving a spot for your child!

Once a space opens up for your child, the following are necessary to reserve the spot:

* ODJFS Child Care Registration Form
* Registration Fee: $150 per child or $200 per family is required at the time of enrollment. This fee will hold your child’s spot and pay for all registration costs, including an orientation visit. The registration fee is non-refundable.
* Voucher families only: Care contract through JFS

Prior to your child’s first day at Shine, the following must be done:

* Complete and turn in Child Medical Statement (signed by a physician)
* Attend an Orientation Session – about 90 mins, an opportunity for parent and child to visit center during school day.
* The following forms are usually completed at Orientation:
  + Care Contract
  + Water Play Participation Consent
  + Routine Field Trip form (for walks in our woods!)
  + Infants: Basic Infant Information Sheet
  + Medical Health Condition Form (if necessary)
  + Administration of Medicine Form (if necessary - for topical creams ONLY, such as diaper cream)

A list of items to bring on the first day will be given to parents at Orientation. Thank you!

Sincerely,

Katie McGoron

Director



SHINE REGISTRATION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child Information:** | | | | Date: | Age: |
| **Child’s Name:** | | | | **Birthdate:** | **Gender:** |
| **Child’s Address:** | | | | **City:** | **State:** |
| **Siblings (Names & Ages):** | | | | | |
| **Care:** | | | | | |
| **Requested**  **Days of Care:** | \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-time (T/TH)  \_\_\_\_\_ Part-Time (M,W,F) \_\_\_\_\_ Occassional | | | | |
| **Requested Start Date:** | | |  | | |
| Parent Information: | | | | | |
| **Parent/Guardian Name 1:** | | | **Parent/Guardian Name 2:** | | |
| **Home Phone:** | | | **Home Phone:** | | |
| **Cell Phone:** | | | **Cell Phone:** | | |
| **Work or Other Phone:** | | | **Work or Other Phone:** | | |
| **Email:** | | | **Email:** | | |
| I grant the caregivers at Shine to photograph or video my child for the purposes of sharing this information through the Brightwheel App. I will also receive updates and information about the center and/or my child through the App to the email I have provided.  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | I grant the caregivers at Shine to photograph or video my child for the purposes of sharing this information through the Brightwheel App. I will also receive updates and information about the center and/or my child through the App to the email I have provided.    X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Emergency Contact Information & Additional People who may pick up your child.** | | | | | |
| **Please list at least 2 people who may be called in the event that we cannot reach a parent. By listing them here you are granting us permission to release your child to these people. You may list additional people who can pick up your child here (optional).** | | | | | |
| Emergency Contact 1 (Name & Number): | |  | | | |
| Emergency Contact 2 (Name & Number): | |  | | | |
| Additional Pick-Up People (Optional): | | | | | |