BRICKS Early Learning Center

Summer Tuition & Activity Information

2 Months – 4-6 years old

LIC#C11MD2553

Activity Fee: 1- & 2-year-olds $120 (CASH Only) Non-refundable
3 – 6-year-olds $150 (CASH Only) Non- refundable

Includes curriculum, accreditation requirements, consumable materials, camera system, in-house field trips and classroom technology.

- Tuition is based on the full summer program term amount. Biweekly tuition payments must be paid via BrightWheel's mandatory autopay system.
  - Please make sure the card on file is the card you will want to use each deduction.
  - There will be no credits nor reimbursements for calendar days the school is closed; **the total sum is for the entire Summer.**
- You will see a reoccurring $1.75 charge included in your BrightWheel invoice which covers the use and benefits of our communication system (BrightWheel).
- Summer Rates Per Room (June 15th – July 31st) **4** Equal Biweekly Payments.
- There will be no additional charges for Early Care or After Care.
- **Hours-7:00am-5:30pm**
  - Infants-$1,912.00- $478.00 biweekly
  - One's- $1,672.00- $418.00 biweekly
  - Two's- $1,632.00- $408.00 biweekly
  - Three's-$1,592.00- $398.00 biweekly
  - 4's- 6-year old's: $1,424.00- $356.00 biweekly

Financial Agreement

I/We hereby request that our child _____ be enrolled at BRICKS Early Learning Center for Summer of 2026. I/We agree to pay the total sum of the tuition and activity fee as stated above. I/We agree that our account will be on an automatic deduction plan. All payments are non-refundable. BRICKS reserves the right to dismiss students if accounts are 5 business days (one week tuition) past due.

X_____1st Parent or Guardian _____date

X_____2nd Parent or Guardian _____date

Registration Application

Summer 2026

Referral Information: How did you hear about BRICKS?

___Website ___Social Media ___Ad ___Sign ___Referred by: _____

Student Information:

Full Name: _____ _____ _____ _____
Last Middle First Nickname

Date of birth: / /	Language spoken:	Ethnicity:	Sex: Male/ Female

Child's Address: _____City/Zip:_____Phone: (___) _____

Sibling(s) attending BRICKS Early Learning Center: _____

Family Information: Child lives with:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Phone: (_____) _____ Phone: (_____) _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: (_____) _____ Work Phone: (_____) _____

Mother's language: _____ Father's language: _____

This page MUST be filled out.

Credit Card on File

I, _____authorize BRICKS Early Learning Center to charge my credit card listed below for any invoice of services provided for my child/children which has not been paid within 30 days of the due date. I have provided my credit card billing information voluntarily and acknowledge full financial responsibility for all charges incurred as a result of services provided to us.

Please charge the credit card listed below:

CHOOSE ONE:

[] Visa [] American Express [] Mastercard [] Discover

_____

Credit Card Number

____/____(month/year)
Expiration date:

_____
CVV:
Name on card:
_____
Address:
_____
City: _____State: _____Zip: _____

Print Name: _____

Signature: _____ Date: _____

Emergency Contact

The child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

MUST be 18 years or older and provide Valid picture ID

Name:	Relationship:	Cell:	Work:	Home:
Name:	Relationship:	Cell:	Work:	Home:
Name:	Relationship:	Cell:	Work:	Home:
Name:	Relationship:	Cell:	Work:	Home:
Name:	Relationship:	Cell:	Work:	Home:
Name:	Relationship:	Cell:	Work:	Home:

Please list any person(s) NOT AUTHORIZED to pick up your child:

Name:	Name:	Name:	Name:

Name and phone number of the first person to be called in case of an emergency:

_____

_____

Custody: Who has custody of your child? [ ]Mother [ ]Father [ ]Other:_____

Helpful information about the child such as anxieties or fears?

Photo/Video Recording Authorization Form

BRICKS Early Learning Center takes photographs and videos of children enrolled at its center on a regular basis for business purposes. BRICKS Early Learning Center retains all rights, title, and interest in these materials and may use and disseminate them in the class Shutterfly accounts. BRICKS Early Learning Center takes care that any use, display, or that disseminate all photographs or videos of children, whether at a particular center for the children attends or for its general business purpose, is accomplished in a thoughtful, safe, and secure appropriate manner under the particular circumstances. For example, at BRICKS Early Learning Center, these materials may be used to be better communicate with families and to illustrate the daily curriculum, to chronicle a child's development, or document center activates. These photos may be shared with you and other families on a secure Shutterfly account, BRICKS Instagram/ Facebook or BRICKS Early Learning Center web page.

○ I, _____ give permission to BRICKS Early Learning Center to take photographs and video of my child during his/her enrollment and to use materials for its business purpose.

○ I, _____ DO NOT give permission to BRICKS Early Learning Center to take photographs and videos of my child during his/her enrollment and to use these materials for its business purpose.

Child's Name:

_____

Parent/Guardians Name:

_____

Signature: _____ Date:_____

Parent Release- Sunscreen and Insect Repellent

Sunscreen and insect repellent should be applied to a child at least once at home to test for an allergic reaction. Aerosol sprays and combined sunscreen and insect repellent are prohibited.

Sunscreen/ Sunblock: must provide UVB and UVA protection with SPF of 15 or higher.

Insect repellent: Mat not be used if recommended by public health authorities or requested by a parent/ guardian. The repellent may not contain a concentrate of more than 30% DEET, deet free is preferred. Repellent may be applied no more than once a day. All sunscreen/sunblock and insect repellent provided by a parent/ guardian must:

- Be in original containers.
- Clearly labeled with child's FULL NAME.
- Within the expiration date.
- Appropriate for the age of child.

I, _____give BRICKS Early Learning Center permission to apply _____ (name of sunscreen) and _____ (name of insect repellent) to my child.

From: ____/_____/_____ to: _____/_____/_____ (not to exceed one year)

Special Instructions (for sunblock/ insect repellent):

_____ _____

Parent/ Guardian Signature: Date:

Severe Allergy Data Form

Name of child:	Date of birth:

What does your child have an allergy/ life- threatening allergic reaction to?

How did you become aware that your child had this allergy?

Describe in detail the symptoms of the allergic reaction:

What treatment plan should we follow in case an allergic reaction arises?

Medications to be used by the BRICKS Early Learning Center Staff to treat the allergic reaction are:

Name of Medication:	Dose given:	Expiration date:	Stored at School? YES/ NO
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Is there anything else your child should avoid?

Any other information for BRICKS Early Learning Center?

Parent/ Guardian Name/ Signature: Date