

Bloom Academy Hopping-In Enrollment Form

Today's Date: _____ Date of Enrollment: _____ or Check Here if Re-Enrolling

Child(ren) Information

Child's Full Name: _____ D.O.B. ____/____/____ Sex: _____

Allergies, Medical or Dietary Needs, or Other Areas of Concern: _____

Days of Week in Care: M T W TH F Typical Hours of Care Needed: From _____ to _____

2nd Child's Full Name: _____ D.O.B. ____/____/____ Sex: _____

Allergies, Medical or Dietary Needs, or Other Areas of Concern: _____

Days of Week in Care: M T W TH F Typical Hours of Care Needed: From _____ to _____

3rd Child's Full Name: _____ D.O.B. ____/____/____ Sex: _____

Allergies, Medical or Dietary Needs, or Other Areas of Concern: _____

Days of Week in Care: M T W TH F Typical Hours of Care Needed: From _____ to _____

Child(ren) Live With: _____

Family Information

Primary Contact: _____

Relationship to Child(ren): _____

Address: _____

Cell Phone: _____

Cell Phone Provider: _____

Employer: _____

Work Phone: _____

Email Address: _____

Authorized to Pick Up? Yes No

Secondary Contact: _____

Relationship to Child(ren): _____

Address (If Different): _____

Cell Phone: _____

Cell Phone Provider: _____

Employer: _____

Work Phone: _____

Email Address: _____

Authorized to Pick Up? Yes No

Additional Emergency Contacts (not you!)

Child(ren) 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 the case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Emergency Contact

Name: _____ Relationship to Child(ren): _____

Cell Phone: _____ Work Phone: _____

Emergency Contact

Name: _____ Relationship to Child(ren): _____

Cell Phone: _____ Work Phone: _____

Emergency Contact

Name _____ Relationship to Child(ren): _____

Cell Phone: _____ Work Phone: _____

Medical Information

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____

Address: _____ Phone: _____

Doctor: _____

Address: _____ Phone: _____

Dentist: _____

Address: _____ Phone: _____

Hospital Preference: _____

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable): _____

DCF Required Disclosures

DCF Required Information

- Sections 7.1 and 7.2, of the DCF Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the DCF Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24),
- Section 7.3, C.3 of the DCF Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the DCF Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility,

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Permissions Page pt. 1

Topical Ointment: Your child's skin is so precious and sensitive. We pride ourselves on protecting our little Bloom's skin by using all natural diapers, wipes, cream, ointment and sunscreen. Please apply sunscreen in the morning before arriving at school and we will re-apply sunscreen in the afternoon. By initialing in the space provided you give Bloom permission to apply ointment, creams, lotion, sunscreen, insect repellent, etc.

Initial: _____

Permission for Food Related Activities & Special Occasions: I give permission for my child to participate in food related activities and special occasions wherein food is consumed.

Initial _____

Permissions Page pt. 2

Art & Activity Disclaimer: Bloom would like you to understand that part of every class's daily routine involves eating, artwork and outside playtime. During these times we encourage the children to explore and be independent. This in turn means that they get messy. Please plan for this and dress your child in play clothes with the understanding that they will and should get messy. You should be able to tell how much fun they had by what they look like at the end of a school day.

Initial: _____

Child Care App Permissions: I understand that my child(ren) is enrolled in a group childcare setting. Teachers and caregivers are responsible for the documentation of the day and communications for the benefit of everyone (parents, children, admin, and oversight agencies). I accept and approve the following: Photos & Videos, Documentation of Daily Activities and Care Events, Documentation that is Sensitive or Confidential, Use of Visible Classroom Computer or Tablet Screens for the Staff. By initialing in the following space, I understand and agree to the terms listed above and/or for the use of the childcare app for my child(ren) at Bloom Academy.

Initial: _____

Permission to Video & Photograph: Bloom Academy loves to take pictures and share them with families that attend or follow our school on our social media pages. Children's names will NEVER be displayed on social media, but first names may appear in the weekly email or on-site displays. Please grant or decline permissions below for your child, immediate family members and grandparents:

- | | | |
|-------------------------------------|---|---|
| Facebook, Instagram: | Grant Permission <input type="checkbox"/> | Decline Permission <input type="checkbox"/> |
| On-Site Displays (At Bloom): | Grant Permission <input type="checkbox"/> | Decline Permission <input type="checkbox"/> |
| Bloom Website: | Grant Permission <input type="checkbox"/> | Decline Permission <input type="checkbox"/> |
| Government Agency Display: | Grant Permission <input type="checkbox"/> | Decline Permission <input type="checkbox"/> |
| Bloom Advertising Materials: | Grant Permission <input type="checkbox"/> | Decline Permission <input type="checkbox"/> |

Assessment & Screening: The first five years of life are very important to your child because this time sets the stage for success in school and later in life. During infancy and early childhood, many experiences should be gained, and numerous skills learned. It is important to ensure that each child's development is progressing during this period; to support this we are offering screenings of your child's development using age-appropriate assessments multiple times each school year. The screening results will be made available to you through the childcare app or in paper form and you may request a meeting with your child's teacher or director for further discussion. Your permission is needed for the screening to be conducted with your child(ren). Please grant permission by initialing in the designated space.

Initial: _____

Absence Reporting Procedure: DCF requires that absences be reported to the childcare center by 9:00 am on the day of non-attendance or prior. We utilize Procure and Hopping In as our forms of Absence Reporting. Using Hopping In will allow the opportunity for other families to pick up your space to credit your account! This can be done via Hoppingin.com. You may also message via the Procure App.

Initial _____

Write the name of the eldest child at Bloom next to Child's Name

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: _____ Center Name & Address: Bloom Academy Harborside 4334 Laura Street Port Charlotte, FL 33980

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (941) 876-8802

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: | | | | | | | | | | | | | | | | | | or TANF Case Number: | | | | | | | | | | | | | | | | | |

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ _____	How often received? (check only one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ **Last four digits of Social Security Number (SSN) of adult household member:** | | | | If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (_____) _____ - _____
Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. **Ethnicity (check one):** Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child **Total Household Size:** _____ **Total Household Income:** \$ _____

Eligibility Determination: Free Reduced-Price Non-need **How Often Income is Received (Frequency):** Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-need Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____

This form is only REQUIRED for children under the age of 1

Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	Bloom Academy
*Formulas offered at this facility: Milk-based:	Earth's Best
Soy-based:	Earth's Best

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

Parents please complete the following:

Baby's full name: _____ Date of Birth: _____

Please check this box if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk Visit facility to nurse

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of *formula): _____

This facility has not requested or required me to provide infant formula or food.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food

Bloom Academy Drop-In Enrollment Contract

Child(ren) Name(s): _____

Drop-In care is a wonderful service for families that need on demand childcare. The reservations are made through the Hopping In software. This quick and easy process can be found at www.hoppingin.com. You will register and check out upcoming available spaces. Drop-In services are not a good fit for all children. Since children do not attend on a consistent basis, our team may not be able to support separation anxiety and other behaviors as effectively. The comfort, care, and safety of the children in our care is always our top priority. These policies below ensure that Bloom adheres to rules that allow for the well-being of the Drop-In children in our care.

Please initial next to each item. We want to be sure you understand and agree to these policies.

_____ It is my/our desire to have my/our child/children named above enrolled as a drop in student in the childcare program at Bloom Academy.

_____ I/we have reviewed a copy of the Bloom Academy Parent handbook at <https://bloompuntagorda.com/enrollment>.

_____ I/we have read, understand and agree to abide by the policies contained therein.

_____ I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the childcare program.

_____ I/We understand that it is required in the state of Florida to have a current immunization and physical on file for my child. It is my responsibility to ensure that the immunization is maintained at Bloom (not expired) and that a valid physical within 24 months of administration is maintained at Bloom. These documents must be on the approved Florida forms and are required in order to permit attendance.

_____ I/we understand that the sporadic nature of this drop-in program does not allow for consistent daily attendance, therefore behavior challenges that may pose a danger to the child or their peers will result in early pick up.

_____ I/we understand that the sporadic nature of this drop-in program does not allow for consistent daily attendance, therefore children that are unable to be calmed and comforted within 1 hour of drop off will be sent home. The intention of the program is to provide an environment for children to thrive. For some children, drop-in services may not be the best fit.

_____ I/we understand the illness policy and that my child must be symptom/fever free for a 24-hour period prior to returning to school or present a doctor's note allowing their return. The full illness policy can be found in the Bloom Academy Parent Handbook.

_____ I/we understand the late pickup fee is \$1.00 per minute per child for pick up after 5:45 pm and is automatically billed to my Bloom Account.

_____ I/we understand the discipline policy: Under no circumstances is a child ever hit, spanked, shaken or otherwise disciplined physically. In addition, no child should be disciplined physically inside the school. If a child exhibits consistent behavior, which is injurious to the well-being and or education of others and the behavior cannot be corrected within a reasonable time, the child will be dis-enrolled from the school.

_____ I/We understand that if I arrange with a Bloom Academy employee to babysit or transport my child(ren) outside of the employee's work hours, the sitter enters such an agreement as a private citizen and not as a Bloom employee. Bloom is not responsible for its employees outside of their working hours and will not be liable for their acts or omissions outside of their Bloom employment.

_____ I/We understand that if I remove my child from the care of Bloom and employ the services of a Bloom employee, I will be responsible to Bloom for a training/education reimbursement fee of \$2,000 per staff member.

_____ I/We understand that **Bloom Academy reserves the right to terminate enrollment at any time, for any reason, without notice.**

_____ I/We understand that Bloom Academy does not discriminate based on sex, race, color, creed, disability, sexualorientation, national origin or ancestry.

_____ I/We understand that the full day tuition rates include **9.5 hours of care daily**. Additional hours are available on demand and will be charged based on our additional hours fees (see full tuition schedule).

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Drop Off Time Acknowledgement

Bloom Academy is committed to providing the highest quality care and education for all children in our facility. One way we facilitate this is by having designated drop off times. We ask that families drop children off no later than 9:00 am each day.

The 9:00 am drop off time is designed in order to create a positive transition for kiddos. We tend to see that when kids come in later in the day, it creates a disruption in the learning environment, as well as, a difficult situation for the kiddo getting dropped off. Instead of being present for the kickoff of the day, they may be coming in amidst an activity / morning meeting time / explanation of activities / etc. That can be a lot of eyes on a child, creating a not so warm and fuzzy start to the day. In order to set children and the classroom up for success, we ask for that 9 am drop off time. We understand that not every child may have a negative reaction to that type of experience, but we find that overall, it is a best practice to have that 9:00 am drop off time.

We do understand that life happens and there are times when things are out of our control, such as various appointments. In order to accommodate previously scheduled appointments, we will allow drop off up until 10:30 am with prior notice.

By signing below, I/we confirm that I/we understand that drop off is to occur no later than 9:00 am on a typical day, and 10:30 am with prior notification of a scheduled appointment. Drop offs will not be admitted after 10:30 am.

Video Surveillance Acknowledgement

Parents/Guardians are not permitted to view the internal stream or past footage at any time. In the event of an occurrence, Bloom Academy will work with state agencies for their review of footage as needed. Parent/Guardian view is limited in order to protect the privacy of any other child or adult who may be present in the footage. Bloom Academy will reach out to DCF for review per parents/guardians request.

By signing below, I/we confirm that I/we understand that parents/guardians will not have access to the live internal stream or past footage from the internal camera system at Bloom Academy. I/we understand that footage review is available via Bloom Academy Administrators and state agencies, such as DCF and law enforcement. State agencies will have the ability to honor or decline requests and provide feedback.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent Code of Conduct

Bloom Academy prides itself of working as a TEAM with parents and children as a family. We strive to communicate and work together to provide the best possible environment and program for our students. On very few occasions, despite our best efforts, our program may not be the best fit for your family. We ask that you provide us with the opportunity to work together in situations of dissatisfaction by providing immediate communication with our office staff. It is our goal to resolve unpleasant or unsatisfactory situations as they arise (within our means and ability). We implement our Parent Code of Conduct to protect our Bloom family and provide our expectations upfront to avoid negative impact on our program, families and children. If we are unable to resolve a situation, meet your needs or we determine that a parent/guardian or pick up person is in violation of this policy, we will regrettably proceed with termination of enrollment immediately.

By signing below, you are acknowledging your agreement and understanding of the policy on behalf of yourself and any person contacting or interacting with our staff on your child's behalf:

- Photographs of children within our facility are not authorized to be posted on Facebook or other social media platforms by non-custodial parents/relatives and volunteers. Use caution when posting pictures/videos of your child provided to you by our staff through the communication application to ensure that other children are not included in the pictures/videos. This is a violation of their privacy.
- Peanuts and items containing peanuts are not permitted within our facility. Items processed in a facility with peanuts are allowed. Children that are found to have items containing peanuts, will have to dispose of the item immediately and thoroughly wash their hands.
- For sanitary reasons, children in the process of potty training must be dry for one school week prior to switching into cloth underwear.
- Cell phones or other devices should not be used during the drop off or pick up process.
- Children may not be left in an unattended vehicle on our premises.
- Non-service animals are not permitted within our facility.
- Smoking is not permitted on our premises.
- I understand that my child will not be released to an adult that is perceived to be under the influence of drugs and or alcohol that may pose a safety risk.
- Weapons of any kind are not permitted on our premises.
- I understand that electronics and toys from home are not permitted without prior permissions.
- I understand that all items brought and worn to school should be labeled with my child's first and last name. Bloom Academy is NOT responsible for lost or stolen items.
- **Posting on social media or public forums and communication that is negative in nature regarding Bloom Academy will result in termination of enrollment. While we do not forbid negative reviews and/or communication, we expect our families to respect our program and allow us to work together to resolve situations. Negative posts will be understood as a dissatisfaction to the extent of the request to dis-enroll and will result in termination of enrollment immediately.**
- Yelling, profanity and disrespectful communication to our students, staff or fellow parents is not permitted.
- **Parent/teacher communication within the classroom must allow for staff to maintain adequate supervision of all children. Parents are welcome to request coverage for a staff member to be relieved from their classroom to better communicate, while maintaining supervision. Please inquire at the front desk.**
- Visitors that will remain in the classroom in excess of 5 minutes will need to sign in at the front desk to adhere to licensing requirements. Drop off and pick up should be short and sweet. If you would like to volunteer, please do! But you must fill out the necessary volunteer affidavit, abuse and neglect form and sign in.

- Attire worn at drop off and pick up must not contain profanity, expose private areas and must include shoes.
- Children must ride in an approved, age-appropriate car seat that is properly secured when the car is in motion. Bloom staff is not permitted to fasten safety belts and car seats.
- I understand that Bloom Academy staff is not permitted to provide babysitting services for our families without having a waiver of liability on file for both the staff and family. (Forms available at the front desk) Bloom does not endorse or ensure any childcare that is provided by our staff outside of our facility.
- If my child is sick (see sickness policy) and/or causing potential harm to other children or staff, I understand that I will be required to pick up my child within one hour. If I am unable to pick up the child in the given timeframe, additional emergency contacts will be contacted.

By signing below, I agree that I have received, reviewed, understand and agree to the Bloom Academy Parent Code of Conduct. I am signing this agreement on behalf of all persons listed as emergency contacts and or pick up persons. If at any time, a parent or guardian is in violation of this parent code of conduct, their child's enrollment will be terminated immediately.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Thank you for helping us ensure a great
working relationship with our families!

Bloom Academy Liability Release Parental Consent for Medical/Emergency Treatment and Transportation

Child(ren) Name(s): _____

Person Completing Form: _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child(ren), hereby consent to the participation by the child(ren) in all childcare activities conducted by Bloom Academy and to the participation of the child(ren) in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Bloom Academy to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child(ren). Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either childcare personnel or, if necessary, by ambulance or another emergency vehicle.

If there is no medical emergency, the childcare staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment and/or transportation.

Notwithstanding other provisions in this consent form, Bloom Academy shall not have the authority to withhold or withdraw life-sustaining procedures for the child(ren).

Bloom Academy is well child-proofed, and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child(ren) associated with participation in the child care center and agree(s) to release, indemnify, defend and forever discharge Bloom Academy and its staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child(ren), or by the child(ren), howsoever caused, arising or to arise by reason of or during the child(ren)'s participation in the child care center.

Parent/Guardian Signature Date

Parent/Guardian Signature Date



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Bloom Academy has put in place preventative measures to reduce the spread of COVID-19; however, we **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Bloom Academy has made an informed decision about preventative measures from such bodies as the CDC, State and local government, and amongst other agencies, the Department of Children and Families. All of our preventative measures which include but are not limited to hand washing requirements, sanitation requirements, and other such measures cannot be exhaustively listed in this document, but Bloom Academy is making its best effort to protect all individuals involved from risk of contracting COVID-19. Should you have further questions about specific measures that Bloom Academy has put in place, please contact us at your convenience. Further, **attending Bloom Academy could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Bloom Academy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Bloom Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Bloom Academy employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Bloom Academy or participation in Bloom Academy programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Bloom Academy, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Bloom Academy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Bloom Academy program or event.

Name of Children

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Auto – Payment Tuition Requirement

I authorize Bloom Academy to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings for the purpose of collecting childcare related payments. I authorize Bloom Academy to use the third-party sender to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

All **new enrolling families** are required to complete the ACH Account Information section below.

If you are an existing Bloom Family with an active ACH account, you may skip this step.

ACH Account Information

Account Holder Name: _____ Account Holder Phone Number: _____

Bank/Credit Union Name: _____

Bank Account Type: Checking Savings Business Checking

Routing Number: _____ Account Number: _____

Final Enrollment Acceptance and Agreement

Your signature below indicates that you have read, understand and agree to the terms, conditions and permissions granted or declined throughout this enrollment agreement and that the information on these forms are complete and accurate.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Thank you for taking the time to complete this enrollment
paperwork.

Welcome to the Bloom Family!

Office Use Only

First Drop In Date: _____ **Classroom:** _____

Notes: _____

Immunization Expiration Date: _____

Date Added to Tracker: _____

Physical Due Date: _____

Date Added to Tracker: _____

Allergies

Allergy List Updated ____ **Printed** ____ **Provided to Kitchen and Classroom** ____

ProCare

Added to ProCare Connect: _____ **Added to ProCare:** _____

Connect App Invite Email Sent: Date _____

Photo Permissions Added to Master & Class List: _____

File Completed By: _____ Date: _____