



So Big So Bright, Inc.
PRESCHOOL

Handbook

2874 DAVIS BLVD
NAPLES, FLORIDA 34112
(239) 774-0007

www.sobigsobright.com

License #C20C00019

Tuition and Fees

Age Groups

Sweet Peas
(6Weeks-12Months)
\$215 PER WEEK

Wee Wobblers
(1 Year Old)
\$195 PER WEEK

Me Twos
(2 Years Old)
\$175 PER WEEK

Threes Company
* Potty training required
(3 Years old)
\$165 PER WEEK

InbeTweeners
*Potty training required
(4 Years Old)
\$165 PER WEEK

Prep Schoolers
*Potty training required
(5 Years Old)
*135 PER WEEK FOR WRAP
VPK IS FREE

Tuition is based on age.

Registration Fee \$195 Infant /\$150 per Child/\$250 per family

*Prices are subject to change without notice

***Food is included with your child's tuition. We provide breakfast, lunch, and snacks.*

Rules and Regulations

1. Tuition is due on Monday.
2. If tuition is late a \$25 late fee per day will be added after Wednesday.
3. The deposit/registration is NON REFUNDABLE.
4. If your child is absent, sick or on vacation the **full** tuition is due.
5. At So Big So Bright, Inc. we require a two week written notice before withdrawing your child. At the time notice is given, you are required to pay for the full two weeks' worth of tuition.
6. Your child MUST be dropped off by 11:00AM. **VPK BY 9:00AM**
7. Pick up time is by 5:30pm. Any time after 5:30pm a **late fee of \$2** a minute will be added to your tuition.
8. Your child must be fully dressed and ready for school. Child must be dressed in weather appropriate clothing. You must also provide a complete change of clothes. Do not dress your child in clothes that you do not expect to come back dirty. All children must wear appropriate footwear. Please no **FLIP FLOPS!**
9. If you are to bring in a snack/cake of some sort, they MUST be store bought.

Discipline Policy

Instead of time out, we have a reflection policy. If your child has hurt another or is not following directions, we will explain to that child what is expected of them and try to keep them on task. We have found that this method works best for our school.

Toys, Jewelry and Candy

Toys are NOT allowed in our Center. Candy/Treats can come into the center with prior approval if our center has an event or holiday. We also respectfully request that the children do not wear jewelry (hair accessories) to the center. We try to keep the center as safe as possible. These items could present a health hazard to the children. We will not be held accountable for any jewelry or toys that may be lost or damaged.

Sick Policy

We appreciate how difficult it can be for parents to take time from work to care for a sick child. Unfortunately, we do not have the facilities to care for sick children. We cannot care for children whose illness prohibits them from participating in the day's activities. Please be considerate while deciding whether or not to keep your child home. The following symptoms will require you to pick your child up from the center IMMEDIATELY:

- Diarrhea (two times)
- Vomiting
- Fever above 100 degrees
- Severe coughing
- Pink eye
- Head Lice

Before returning to school your child must have a well visit slip from a physician stating your child is healthy and ready to return to school.

CHILDREN MUST BE FREE OF FEVER/TYLENOL/MOTRIN/VOMITING/LICE/ALL SYMPTOMS FOR 24 HOURS PRIOR TO RETURNING TO THE CENTER.

Children's Personal Belongings

Please label all cups, blankets and sheets. We are not responsible for lost or damaged items. Please make sure your child has at least one change of clothing appropriate for all weather. You are responsible for providing the center with diapers and wipes. **Every parent is responsible for two boxes of Kleenex and two boxes of wipes per month.**

Open door policy

Parents and Guardians may enter the building at any time during normal business hours. We encourage participation in group activities and seasonal parties.

Attendance Policy

*Your child can not miss more than three unexcused absences per month. **4c's students only.***

Photographs and Publicity

Photos of the children in our center may occasionally appear in newspapers, video tapes, brochures, or other types of publications. Your permission for the use of photos including your child is considered to be part of this enrollment agreement.

General Goals

1. To provide a safe, clean, healthy, enjoyable, age-appropriate learning environment both indoors and outdoors.
2. To provide a positive environment in which each child will have the maximum opportunity to explore and experiment, which will contribute to the maximum physical, intellectual, social and emotional growth of each child.
3. To help each child question thoughtfully and think for him or herself.
4. To help each child find joy and satisfaction in his or her accomplishments, and develop a positive self-image with an "I can" attitude.
5. To provide readiness materials that will be beneficial for formal training preparation.
6. To help each child form good hygiene.
7. To help each child learn to express his or her feelings in an acceptable fashion and learn to share and demonstrate respect for others.
8. For programs to allow for teacher directed activities, but then allowing for the spontaneity of the children.
9. To help each child learn and respect physical and cultural diversities.



SO Big SO Bright, Inc.
PRESCHOOL

Dear Parents & Guardians,

Welcome to So Big So Bright, Inc. Preschool. We know that children are very special and it is important for their preschool experience to be positive. We have taken every measure to ensure that your child's safety and education are at the highest possible level.

Studies show that children who experience high-quality, stable childcare demonstrate better language and math skills, are more able to form secure attachments with adults and other children and develop better cognitive and social skills. Our philosophy is to develop sharp minds, beautiful hearts and strong self-confidence.

We look forward to being a part of your child's most important years.

Sincerely,

Brandi MacQuarrie
brandimacquarrie@yahoo.com
Owner/Director

TODDLER/PRESCHOOL SOCIAL RESUME

Child's Name: _____

Does your child have a nickname? _____ Yes _____ No

If yes, what is it: _____

FAMILY

Names of siblings

Birth Dates

Names of others in household

Relationship to Child

What language is spoke within your home: _____

Does your child have any pets: _____ Yes _____ No

If yes, what are they: _____

FOOD

Describe your child's appetite: _____

What foods does your child dislike: _____

What foods does your child like: _____

Can your child feed themselves? _____ Yes _____ No

Does our child have any food sensitivities? _____ Yes _____ No

If yes, please identify: _____

What time does your child eat: Breakfast _____ Lunch _____ Dinner _____

SELF-CARE

Is your child in diapers? _____ Yes _____ No Comment: _____

Has training begun? _____ Yes _____ No Comment: _____

Is your child trained? _____ Yes _____ No Comment: _____

Does your child need help? _____ Yes _____ No Comment: _____

Does your child need any help with getting dressed: _____ Yes _____ No

If yes, please list: _____

SLEEP

Describe your child's sleeping routine (include naps & lengths of naps): _____

SOCIAL/EMOTIONAL DEVELOPMENT

Does your child separate easily from you? _____ Yes _____ No

Comment: _____

Is your child afraid of anything? _____ Yes _____ No

Comment: _____

Does your child have a favorite toy, blanket or soother? _____ Yes _____ No

Comment: _____

Does your child spend time with other children? _____ Yes _____ No

Comment: _____

How does your child show feelings?

Affection: _____

Fears: _____

Frustration: _____

Anger: _____

Excitement: _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

How do you handle discipline at your home? _____

What characteristics in your child's development would you like:

Encouraged: _____

Discouraged: _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN CONTRACT

So Big So Bright, Inc. (SBSB) agrees to provide childcare for

_____ from _____ am to _____ pm. My child will participate

in the following meals:

Breakfast Lunch Afternoon Snack

_____ I acknowledge that a Registration Fee of \$195 Infant/\$150 per child/\$250 PER FAMILY (NON REFUNDABLE) is due on or before my child's first day.

_____ I acknowledge that tuition is paid in advance, due every MONDAY regardless if my child attends.

_____ I UNDERSTAND THAT ONCE TUITION IS PAID IT IS NON REFUNDABLE.

_____ I acknowledge that if tuition is late a \$25 late fee per day will be added. I also understand if late fees and tuition are not paid in full by the following Monday I will be forfeiting my child's spot.

_____ I acknowledge my child(ren)'s tuition rate may be raised over time.

_____ I acknowledge my child(ren) is to be at SBSB by **11am & VPK 9:00 am** or no entry.

_____ I will adhere to SBSB Sick Policy. My child(ren) will be free from illness/medication for 24 hours. I have received and understand SBSB's Sick Policy.

_____ I acknowledge that I cannot allow anyone to gain access to the school by holding open the front door after entering my personalized code into the keypad (exceptions for known SBSB parents/children or staff) or give out any codes to either door lock to anyone who is not on the allowed pick up list. If this happens an excessive amount, you will have a personalize code deleted and you will have to wait until a member of our staff allows you entrance. It is dangerous to allow nonmembers of our school to gain access to our building. (SAFETY FIRST)

_____ I understand pick up time is by 5:30pm. Any time after 5:30pm I am subject to a **late fee of \$2** per minute and is due the following morning by cash only. If late fees are not paid my child may not attend till paid in full.

_____ My child(ren) will not be allowed to enter or leave SBSB without being escorted by the parents, person authorized by parent(s) or facility personnel.

_____ I understand that if my child(ren) has 3 behavioral notifications or multiple incident reports my child will become suspended or expelled.

_____ I acknowledge that I have to keep my child(ren)'s immunization and physical forms up to date or my child will not be eligible to return back to school until proper forms are turned in.

_____ I acknowledge it is my responsibility to keep my child(ren)'s records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child(ren)'s physician, child(ren)'s health status, infant feeding plans, and immunizations.

_____ SBSB agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which involve my child(ren).

_____ I acknowledge to keep SBSB informed of any incidents, including illnesses, injuries, adverse reactions to medications, if your child(ren) has been exposed to communicable diseases or any other matter of importance.

_____ I acknowledge that if my child(ren) is to miss a week of daycare due to illness or vacation, the full week's tuition is due prior to leaving. If my tuition is not paid I will be charged late fees.

_____ I acknowledge prior to withdrawing my child(ren) there is a two weeks written notice plus two weeks' tuition due at the time notice is given. If notice is given after Monday, the two weeks will begin the following week.

_____ **NO FLIP FLOPS** (THEY POSE AS A SAFETY HAZZARD)

_____ NO Toys are allowed from home

_____ I acknowledge that photos of my child(ren) may occasionally appear in newspapers, video tapes, brochures, Facebook, or other types of publications. I grant permission for the use of photos of my child.

_____ I have read and received a copy of the SBSB handbook.

_____ I acknowledge that prices are subject to change without notice.

_____ I understand SBSB has the right to suspend or expel my child(ren) due to unmanageable behavior, endangering the safety of other children or staff, failure to pick up if my child is sick within 45 minutes, failure to maintain proper contact information, serious inappropriate parent behavior, and delinquent accounts.

By signing this contract, I understand that if I do not initial and comply to every bylaw above that I am at risk of immediate be termination.

Signature of Parent/Guardian

Date

Signature of SBSB Admin or director

Date

SO BIG SO BRIGHT, INC
2874 DAVIS BLVD
NAPLES, FLORIDA 34112
(239)774-0007

***Student Information** Personal 4 digit code _____ Date of Enrollment _____
FULL NAME: _____
HOURS OF CARE: FROM _____ TO: _____ D.O.B. _____

***Parent Information**

MOTHER'S NAME: _____	FATHER'S NAME: _____
ADDRESS: _____	ADDRESS: _____
EMAIL: _____	EMAIL: _____
HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
EMPLOYER: _____	EMPLOYER _____
ADDRESS: _____	ADDRESS _____
WORK 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: _____	
DENTIST: _____	ADDRESS: _____
PHONE: _____	

**HOSPITAL PREFERENCE: _____

**Do you carry family medical/hospital insurance: (Please Circle) Yes or No

If so, indicate policy/group # for carrier: _____

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL OR DIETARY NEEDS, OR OTHER AREAS OF CONCERN:

***Contacts:** 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. Please put them in order of who you would want to be contacted first, second and so on:

1. Name: _____	Work/Home: _____	Cell: _____
2. Name: _____	Work/Home: _____	Cell: _____
3. Name: _____	Work/Home: _____	Cell: _____

- Rule 65C-22.006(2), F.A.C., and section 65C-22.001(1), F.A.C., require a current physical examination (DH3040) and immunization record (DH680 or DH681) within 30 days of enrollment.
 - Section 4023125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure "KNOW YOUR CHILD CARE FACILITY"
 - Section 65C-22.006(4)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.
- By signing below you acknowledge that you have received the above items and that all information on this enrollment form is correct and accurate.

Parent/Guardian Signature

Date

SO BIG SO BRIGHT, INC.
2874 DAVIS BLVD
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PH: (239) 774-0007

EMERGENCY INFORMATION AND TREATMENT RELEASE FORM

I understand that no emergency treatment will be given without parental consent except in life-threatening situations. Since informed consent must be given at the time of the incident, I understand that I must provide the information listed below.

DATE: _____

CHILD'S FULL NAME: _____ D.O.B. _____
CHILD'S SSN: _____ ADDRESS: _____
CITY, STATE, AND ZIP: _____ HOME PHONE: _____

1. The center will contact parents/guardians listed below.

MOTHER'S NAME: _____ WORK: _____
CELL PHONE: _____ ALTERNATE: _____
FATHER'S NAME: _____ WORK: _____
CELL PHONE: _____ ALTERNATE: _____

2. If you cannot be reached, the center will contact the following individuals in case of emergency.

NAME: _____ RELATIONSHIP TO CHILD: _____
CONTACT NUMBER: _____

NAME: _____ RELATIONSHIP TO CHILD: _____
CONTACT NUMBER: _____

NAME: _____ RELATIONSHIP TO CHILD: _____
CONTACT NUMBER: _____

WAIVER OF LIABILITY

I, the undersigned, am responsible for myself and/or my child, do hereby voluntarily submit my signature for attendance at So Big So Bright, INC. and hereby assume FULL RESPONSIBILITY, waiving all claims due to injury against any director or employee, individually or otherwise. So Big So Bright, INC., for any and all damages, injuries, or losses that I or my child may sustain or incur in any way while attending So Big So Bright, INC. I fully understand that any medical treatment given to my child or I will be FIRST AID only, but give emergency authorization if I cannot be reached or if deemed a medical emergency. This form can be photocopied for emergency treatment. By signing this below, I authorize that all of the above information is true and correct.

Parent/Guardian Signature

Date