

BRIGHT HORIZONS
ENROLLMENT AGREEMENT
Addendum for Centers

1. **Comings and Goings** – Item 4: New Jersey regulation on the release of children. An hour or more after closing time, and provided that other arrangements for releasing the child to his or her parent(s) or authorized person(s) have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the Division’s 24-hour Child Abuse Hotline to seek assistance in caring for the child until the parent (s) or person(s) authorized by the child parent(s) is able pick up the child.

2. **Release of children** - If the parent or persons authorized by the parent appears to be physically and/or emotionally impaired to the extent that in the judgment of the director and/or staff member the child would be placed at risk of harm if released to such an individual, the center shall insure that:
 - o The child may not be released to such an impaired individual
 - o Staff members attempt to contact other parent or an alternative person authorized by the parent
 - o If the center is unable to make alternative arrangements, a staff member shall call the Division's 24 hour Child Abuse Hotline (1-877-NJ-ABUSE) to seek assistance in caring for the child.

3. **Medical Policies**- Some excludable communicable diseases must be reported to the health department by the child care center. To find the Department of Health’s Reporting Guidelines for Communicable Diseases and Work-Related Conditions Quick Reference Guide and a complete list of reportable excludable communicable diseases, go to http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf

This Enrollment Agreement is not intended to be all inclusive. Other terms and conditions of your child’s enrollment are contained in our Family Guide. Your enrollment is also subject to all of Bright Horizons’ policies and procedures which may change from time to time.

I acknowledge that I have received a copy of the *Bright Horizons Family Guide* which is intended to supplement this Agreement. I understand it is my responsibility to contact Bright Horizons with any questions I have about the information contained in the *Family Guide* or any document relating to enrollment policies and procedures.

Child’s Name: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Center Director: _____

Date: _____