Bright Beginnings NYC
80 Beekman St., NYC 10038 www.brightbeginningsnyc.com (347) 948-7130

Notice of Intent to Exercise Emergency Care Option For Part Time Students

Please note that I would like to exercise my emergency care option for the following child or children:

Child 1: Name: _____

❑ M ❑ F Birth Date: ____/____/_____ Current Age _____

Child 2: Name:_____

❑ M ❑ F Birth Date: ____/____/_____ Current Age _____

Our emergency care option policies:

- You may only exercise your emergency care option a maximum of three (3) times per semester.
- You may only exercise your emergency care option if you are current on your tuition.
- Your ability to exercise your emergency care option is subject to availability. Bright Beginnings NYC adheres to the NYS Dept. of Health guidelines that govern student-teacher ratios.
- You will be notified by email, telephone or in person if we can provide emergency care for your child or children on the date requested.
- You will be charged $100/day per child for the full day that your child attends Bright Beginnings NYC on an "emergency" basis.

Parent's Name _____

Signature _____Date _____/_____/_____