

BRIGHT EYES



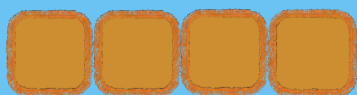
ALL-STAR



SUMMER PROGRAM



2025



FREDERICK COUNTY EDITION

**START
NEW GAME**



LOADING...



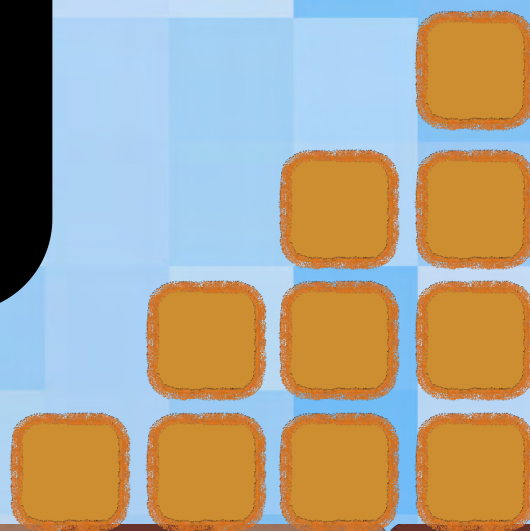
WELCOME TO BRIGHT EYES ALL-STAR
SUMMER PROGRAM! WE ARE SO GLAD
YOU ARE HERE. WE ARE READY TO
TRANSPORT YOU INTO AN EPIC
SUMMER ADVENTURE, ARE YOU
READY? . . .



Bright Eyes is MSDE Accredited and accepts all Local & State Subsidies



PLAYER 1
PLAYER 2
PLAYER 3
PLAYER 4



LOADING...

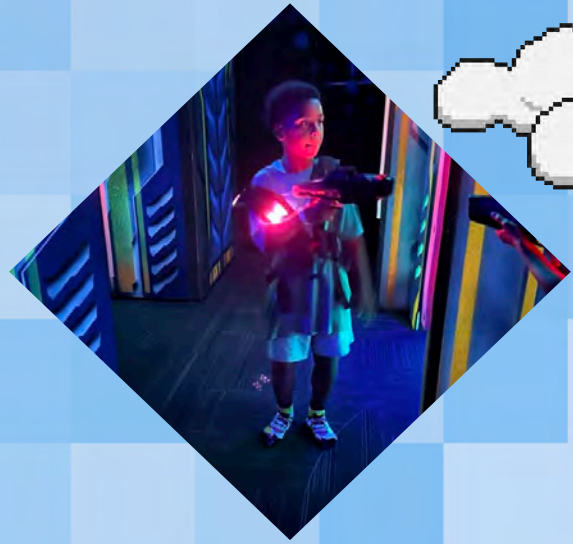
LEVEL UP...

Bright Eyes Summer Program levels up campers to:

- Build friendships
- Boosts Teamwork and leadership skills
- Promotes Social/Emotional development
- Teaches problem solving skills
- Inspire character building
- Build confidence and leadership skills.
- Promotes physical activities
- Encourages hobbies and creativity
- Reinforce healthy habits

SAFETY & GUIDELINES

Safety is our number one concern! Bright Eyes follows all guidelines and protocols to maintain safety and cleanliness by MSDE and CDC to ensure all campers have an AMAZING summer!



BRIGHT EYES STAFF

Bright Eyes Staff are trained and ready to engage your child in thrilling summer experiences.

All Bright Eyes Staff have Federal/State background checks and all teachers are First Aid/CPR qualified.



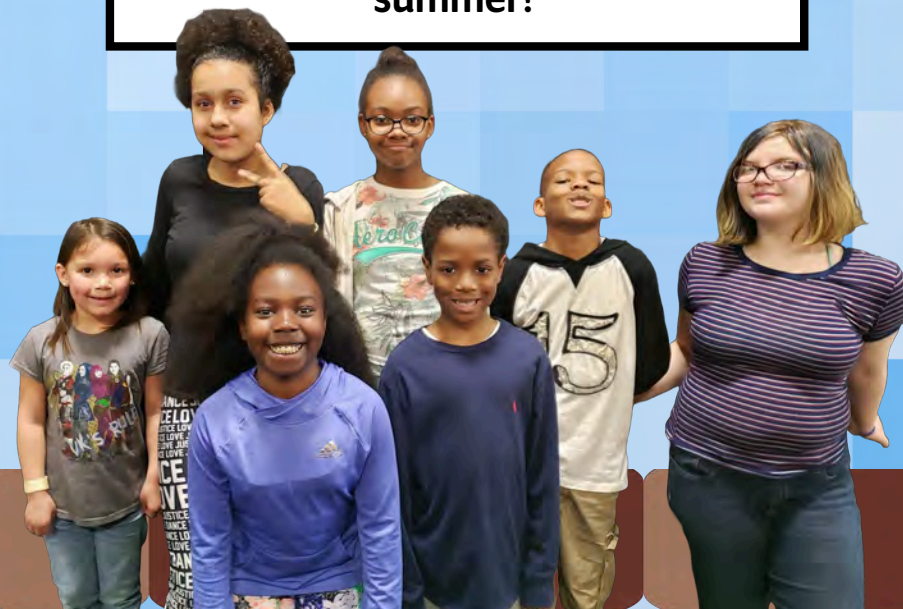
ALL CAMPERS RECEIVE

Bright Eyes Summer
T-Shirt

Swim Bracelet

Summer Backpack

LOADING...



TRANSPORTATION

BRIGHT EYES PROVIDES ALL TRANSPORTATION TO AND FROM ALL TRIPS AND THE SWIMMING POOL. PLEASE SEE THE ALL-IN-ONE PERMISSION FORM. REMEMBER... SAFETY IS #1! ALL CAMPERS MUST FOLLOW BRIGHT EYES RULES AND POLICIES.

THEMES

IN ADDITION TO AN ACTION PACKED SUMMER... OUR TEACHERS HAVE PLANNED SOME TOTALLY TUBULAR ACTIVITIES!

SOME OF OUR WEEKLY THEMES:

- OLYMPICS
- EDIBLE ENGINEERING
- MUSIC MADNESS
- FULL STEM AHEAD
- FEAR FACTOR
- AND SO MUCH MORE!







REFER A FAMILY, RECEIVE \$50
OFF TUITION!



LOADING...



JUNE 2025

Monday	Tuesday	Wednesday	Thursday	Friday	Notes
2	3	4	5	6	
9	10	11	12	13	
16	 17	 18	19	 20	
 23	 24	25	26	 27	
30					*** Summer programs start date tentative based on FCPS last day of school.

INFO

Trips/Permission Slips

Ready for fun? Please see field trip key for what to bring on trip days. Parent signature is required for all trips. All trips are subject to change.

Pool/Water Days



No one wants to lose their belongings! Please label all clothing, towels, toiletries, water bottles, etc. All pool/water-based field trips are subject to change.

Location Info

Bright Eyes Urbana
3510 Campus Drive
Urbana, MD 21704
(301) 810-5066
Lic# 154961



JULY 2025

Monday	Tuesday	Wednesday	Thursday	Friday	Notes
	 1	 2	3	 4	
7	 8	 9	10	 11	
14	 15	16	 17	 18	
 21 Laser Tag & Arcade	 22	23	24	 25	
28	 29	 30	31		

INFO

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AUGUST 2025

Monday	Tuesday	Wednesday	Thursday	Friday	Notes
				1	
4 	5 	6	7	8 	
11	12	13 	14	15	
18	19	20 First day of School- FCPS	21	22	
25	26	27	28	29	

INFO

Trips/Permission Slips

Ready for fun? Please see field trip key for what to bring on trip days. Parent signature is required for all trips. All trips are subject to change.

Pool/Water Days

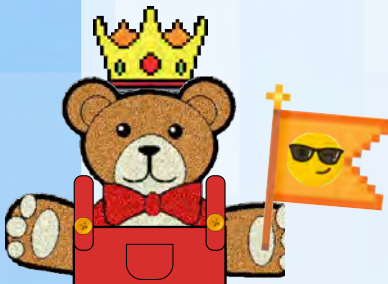
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Urbana, MD 21704
(301) 810-5066
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OUR SUMMER CAMP LOCATIONS



Bright Eyes Damascus
9625 Main St.
Damascus, MD 20872
(301) 482-0658
Lic # 60517

Bright Eyes New Market
5620 Mussetter Rd.
New Market, MD 21774
(301) 882-7241
Lic # 155824

Bright Eyes Judith Resnik
7305 Hadley Farms Dr.
Gaithersburg, MD 20872
(301) 963-5446
Lic # 140630

Bright Eyes Urbana
3510 Campus Dr.
Urbana, MD 21704
(301) 810-5066
Lic # 154961

Bright Eyes Hagerstown
1145 Omega Ct.
Hagerstown, MD 21740
(240) 347-4990
Lic # 158557

Bright Eyes Westview
5105 Pegasus Ct.
Frederick, MD 21704
(301) 682-2754
Lic # 250875

WWW.BRIGHTEYES.ELC.COM



Bright Eyes Early Learning Centers All Star Summer Registration Form

Child's Name: _____ Sex: __M__F Birth Date: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Bright Eyes All-Star Summer Program offers a well-rounded, fun experience to create memories to last a lifetime. Please note the following information:

- ☐ The summer program is for children who have completed Kindergarten – 5th Grade.
- ☐ We are not currently offering 9-3 program for the summer. Part-time schedules must be at least 2 days a week. Part-time children must attend the same days each week, days **cannot be substituted**.
- ☐ Full Summer Enrollment: Families attending the full summer may choose up to 2 weeks during the summer to use for vacation, based on your child's contracted schedule. Each week chosen must be a full week from the listed weeks below and cannot be broken into individual days.
- ☐ Part Summer Enrollment: Families may pick which weeks they would like to attend. Part-summer enrollment does not include 2-week vacation.
- ☐ Please note that Bright Eyes will be closed Friday, July 4th in observance of Independence Day.
- ☐ Vacation weeks must be submitted by **June 1st**. Changes to vacation weeks will require a 2-week written notice.

Summer Registration/Fees:

\$50 Registration fee & 1-week deposit (For campers not presently enrolled during the school year)

\$50 Activity Fee (For ALL campers)

\$100 Early Termination fee- *see summer contract #11

Tuition Fees:

Full Summer (All Weeks): \$335/Weekly \$1451/month \$73/Daily

Part Summer: \$350/Weekly \$1516/month \$76/Daily

Please check the days to indicate your child's summer schedule:

M: _____ T: _____ W: _____ Th: _____ F: _____

Please check all weeks you will be attending. **Full Summer Enrollments:** Please indicate which 2 week you would like to use as vacation weeks with (V), if applicable:

___ Week of June 16-20*

___ Week of July 21-25

___ Week of June 23-27

___ Week of July 28 – August 1

___ Week of June 30 - July 4

___ Week of August 4-8

___ Week of July 7-11

___ Week of August 11-15

___ Week of July 14-18



Bright Eyes Early Learning Centers All Star Summer Contract

1. A \$50 non-refundable registration fee and a one-week deposit is required for all children that are not currently enrolled in Bright Eyes through the school year. A \$50 Activity Fee is required for ALL children currently enrolled and new students. Spaces will not be held without completed registration paperwork and fees.
2. I agree to pay all fees based on the fee scale on the reverse side, without dispute.
3. If my child does not attend any days that have been signed up for, I understand that I am responsible for tuition payment for that week.
4. Families attending all weeks of the summer, I understand that two weeks of vacation will be given based on my child's schedule. I may choose two calendar weeks to use this vacation time. Vacation time may not be broken into individual days.
5. There are no refunds for absences, emergency closings, and/or holidays.
6. All children must be picked up by 6:30pm, or a late pickup fee of \$5 per every 10 minutes, or portion thereof, per child, will be charged.
7. There is a \$30 fee for checks returned by the bank. After two returned checks, cash payments will be required.
8. Payments are due Monday of each week, or the first day of the week that you child attends. Monthly payments are due by the 5th of the month. A \$5 late payment fee will be charged for each day after that. If payment is not received by Friday of the week due, your child's enrollment may be terminated.
9. All children not currently enrolled in Bright Eyes will need to provide Bright Eyes with the necessary paperwork for enrollment, which includes: a current health inventory and immunization certificate completed by the parents and child's physician, and any paperwork required by the Office of Child Care. Enrolled children must update all paperwork as needed. All paperwork must be received before your child attends.
10. For all new enrollments that have signed up for the summer duration, if accounts are in good standings, your deposit will be credited to the last week of the summer.
11. Any changes to your summer contract, including vacation weeks, must be submitted in writing 2 weeks prior to any change. In addition, families who enroll for the full summer and attend less than than contracted weeks and/or wish to end your contract early, with a 2-week notice, you will be subject to a \$100 early termination fee.
12. I have read and agree to the conditions of this contract.

Parent Signature: _____ Date: _____



Bright Eyes ELC All-Star All-In-One Permission Form

Child's Name: _____ Birthday: _____ Sex: __ M __ F

T-Shirt Size: Youth: __ S __ M __ L __ XL Adult: __ S __ M __ L __ XL __ 2XL

Swimming Permission:

Bright Eyes takes all School Age campers, that have completed Kindergarten, to the swimming pool per the field trip schedule (weather permitting). Please indicate your child's swimming level:

- ☐ **Beginner Level:** Not in water above their head.
- ☐ **Intermediate:** Can hold their own in the water, but not ready for the diving board.
- ☐ **Advanced:** Swims like a fish and able to dive on the diving board. *Must pass the swim test

Sunscreen Permission:

_____ I give my child's teacher(s) permission to apply sunscreen on my child, prior to outdoor activities and swimming, and to reapply as needed.

_____ I understand it is my responsibility to provide sunscreen for my child and sunscreen cannot be shared with other children.

Brand of sunscreen provided: _____

Please label your child's sunscreen with your child's First and Last Name

Field Trip Permission

_____ Bright Eyes Summer Program uses Bright Eyes Transportation to and from all field trips and the swimming pool. Your child's safety is our utmost priority. Your child's teacher will inform you of all information pertaining to the swimming pool and field trips, what you will need to bring, and important information you may need to know. Please note that participation in field trips and the swimming pool is a privilege. All campers must obey all Bright Eyes rules and policies while on Bright Eyes transportation and all field trips. Please initial that you have read and understand the statement above.

Parent Signature: _____ Date: _____

Notes/Important information for my child's teacher:

Photo Release:

As a parent or Guardian of the child/children listed above, I agree to the following:

- ☐ I understand that **my child/children** may be photographed during activities, center-play, instructional activities, outdoor activities, family events, field trips and any other times during our business hours.
- ☐ I understand that all photos obtained at Bright Eyes may be posted on bulletin boards, classroom displays and hallway displays.
- ☐ I give permission to **allow my child's** to be used in/for:
(Please check all permissions given)
 - ☐ Newsletters
 - ☐ Website/Online Newsletters/Blogs
 - ☐ Social Media: Facebook, Instagram, YouTube, etc...
 - ☐ Marketing materials: Flyers, postcards, mailers, brochures, and any other publications.

I understand that at any time, I can request, in writing, for a photo to be removed from our website or social media within 15 business days.

(_____) I, confirm that I am granting Bright Eyes Early Learning Centers permission to use my child/children's photos and my photos for the reasons and publications listed above.

(_____) I, DO NOT wish for my child's photo or my photo to be used as listed above and have indicated so above.

I give permission for my child to do the following:

_____ to go to the swimming pool.

_____ to have my child or my child's teacher, as listed above, apply sunscreen.

_____ to go on posted field trips with signed permission.

_____ Photo Release: _____ Consent, as listed above.

_____ Do Not Consent

Parent Signature: _____ Date: _____

Notes/Important information for my child's teacher:

CACFP Enrollment: Yes:___ No:___

BK LN SU AM Snk PM Snk Evng Snk

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____

 Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address				
Street/Apt. #	City	State	Zip Code	

Parent/Guardian Name(s)	Relationship	Contact Information		
		Email:	C: H:	W: Employer:
		Email:	C: H:	W: Employer:

Name of Person Authorized to Pick up Child (daily)		
Last	First	Relationship to Child

Address	Street/Apt. #	City	State	Zip Code
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Any Changes/Additional Information _____

ANNUAL UPDATES

(Initials/Date)

(Initials/Date)

(Initials/Date)

(Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address	Street/Apt. #	City	State	Zip Code
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2. Name _____ Telephone (H) _____ (W) _____
Last First

Address				
Street/Apt. #	City	State	Zip Code	

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
 Street/Apt. # _____ City _____ State _____ Zip Code _____

Child's Physician or Source of Health Care _____ Telephone _____

Address	Street/Apt. #	City	State	Zip Code
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In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____) _____
Telephone Number

Maryland State Department of Education
Office of Child Care
**TOPICAL BASIC CARE PRODUCT APPLICATION
AUTHORIZATION FORM**

Topical basic care products such as a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health care practitioner. Please document the application of these products on this form. Keep this form in the child's record as required by COMAR. OCC 1216 IS NOT REQUIRED.

CHILD'S NAME: _____

DOB: _____

Product Name:

☐ Diaper Rash product: _____

Date Received: _____

☐ Sunscreen: _____

Date Received: _____

☐ Insect Repellent: _____

Date Received: _____

I authorize the child care staff to apply and store the topical basic care product as indicated above per the manufacturers' instructions. I attest that I have administered at least one application of the product to my child without adverse effects. I certify that I have the legal authority to consent to the application and storage of the product(s) for the child named above.

PARENT/GUARDIAN PRINTED NAME	PHONE NUMBER
PARENT/GUARDIAN SIGNATURE	DATE
NAME OF STAFF RECEIVING PRODUCT	SIGNATURE AND DATE

DATE (ONCE PER DAY)	PRODUCT (check box)			REACTIONS OBSERVED (IF ANY)	SIGNATURE
	Diaper	Sunscreen	Insect		

Maryland State Department of Education
Office of Child Care

DATE	PRODUCT			REACTIONS OBSERVED (IF ANY)	SIGNATURE
	Diaper	Sunscreen	Insect		