

**Apple Seeds Daycare \* 65 Apple Dor Road, Framingham, MA 01701 \* (617) 653-6463 \***  
**yana@appleseedsdayscare.com**

**Hours of operation: Monday-Friday 8am-4:30pm**

**Use of Assistants:** All assistants used by Apple Seeds Daycare have been approved by EEC.

**Planning for Emergencies** -EEC regulations require that we have a plan for meeting potential emergencies that may occur either during child care hours or at any time if they may affect the operation of the program to remain sheltered at the program.

The escape routes from each floor of the licensed child care space are as follows:

- Front Door
- Garage Door
- Either door in the playroom

In the event that a child goes missing from the program, we will do the following:

- Search for child on premises
- Call parents of missing child
- Call for backup

Should the program need to be evacuated in the case of fire, natural disaster, loss of power, heat or hot water, or any other emergency situation we will meet at an alternative location. The designated meeting place(s) outside of the program for emergencies are:

In case of emergency, if we need to evacuate our facility and this neighborhood, we will be at:

- Christa McAuliffe Branch Library, 746 Water Street, Framingham, MA 01701, (508) 532-5636

If we need to evacuate the town of Framingham, we will be at:

- Goodnow Library, 21 Concord Road, Sudbury, MA 01776, (978) 443-1035

If the program needs to be evacuated, we will notify all parents, as well as the appropriate authorities (fire, police, etc.) and EEC. Our method of doing that is via Cell Phone.

I will ensure that no child has been left at the program after an evacuation by taking a Head Count.

**Children's Records** -EEC regulations require me to maintain an individual written record for every child we have in care. These records include the information that parents complete at enrollment, as well as progress reports, incident reports and other documentation regarding your child's care. Records are updated at least annually, but may be updated as frequently as is needed.

As a parent, you have access to the record that we maintain for your child, and you have the right to add information or to request that information in your child's record be changed or deleted. You also have a right to receive a copy of your child's record; however we may charge a reasonable fee for that copy. EEC regulations require that we make children's records available to EEC at any time that EEC may request these records, such as during a licensing/monitoring visit, a complaint

investigation, or a financial review of our program. Failure on our part to provide these records to EEC could result in EEC citing me for regulatory non-compliance or taking legal action against our license. When EEC staff members review children's records in order to ensure that we are in compliance with EEC regulations, at times they may

copy and keep the information found in these records in order to review our compliance with all EEC regulations and

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policies applicable to our program. This information will be kept in our EEC Licensing file or in EEC's financial monitoring file if the information involves issues related to subsidized care. EEC is required by law to keep confidential any personally identifiable information found in children's records collected and maintained by EEC staff members. EEC has a Privacy Policy which discusses how EEC keeps such information confidential. That policy can be found by going to the EEC website at [http://www.eec.state.ma.us/docs1/20101124\\_eec\\_privacy\\_policy.pdf](http://www.eec.state.ma.us/docs1/20101124_eec_privacy_policy.pdf).

All Family Child Care Educators are required by EEC to provide parents with information regarding the risks of Lead Poisoning. The following are some facts that all parents should know about lead and lead poisoning:

- Lead poisoning is caused by swallowing or breathing lead. Lead is poison when it gets into the body.
- Lead can stay in the body for a long time. Young children absorb lead more easily than adults. The harm done by lead may never go away. Lead in the body can:
  - Hurt the brain, kidneys, and nervous system
  - Slow down growth and development
  - Make it hard to learn
  - Damage hearing and speech
  - Cause behavior problems

Most of the lead poisoning in Massachusetts comes from lead paint dust in older homes. Many homes built before 1978 have lead paint on the inside and outside of the building. When old paint peels and cracks, it creates lead paint chips and lead dust. Lead dust also comes from opening and closing old windows. Lead dust lands on the floor. Lead gets into children's bodies when they put their hands and toys in their mouths. Children can also breathe in lead dust. Children between the ages of 9 months and 6 years are most at risk. Important: Home repairs and renovations also create lead dust. Most children who have lead poisoning do not look or act sick. A lead test is the only way to know if your child has lead poisoning. Ask your doctor to test your child for lead. Some children may have:

- Upset stomach
- Trouble eating or sleeping
- Headache
- Trouble paying attention

As mentioned earlier, if your child is over nine (9) months of age, you will need to provide documentation to me that your child has been screened for lead poisoning. Most children will be screened annually until either age three (3) or four (4), depending on where the child lives. We are required to disclose to you if we are aware of any known sources of lead in our facility. Information regarding known sources of lead in our daycare is as follows:

#### **No known lead paint**

For more information on lead poisoning, you can visit <http://www.mass.gov/dph/clppp> or call the Childhood Lead Poisoning Prevention Program at (800) 532-9571.

**Child Guidance** -When it comes to interactions and the guiding of children's behavior, our goal is to maximize the growth and development of children, as well as keep them safe. Apple Seeds Daycare will provide experiences for children to succeed as well as allow children to make mistakes in a caring and positive environment. We believe that good behavior is achieved through patience, consistency and positive reinforcement. Mistakes are a valuable part of the learning journey. We put a great deal of effort into teaching the children manners, kindness and to be respectful to others.

In the event that a child's actions are inappropriate, the following techniques will be used:

1. **Positive Reinforcement:** The child will be encouraged when he or she is demonstrating acceptable behavior.
2. **Redirection:** The child is redirected to another activity and given an opportunity to try again at another time.
3. **Time-Out:** The child is separated from the group for an age appropriate amount of time (one minute per one year of age). This technique is only used when a child repeatedly will not follow our directions or listen to our words, is exhibiting temper tantrum type behavior, or hurting one's self, others or equipment. Time-outs remove the child from the environment in which the behavior occurred, and allows them to refresh their emotions and perspective.
4. **Last Resort:** When a child's behavior is continually upsetting or dangerous to others, a conference will be called with the parents. If the problems cannot be resolved, arrangements will have to be made for the child to go elsewhere for care.

**\*\*\*Note:** Sometimes if both a parent and a provider are both in the same area (examples would be during drop-off and pick-up times) a child may forget the rules or test the boundaries. **Please help show your child that you respect us, the rules of our house, and our property by reminding them that the rules still apply when you are around.** We will also remind them of the rules and correct them if needed.

**Toys From Home** -We ask that you refrain from bringing toys from home and other personal items of importance to daycare. As much as we try to encourage sharing, this seldom works when it is the child's own personal toy. It causes problems between the children.

**Arrival & Departure** -Please send your child to daycare dressed for the day and having been fed breakfast. Our morning snack is at 9:15. Please refrain from sending your child in with half eaten food in hand. You are welcome to have them finish it in the car or outside before entering the daycare. Drop off and pick up happen inside our garage. Upon arrival, knock on our door and we will let you in. **During morning drop off, please try to keep goodbyes brief (up to a couple of minutes at most) as the longer you prolong departure, the harder it is on the parent and especially the child.**

**Parent Notifications** -I am required by EEC regulations to notify you of certain information about our daycare. These notifications include, but are not limited to:

- An injury to your child
- Allegations of abuse or neglect regarding your child
- If another educator will be caring for your child
- The administering of first aid to your child
- Whenever a communicable disease has been identified in the program
- If there are any changes in our household composition
- Whenever special problems or significant developments arise

**Mandated Reporting** -As licensed Educators in Massachusetts, we must operate our program in a way that protects children from abuse and neglect. As such, we are mandated reporters (under M.G.L. c.119 s51A) and must make a report to the Department of Children and Families (DCF) whenever we have reasonable cause to believe a child in the program is suffering from a serious physical or emotional injury resulting from abuse inflicted upon the child, or from neglect, no matter where the abuse or neglect may have occurred or by whom it was inflicted.

**Enrollment** -Admissions to Apple Seeds Daycare shall be made without regard to race, color, religious creed, ancestry, national origin, disability, age or gender.

Apple Seeds Daycare requires children to be immunized according to public school guidelines for enrollment into our program.

Full-time Enrollment is 8am-4:30pm and is \$87/day or \$435/week and includes meals

### **Required Documents**

- Read and sign the Parent-Provider Contract
- Submit a deposit

**Deposit** -A nonrefundable deposit equal to two weeks of tuition (\$870) is due at time of enrollment. Your child's spot is not secured until we receive both the signed contract and deposit. The deposit will be credited towards the last two weeks of your child's enrollment less any outstanding charges. The tuition deposit is forfeited if the child does not start the program for which they are registered. Deposit can be paid by check or by venmo @Yana-Weinstein.

**Annual Materials Fee** - A nonrefundable \$75 materials fee will be billed annually to cover the cost of materials used for your child's care throughout the year. Annual materials fee will be invoiced through KidKare.

**Delay of Enrollment** – If a child does not start daycare on the starting date specified on the registration form, the full tuition is assessed from the contracted date in order to hold the child's place.

**Termination Policy**-Notification of termination must be in writing and received at least 30 days prior to a child's withdrawal from the program. **Whenever possible even more notice is better.** This helps us tremendously. Unlike childcare centers we can only enroll 6 children. When we are full we are forced to say NO to all incoming requests for childcare. If we have advance notice of discontinuation of services then it is possible for us to make future arrangements with new families inquiring about daycare for their child. This helps to keep our enrollment from fluctuating. After notice is given, you will be billed for the remaining care and any outstanding balances less the amount of deposit you paid at the time of enrollment. Payment is required regardless of whether or not the child is in attendance.

We reserve the right to terminate a child for the following reasons (but not limited to):

- Parent is routinely late picking up the enrolled child
- Nonpayment
- Enrolled child is unable to adjust after a reasonable amount of time
- Failure to complete the required forms
- Lack of parental cooperation
- Physical or verbal abuse of any person or property
- Our inability to meet the child's needs
- Lack of compliance with handbook regulations
- Serious illness of child

We will give two weeks' notice of termination for which full tuition is due, whether or not the child is in attendance. The provider reserves the right to give written notice of immediate termination where there are extreme circumstances that affect the well-being of the provider or other children in attendance.

Anyone who terminates daycare and has a balance that is outstanding will need to have the account settled within 30 days. All accounts not settled within 30 days will be turned over to a collections agency regardless of amount owed. All accounts turned over to collections will have a \$20 per week late fee plus 35% collections fee added to the amount due. **30 days written notice from parent or provider is required to terminate the contract**, with the exception of non-payment and gross misconduct on part of the provider, parent, or child. This is grounds for immediate discontinuation of service. In cases of non-payment, legal action may be taken, and the parents will be responsible for all legal fees incurred.

**Provider's Vacation** -Provider receives 10 days of vacation paid at the same weekly rate as the contracted tuition. In the event the 2022-2022 Parent Provider contract is terminated prior to the end of the contracted school year, vacation pay is prorated and due before the last week of care. If a child is enrolled for 1-6 months, 1 week of unused vacation pay is due. If a child is enrolled for 6 months or over, 2 weeks of unused vacation is due prior to the last day of care.

**State Licensing Requirements** -Apple Seeds Daycare is licensed and complies with all applicable licensing regulations and standards. These standards relate to our home, staff, health, safety procedures, caregiver to child ratios, and record keeping.

We believe that these standards are in the best interest of the children. Our home is subject to inspection by state and city health, fire, and licensing officials.

**Ages Accepted** -At Apple Seeds Daycare we specialize in childcare for **children ages 15 months to 4 years old**.

**Payment Policy/Attendance** - We use an online payment site called KidKare to collect your tuition. It gives you the option to pay by bank account or credit card (transaction fees apply). An invoice will automatically be emailed to you on Fridays, billing for the following week's care. Tuition will automatically debit from your bank account/ typically on the Tuesday after the invoice gets emailed. Credit card payments get processed right away. Setting up your payment account using the "Autopay" feature is mandatory to ensure that we receive your payment on time. Our company payroll is automated to draft on Fridays and we rely on your payment for that to clear.

To hold your child's space, payment must be paid whether your child attends or not. Payment is based on contract, not attendance.

**Covid-19 illness/exposure related closures OR emergency-related closings mandated by the state/local government/DHS, like a pandemic; the first 2 weeks of 100% tuition, will be required per occurrence. If the closure goes beyond 2 weeks, no additional payment is required. If termination occurs during this time, the full two weeks tuition at 100% and provider's unused vacation weeks must be paid before departing services.**

**Extended Leave of Absence** -We can only hold your child's spot by paying 100% tuition. The extended leave of absence also applies to those who choose to not send their child to Apple Seeds Daycare after the reopening from a forced closure, like a pandemic or emergency-related forced closure.

**Insufficient Funds** – \$35 will be charged as a separate invoice for payments canceled due to insufficient funds.

**Late Payment Fee** - Payments made after Friday (service dates for the following week) will be charged a

\$10/day late fee. **Late Pickup Policy** - We are open Monday through Friday 8:00-4:30

\*\*\*\*\*Please be courteous and understand that we often have to run out immediately after closing to get to an appointment or pick-up our children from activities.

We cannot close until all children have left the building. If your child **leaves** the building after 4:30pm, a late charge of \$2.00 for every one minute will automatically be added to your invoice under "fees".

**Medication Administration** - EEC has regulations requiring educators to have a policy regarding the administration of medication to children in care. As licensed Family Child Care educators, we are also required to take medication administration training. The following guidelines are common to all programs that are licensed by EEC:

Prescription Medication

- Prescription medication must be brought to the program in its original container and include the child's name, the name of the medication, the dosage, the number of times per day and the number of days the medication is to be administered. This prescription label will be accepted as the written authorization of the physician.
- The program will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician.
- The parent must fill out the Authorization for Medication Form before the medication can be administered.
- First dose MUST be given 12 hours prior to attending daycare. This is to ensure the child will not have an allergic reaction while at daycare.

### Non-prescription Medication

The program needs written parental authorization to administer oral non-prescription medication. The parent must fill out the Authorization for Medication form, which allows the Educators to administer the non-prescription medication. The statement must be renewed on a weekly basis.

- In the case of unanticipated non-prescription medication that is used to treat mild symptoms (e.g., acetaminophen, ibuprofen), the program must still have written parental authorization; however it must be reviewed annually.
- The Educators will make every attempt to contact the parent prior to the child receiving the non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

### Topical Ointments and Sprays

- Topical ointments and sprays such as petroleum jelly, sunscreen, diaper rash ointment and insect repellent will be administered to the child with written parental permission. The signed statement from the parent will be valid for one year and include a list of topical non-prescription medication.
- When topical ointments and sprays are applied to wounds, rashes, or broken skin, the Educators will follow the written procedure for non-prescription medication which includes the written order of the physician, which is valid for a year, and the Authorization for Medication form signed by the parent.

### All Medications

- **The first dose must be administered by the parent at home in case of an allergic reaction.**
- All medications must be given to the educators directly by the parent.
- All medications will be stored out of the reach of children. All medications that are considered controlled substances must be locked and kept out of reach of children.
- The Educators will be responsible for the administration of medication. In his/her absence, the designated person will be the Certified Assistant.
- The program will maintain a written record of the administration of any medication (excluding topical ointments and sprays applied to unbroken skin) which will include the child's name, the time and date of each administration, the dose, and the name of the person administering the medication. This completed record will become part of the child's file.
- All unused medication will be returned to the parent if possible, or disposed of in accordance with Department of Public Health guidelines.

**Doctor's Appointment -If your child needs to be picked up for an appointment and brought back, re-entry into the daycare during the hours of 1:00- 3:30 (nap time) is NOT ALLOWED UNDER ANY CIRCUMSTANCES.**

**Child's Absences and/or Vacations - If your child will not be attending daycare or will be arriving past 9:15am, please let us know as soon as possible so the day's activities won't be held up waiting for your child to arrive.**

**Medical and Dental Emergency Procedures** -Emergency information is kept on file at the daycare. In case of illness or injury this information will be used to notify you, or the person designated by you, of your child's status. If your child is injured while at the daycare, first aid will be administered. If treatment by a doctor is necessary, we will make every effort to contact you, or the doctor you have chosen to treat your child. In the case of serious injuries (i.e. biting, broken skin, broken bones, anything that requires medical attention, etc.) an injury report is completed, and a copy is given to the parents as well as the EEC.. Authorization for emergency treatment must be signed at the time of enrollment to ensure that in the event of an emergency, we can make sure your child receives the necessary emergency treatment he or she needs. **It is very important that all emergency contact information is kept up to date and correct. Please inform us immediately of any changes to keep your information current.** Parents are responsible for all costs involved in emergency medical treatment, including emergency transportation if required.

**Note:** In case of a serious accident or sudden illness requiring immediate medical attention, the following procedures will be followed.

1. A phone call to 911 is made.
2. Child's parents (or emergency contacts) are called.
3. Child is separated from the other children and appropriately cared for.
4. Parent, provider, or ambulance takes the child and health records to the doctor or hospital.

**Daily Packing List** - Please pack a sealed plastic bag with **2 full spare outfits (including socks and underwear if used), 6 diapers** 2 pacifiers (if needed). Please send your child to daycare with weather appropriate shoes and outerwear. We will be playing outside when the temperature is between 38-87 degrees. We cannot cease outdoor activity if a child fails to have weather appropriate clothing so please plan accordingly.

Please refill supplies in your child's school bag before returning to daycare.

**Handwashing:** As soon as you arrive, please apply hand sanitizer (located next to the entrance) to your child's hands. Hands will also be washed throughout the day with soap and water. Hand sanitizer will be used when soap and water is not available (when we are outside).

**Diaper Policy** - It is the parent's responsibility to provide diapers. Please choose diapers that are fastened on the sides, NOT the ones that require shoes and pants to be removed when changing. Keep a stock of 6 diapers in your child's school bag at all times. Diapers are checked frequently, and changed every three hours or more often if required. Diapers containing bowel movements are changed immediately. Your child's diaper is changed on a personal changing mat on the floor to prevent the possibility of changing table falls. The changing pads are cleaned and disinfected between each diaper change. The provider washes/sanitizes hands after each diaper change.

**Toilet Training** - We are more than happy to encourage potty training as long as the child is ready (typically between 2 and 3 years old). The initial start needs to be done at home for at least one week with some success before it can be effectively started at daycare. Parents will be required to supply pull-ups. The brand is up to you to choose but we ask that they have **Velcro sides that can be refastened. Children will be allowed to come to daycare in cotton training pants/underwear after they have been accident free for at least 3 days in pull-ups.** Communication between parents and the daycare provider is imperative for a successful transition from diapers to toilet.

**Meals** -All meals will be prepared by Apple Seeds Daycare and are included in the cost of tuition. We prefer that food from home not be brought in except when celebrating a birthday. In this case **STORE BOUGHT** treats for birthday celebrations can be provided by parents.

- Morning snack will be provided at 915 am
- Lunch will be provided at 12:20pm
- Afternoon snack will be provided at 4:00pm

**TV Viewing** -Television viewing happens while lunch is being prepared or during a special activity. Books are also left out as a choice for kids to be entertained.

**Nap Time** - Nap Time is required of all children in our care. Often a new napping environment can create anxiety in children and takes time to get used to. This typically can take up to 1 month. If a child is unable to settle into a nap routine after a sufficient trial period, and is prohibiting the other children from sleeping, termination may have to be considered.

**Progress Reports** - Progress reports are given in January and in June. These reports are based on milestones that your child has or has not demonstrated during our observation. Children are sometimes pulled to work one on one with a teacher where we provide opportunities for the child to present mastery of a skill we haven't been able to observe naturally.

### **SICK POLICY**

Children who are obviously ill with fever, diarrhea, vomiting, green-runny nose, puss/oozing eyes, disease or condition (i.e.- ringworm, head lice, chicken pox, measles, mumps, pink eye, fever over 100 degrees, etc.) will not be admitted to the program. It is a danger to other children and staff members at our facility. If you have any doubts about your child's health, please text/call to be sure they may attend. If your child appears to be sick or has any of the above while at school, we will notify the parent or guardian immediately, and it is necessary that the child be picked up within 45 minutes of notification.

The child will be permitted to return when his/her temperature is normal for 24 hours without aid of fever-reducing medication. Your child must have any prescribed medication, such as antibiotics, in his/her system for at least 24 hours before returning. The only exception to this rule is for an ear infection with a doctor's note. In the event your child is sent home with one of the above health concerns, Apple Seeds Daycare reserves the right to confirm or deny a child's re-entry based on our comfort level-even with a doctor's note.

Permission for a child to be administered medicine in the school must be approved by the Physician and parent utilizing the PERMISSION TO ADMINISTER MEDICATION form. Medications for maintenance will be administered throughout the day as required. The medication must be given to the provider in its original bottle, which contains the pharmacist's directions. The medication log must be signed by the parent at this time and will be kept on file. Children will be given their medication according to the prescription specifications only.

If anyone in your household is showing COVID-19 symptoms or has been in close contact with a person testing positive for COVID- 19, we ask you to keep your child home. They must be isolated for a minimum of 7 days after symptom onset, and 72 hours after their fever resolves without fever-reducing medicines. (For example, if symptoms and fever resolve on day 7, the person can return on day 10.) For most, this will be 14 days after the household contact with COVID-19.

If ANYONE in your household has taken a Covid-19 test and is waiting for the results, your child is to be **excluded** from daycare during that time.

We ask that all parents and staff let us know of any potential exposure immediately. A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID- 19. The timeframe for having contact with an individual includes the period of 48 hours before the individual became symptomatic.

State law requires that we notify parents of children who have been exposed to certain contagious diseases. Please notify us if your child becomes infected, so families can be informed.

\*\*\*\*THE CHILDCARE CONTRACT WILL BE IMMEDIATELY TERMINATED IF THE PARENT GIVES AN ILL CHILD A DOSE OF SUPPRESSANT TO MASK A FEVER OR ILLNESS PRIOR TO DROP OFF. PLEASE COMMUNICATE THIS TO ALL CAREGIVERS IT PERTAINS TO, SUCH AS GRANDPARENTS OR OTHER PEOPLE CARING FOR YOUR CHILD\*\*\*\*



SEPTEMBER 2022-AUGUST 2023 CLOSINGS SCHEDULE

10/10	Monday	Columbus Day	Closed
10/18-10/23	Tuesday-Friday	4 Vacation Days	Closed
11/23-11/25	Wednesday-Friday	Thanksgiving Recess	Closed
12/26	Monday	Christmas Observed	Closed
1/2	Monday	New Year's Day Observed	Closed
2/17-2/24	Friday-Friday	5 Vacation Days + Presidents Day	Closed
4/17 , 4/18	Monday, Tuesday	Patriots Day + 1 Vacation Day	Closed
5/29	Monday	Memorial Day	Closed
7/1-9/4 CLOSED FOR SUMMER BREAK. 9/5 FIRST DAY OF NEW SCHOOL YEAR.			

**Weather Related Closings**

We follow the Framingham Public School system for weather related **delays and closings**. In the event that there is severe inclement weather during a scheduled Framingham Public School closing (ex. February or April vacation), Apple Seeds Daycare reserves the right to close. All families will be notified via text message.

**Contract Adherence** - This is our home as well as our business, so please be respectful of our family and home by adhering to the policies and procedures outlined in the parent handbook. We realize this is a lot of information to absorb. Because of this, **please keep your parent handbook accessible so you can periodically review our policies and procedures as necessary**. We reserve the right to amend any portion of the Parent-Provider Contract/Enrollment Application, and Parent Handbook at any time. If and when we do make a change to the contract you will be given a copy.

**A Final Note** - It is important that you feel comfortable with our policies and procedures. If you do not understand something, have a concern, or you feel uncomfortable with one or more of our policies and/or procedures it is important that you express that to us before enrolling your child in our daycare. We are always open to suggestions and feel communication is a very important part of a quality daycare. If you encounter any problems or concerns, we encourage you to talk to us about them. **Thank you for the opportunity to work with you and care for your little one. We look forward to a future of keeping your child smiling and safe.**

**By signing the Parent-Provider Contract and all Enrollment Forms, it is understood that all of the policies and procedures of Apple Seeds Daycare are understood and agreed upon.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deposit - \$870** Circle one: Check# \_\_\_\_\_ or Venmo @Yana-Weinstein

**Annual non-refundable materials fee \$75** Circle one: Check# \_\_\_\_\_ or Venmo @Yana-Weinstein

**Start Date:** \_\_\_\_\_

**End Date (If Known) :** \_\_\_\_\_

### Alcohol Hand Sanitizer Permission Waiver

I give my child \_\_\_\_\_ permission to use hand sanitizer under the supervision of an Apple Seeds Daycare Provider/Assistant, when going to the sink to wash hands with soap and water is not available/possible.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release Form

Photos are taken of your children from time to time to share with you and other parents in the daycare. Some of these photos will be used on our Apple Seeds Facebook page and website to show our daily activities to parents like you who are shopping around for daycare. At no time will these pictures be tagged for identification. These pictures are a great way to look back at memories once your child has graduated from our program.

As the parent of a child/children at Apple Seeds Daycare, I agree to the following:

I understand that my children, whose name(s) are listed below, may be photographed during daily activities and/or special events.

I understand that these photographs may be used for promoting Apple Seeds Daycare.

I give permission for my child(ren)'s photographs to be posted on Apple Seeds Daycare's website, and/or shared with the other enrolled families

The following are the names of my children attending Apple Seeds Daycare:

\_\_\_\_\_

☐ Yes, I confirm that I have read and understood the above, and agree to have my children's photos taken

☐ No, I do not wish to have my child(ren)'s photographs taken

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sun screening Requirement

During the months of May-October, we require you to thoroughly sunscreen your child prior to morning drop off. The outdoor play area is completely shaded by the house in the afternoon so no reapplication of sunscreen is necessary. We do not apply or reapply sunscreen under any circumstances. A bottle of sunscreen is available for your use in the daycare entry area should you forget to apply sunscreen at home. During the months of June-August please apply sunscreen before dressing your child to ensure all areas exposed by your child's bathing suit will be protected.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the educator's possession on or before the first day your child begins care. Please notify your educator if any of the information changes**

**General Information**

Date of Admission \_\_\_\_\_ Age at Admission: \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Nickname \_\_\_\_\_

Primary Language of Child \_\_\_\_\_ Primary Language of Parents \_\_\_\_\_

Allergies/Special Diets \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Home address (if different) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent(s)/guardian(s) business address/location during child care:**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Where: \_\_\_\_\_ Where: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Instructions: \_\_\_\_\_ Instructions: \_\_\_\_\_

**Emergency Contact/Authorized pick-up person**

In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(2) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Child's Name** \_\_\_\_\_

<b>My child will arrive to the program by:</b>	<b>My child will depart the program by:</b>
<input type="checkbox"/> Parent Drop-Off <input type="checkbox"/> Supervised Walk <input type="checkbox"/> Unsupervised Walk <input type="checkbox"/> Public/Private Van <input type="checkbox"/> Bus <input type="checkbox"/> Private Transportation Provided by Parent	<input type="checkbox"/> Parent Pick Up <input type="checkbox"/> Supervised Walk <input type="checkbox"/> Unsupervised Walk <input type="checkbox"/> Public/Private Van <input type="checkbox"/> Program Bus/Van <input type="checkbox"/> Private Transportation Provided by Parent

In the space below, please note any important information regarding transportation of your child to and from the program (i.e.--indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from a bus stop, etc.)

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I additionally authorize the following individual to take my child from the child care premises. (Please let me know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Anticipated Days/Time of Attendance**

Day Arrival Time Departure Time Day Arrival Time Departure Time Monday \_\_\_\_\_

\_\_\_\_\_ Friday \_\_\_\_\_ Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_

\_\_\_\_\_ Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_

\_\_\_\_\_ Thursday \_\_\_\_\_

If applicable: Name of School Child Attends: \_\_\_\_\_

☐ Copies of any custody agreements, court orders, restraining orders (if applicable)

Notes:

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September 2022-August 2023 Apple Seeds Daycare Parent-Provider Contract Rough Draft  
**Written Acknowledgement of Receipt of Parent Handbook**

I acknowledge that I have received a copy of the provider's Parent Provider contract as well as information regarding lead poisoning prevention.

\_\_\_\_\_  
Parent/Guardian Date

**Parental Visit Notice**

I understand that I may visit this family child care home unannounced at any time during the hours that my child is in care.

\_\_\_\_\_  
Parent/Guardian Date

**Child's Physician or Health Care Professional**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance Information (OPTIONAL)**

Subscriber's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

☐ Copy of Insurance Card

September 2022-August 2023 Apple Seeds Daycare Parent-Provider Contract Rough Draft  
**DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION**

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care.

**CHILD'S NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ \*Note:

Please provide information for Infants and Toddlers (marked \*) as appropriate to the age of your child.

**DEVELOPMENTAL HISTORY**

Age began sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

\*Does your child pull up? \_\_\_\_\_ \*Crawl? \_\_\_\_\_ \*Walk with support? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs \_\_\_\_\_

Language spoken at home \_\_\_\_\_ \*Any history of colic? \_\_\_\_\_

\*Does your child use a pacifier or suck thumb? \_\_\_\_\_ \*When? \_\_\_\_\_

\_\_\_\_\_ \*Does your child have a fussy time? \_\_\_\_\_ \*When? \_\_\_\_\_

\_\_\_\_\_ \*How do you handle this time? \_\_\_\_\_

**HEALTH**

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

**Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:**

Regular medications: \_\_\_\_\_

**EATING HABITS**

Special characteristics or difficulties: \_\_\_\_\_

\*If infant is on a special formula, describe its preparation in detail \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

\* Is your child fed held in lap? \_\_\_\_\_ High chair? \_\_\_\_\_ \* Does your child eat with  
Spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

**TOILET HABITS**

\*Are disposable or cloth diapers used? \_\_\_\_\_

\*Is there a frequent occurrence of diaper rash? \_\_\_\_\_

\*Do you use: baby oil \_\_\_\_\_ powder \_\_\_\_\_ lotion \_\_\_\_\_ Other \_\_\_\_\_

\*Are bowel movements regular? \_\_\_\_\_ how many per day? \_\_\_\_\_

\*Is there a problem with diarrhea? \_\_\_\_\_ Constipation? \_\_\_\_\_

\*Has toilet training been attempted? \_\_\_\_\_

\*Please describe any particular procedure to be used for your child at the program \_\_\_\_\_

What is used at home? Potty chair? \_\_\_\_\_ special child seat? \_\_\_\_\_ regular seat? \_\_\_\_\_

How does your child indicate bathroom needs (include special words): \_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

Does the child have accidents? \_\_\_\_\_

**SLEEPING HABITS**

\*Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_  
Does your child become tired or nap during the day (include when and how long)? \_\_\_\_\_

**Please Note:** The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your physician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your educator. Your educator will place your infant on his/her back unless there is a written physician's order that specifies otherwise.

When does your child go to bed at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on walking etc) \_\_\_\_\_

### **SOCIAL RELATIONSHIPS**

How would you describe your child: \_\_\_\_\_

Previous experience with other children/child care: \_\_\_\_\_

Reaction to strangers: \_\_\_\_\_ Able to play alone: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (the dark, animals, etc.): \_\_\_\_\_

How do you comfort your child: \_\_\_\_\_

What is the method of behavior management/discipline at home: \_\_\_\_\_

What would you like your child to gain from this child care experience? \_\_\_\_\_

**DAILY SCHEDULE:** Please describe your child's schedule on a typical day.

**\*For Infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.**

Is there anything else we should know about your child? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Permissions (for each child enrolled)**

**General Permission-(Basic Transport)** (Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.) By signing this form, I am allowing my child to be taken off the child care premises.

I, hereby give \_\_\_\_\_ permission to take my child \_\_\_\_\_  
(educator/assistant)

off the premises of the family child care home for the following excursions: (specific places your child is allowed to go):

Neighborhood stroller walks, Hemenway School field & playground, McAuliffe Library;

using the following forms of transportation: Stroller

\_\_\_\_\_  
Parent/Guardian Signature Date

**I do not want my child to be taken off the child care premises.**

\_\_\_\_\_  
Parent/Guardian Signature Date

## **Permission - (Transport to Medical Facility and Receive Emergency Medical Treatment)**

**Medical Emergency Treatment** (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

I, hereby give \_\_\_\_\_ permission to administer basic first aid and/or  
(educator/assistant)

CPR to my child \_\_\_\_\_, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent/Guardian Signature Date

**Topical Medication/Ointments** (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray), diapering ointment.

\_\_\_\_\_  
Parent/Guardian Signature Date

**Child's Name** \_\_\_\_\_



**REMINDER : *This emergency card information is for the educator's first aid kit. The educator(s) must take first aid materials when leaving the child care premises.***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**Instructions to Reach Parent or Guardian**

1. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

2. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

**Contact Information for Physician or Health Care Professional**

1. \_\_\_\_\_  
(Physician's Name, Address, Phone #)

**Emergency Contact Person(s)**

1. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

2. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

**Emergency Medical Treatment**

I hereby give \_\_\_\_\_ permission to  
(Name of educator/assistant)

administer basic first aid and/or CPR to my child \_\_\_\_\_  
(Name)

and/or take my child \_\_\_\_\_, to a hospital for medical treatment  
(Name)

when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent/Guardian Date

**Medical Insurance Information (Optional)**

Subscriber's Name: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ [

] Copy of insurance card

Other pertinent medical information: \_\_\_\_\_

\_\_\_\_\_

Dear Physician: \_\_\_\_\_  
(Child's Name)

is enrolled in a family child care home which is licensed by the Department of Early Education and Care. The Department of Early Education and Care's regulations require at the time of admission a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated.

Evidence of a physical exam is valid for one (1) year from the date the child was examined and must be renewed annually thereafter.

### IDENTIFICATION

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Examination of Child: \_\_\_\_\_

What is your opinion concerning the child's general health and appearance:

\_\_\_\_\_  
\_\_\_\_\_

Has this child been screened for lead poisoning? Yes \_\_\_\_\_ No \_\_\_\_\_ **(\*At least one (1)**

**time between ages 9-12 months; Annually-Ages 2 & 3; at Age 4 if High Risk for Lead Poisoning)** If Yes, date

screened: \_\_\_\_\_

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care educator? If so, please detail below:

\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form and the child's immunization record to:

\_\_\_\_\_

—

\_\_\_\_\_

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