

# CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?	ANY OTHER PROBLEMS?		
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*		

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED  
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

CS 627 (5/01) (CONFIDENTIAL)

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED  
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

CS (5/01) (CONFIDENTIAL)

**PARENT NOTIFICATION****ADDITIONAL CHILDREN IN CARE**

As required by Health and Safety Code Sections 1597.44(c) and 1597.465(c), you are hereby advised that: *(Check one)*

- I am licensed as a Small Family Child Care Home and may provide care for a maximum of 8 children when one child is enrolled in and attending Kindergarten or elementary school and another child is at least six years old and no more than two infants are in care.
- I am licensed as a Large Family Child Care Home and with an assistant, may provide care for a maximum of 14 children when one child is enrolled in and attending Kindergarten or elementary school and another child is at least six years old and no more than three infants are in care.

11021 Apricot St. Oakland, CA 94603

(PRINT FACILITY ADDRESS)

(CUT ALONG DOTTED LINE)

**RECEIPT OF PARENT NOTIFICATION**

I acknowledge receipt of the notification that this Family Child Care Home will/may be providing care to 8 or 14 children.

\_\_\_\_\_  
(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(CHILD'S NAME)

Maintain this signed receipt in each child's file.

**PERSONAL RIGHTS****Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

**Community Care Licensing**

NAME

Oakland Regional Child Care Office

ADDRESS

1515 Clay Street, Suite 1102

CITY

Oakland

AREA CODE/TELEPHONE NUMBER

510-622-2602 or 1-844-538-8766

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

**Nurturing Homes Childcare Inc.**

(PRINT THE ADDRESS OF THE FACILITY)

11021 Apricot St. Oakland, CA 94603

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

# **Nurturing Homes Childcare Inc.**

## **Waiver of Liability Relating to Coronavirus/COVID-19 And Any Variants Derived There After.**

**The novel coronavirus, COVID-19 & VARIANTS, has been declared a worldwide pandemic by the World Health Organization. COVID-19 & VARIANTS are reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to be spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known cure; Vaccine & treatments are available for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.**

**Nurturing Homes Childcare Inc. cannot prevent you or your child(ren) from becoming exposed to, contracting, and/or spreading COVID-19 and any VARIANTS while utilizing Nurturing Homes Childcare Inc. Childcare services or premises. It is not possible to prevent against the presence of the disease, but you can get yourself & child Vaccinated if able to do so. Therefore, if you so choose to utilize Nurturing Homes Childcare Inc.'s Services and/or enter onto Nurturing Homes Childcare Inc.'s Premises you may be exposing yourself and you child(ren) to and/or increasing your risk of contracting or spreading COVID-19 & any VARIANTS derived.**

**ASSUMPTION OF RISK:** I have read and understood the above warning concerning COVID-19 & VARIANTS. *I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child(ren) to utilize Nurturing Homes Childcare Inc's Services and enter Nurturing Homes Childcare Inc. premises. These services are of such value to me and/or to my child(ren), that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 and VARIANTS to utilize Nurturing Homes Childcare Inc.'s services and premises in person.*

**WAIVER OF LAWSUIT/LIABILITY:** *I hereby forever release and waive my right to bring suit against Nurturing Homes Childcare Inc. and it's owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 and any VARIANTS derived and related to utilizing Nurturing Homes Childcare Inc.'s Services and premises. I understand that this waiver means I give up my to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.*

**CHOICE OF LAW:** *I understand and agree that the law of the state of California will apply to this contract.*

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

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

**Print Parent Name:** \_\_\_\_\_

**Child(ren) Name(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I am the legal Parent/Guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this release.***

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian print Name:** \_\_\_\_\_

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



# Nurturing Homes Childcare INC.

## HEALTH AND SAFETY

Parents/Guardians:

For the **Health and Safety** of our children and staff.

When children are sick, runny nose, cough, fever, not feeling well; Please stay home. \_\_\_\_\_ (Parent initial)

When children have had falls, cuts, scrapes, Bruises, or seen by the doctor, Dentist before arriving to the childcare.

**We must be notified when you arrive.** \_\_\_\_\_ (please initial)

When seen by the Doctor or Dentist an approval statement letter for your child/children will be required to be in care that day.

Due to certain procedures a child may have had done may require that child/children to stay home that day.

Thank you in advance for working with me to keep our children and staff **Healthy and Safe!!!**

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

# NURTURING HOMES CHILDCARE INC.

## EXCLUSION FOR ILLNESS IN THE CHILD CARE SETTING

1. The illness prevents the child from participating comfortably in routine activities.
2. The illness requires more care than the childcare provider is able to provide without compromising the health and safety of the other children or staff.
3. The illness is any of the specifically diagnosed conditions listed below.

### Symptoms that require exclusion:

1. Fever of 99.5 or Higher
2. Fever along with behavior change or other signs of illness such as sore throat, rash, vomiting, diarrhea, earache, etc. fever is defined as having a temperature of 99.5 F or higher taken by touchless thermometer. If taken under arm, oral temperature of 101 F or greater.
3. Symptoms and signs of possible severe illness until medical evaluation allows inclusion. May include unusual tiredness, uncontrolled coughing or wheezing, continuous crying or anger, or difficulty breathing.
4. Diarrhea – runny, watery, or bloody stools.
5. Vomiting more than once in the period of 24 hours.
6. Body rash with fever or behavior change.
7. Sore throat with fever and swollen glands or mouth sores with drooling.
8. Eye discharge – thick mucus or pus draining from eye, or pink eye (viral conjunctivitis usually has a clear, watery discharge and may not require medication or exclusion).
9. Head lice.
10. Severe coughing in which the child gets red or blue in the face or makes a high-pitched whooping sound after coughing.
11. Impetigo, until 24 hours after treatment has been initiated.
12. Tuberculosis, until a health care provider states that the child can return to childcare setting.
13. Hepatitis A, Chicken pox, mumps, measles, rubella, or shingles.
14. Child is irritable, continuously crying, or requires more attention than the provider/staff can provide without compromising the health and safety of other children in care.

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

Child/Children's Names: \_\_\_\_\_

\_\_\_\_\_

**Nurturing Homes Childcare Inc.**  
**Licensed childcare & learning Academy**  
**(Policies, Procedures, & Childcare Rates)**

**Start Date: January 1,2022**

**(510) 472-4350**

**Parents/guardians:**

**~ PHILOSOPHY~**

**Nurturing Homes Childcare Inc. will provide every child the opportunities of quality care with loving and supportive environment, while being with other children in a setting that is conducive to their development of a wholesome social relationship with other children & adults. \_\_\_\_\_ Please initial**

**~ PROGRAM GOALS ~**

**To offer a high-quality program that will allow children to discover, learn, become decision makers, problem solvers, and feel good about themselves. Allowing for appropriate play and learning experiences that contribute to developmental needs of each child. \_\_\_\_\_ Please initial**

**~ OTHER PROGRAM GOALS ~**

**\*Develop a positive self-image and healthy self-concept:**

**\*Encourage social, emotional, intellectual, and physical growth through daily interactions with children and adults other than family members:**

**\*Continue Self/staff Education to enhance quality of childcare:**

**\*Meet the needs of parents whenever possible:**

**\*Be a viable asset to our community. \_\_\_\_\_ Please initial**

## **~ ENROLLMENT ~**

**Nonrefundable application fee of \$5.00 per child. \_\_\_\_\_ please initial**

**Nonrefundable matt fee of \$20.00 per child. \_\_\_\_\_ Please initial**

**Nonrefundable Space Holding fee of \$300.00 per child. \_\_\_\_\_  
please initial**

**All participants are required to have a backup provider in case of an emergency. \_\_\_\_\_ please initial**

**All applications must be completed Before your child/children may begin care. \_\_\_\_\_ Please initial**

**Current Physicals & Emergency Cards completed & updates will be conducted as needed. \_\_\_\_\_ Please initial**

**Parents/Guardians must keep us informed and up to date on changes in Home, Work, Cell numbers. \_\_\_\_\_ Please initial**

Emergency contacts will be made and if unsuccessful,  
**ACTIONS** will be taken according to STATE LAWS! \_\_\_\_\_ Please initial

**~ OPERATION HOURS ~**

**Monday – Saturday from 7:00 am to 6:00 pm**

**CLOSED SUNDAYS.** \_\_\_\_\_ PLEASE INITIAL

**Infant care hours**

**Monday-Saturday 7:00 am to 6:00pm**

**CLOSED SUNDAYS** \_\_\_\_\_ PLEASE INITIAL

**Parents/Guardians who may have a varying schedule must provide a written schedule of work or copy of school schedule (weekly, bi-weekly, or monthly)**

\_\_\_\_\_ PLEASE INITIAL

**please call by 6:30 am if your child/children is going to be LATE or ABSENT. Call or TEXT** \_\_\_\_\_ please initial

**Child/children will not be accepted into childcare after 9:30 am with out a call unless their contract hours start after 9:30 am.** \_\_\_\_\_ Please initial

**A LATE FEE of \$2.00 PER MINUTE, PER CHILD WILL BE ENFORCED STARTING AT THE END OF YOUR CONTACT HOURS WITH A MAXIMUM OF 30 MINUTES IN LATE FEES MAY BE**

USED A MAXIMUM OF TWO TIMES AND WILL BE PAYABLE AT PICK UP OR NEXT MORNING BEFORE STARTING CARE. \_\_\_\_\_ initial

ANY PARENT LATE AFTER SECOND CHANCE WILL BE TERMINATED. \_\_\_\_\_ Please initial

(All Parents/Guardians are responsible for all Late Fees.) \_\_\_\_\_ Please initial

## HOURS OF CARE:

\_\_\_\_\_ to \_\_\_\_\_ with a maximum of \_\_\_\_\_ Hours per week per your contract! \_\_\_\_\_ Please initial

Emergency contacts will be made and if unsuccessful, ACTIONS will be taken according to STATE LAWS! \_\_\_\_\_ Please initial

## ~TUITIONS~

All payments are due in advance on the Friday evening or Monday morning that your child/children will be starting care. A LATE FEE of \$10.00 per day not to EXCEED 1 WEEK will be ENFORCED before the TERMINATION process begins. \_\_\_\_\_ initial

Payments may be made in Cash, Money Order, Cash App ONLY. \_\_\_\_\_ initial

Parents/Guardians on alternative payment programs, payments will be arranged with the programs, HOWEVER Parents/Guardians are responsible for any payments that the program will not cover. \_\_\_\_\_ initial

Parents/Guardians must verify they have a renewal appointment within two weeks of their contract ending date. \_\_\_\_\_ initial

Once Contract has Ended child/children will not be able to return to care until a new contract has been physically received. \_\_\_\_\_ initial

Nurturing Homes Childcare Inc. will give a 30-day notice in writing for any TITUTIONS increases. \_\_\_\_\_ initial

Parents/Guardians a 2-week notice must be given in writing of child/children leaving the program or you will be responsible to cover the 2-week payment. \_\_\_\_\_ initial

### ~ SAFETY ~

*Child/Children* must be walked into the childcare gate & Sign your child/children's time sheet (s). \_\_\_\_\_ initial

(NO EXCEPTIONS, NO PERSON UNDER 18 ALLOWED TO DROP OFF OR PICK UP YOUR CHILD/CHILDREN)!!!! \_\_\_\_\_ initial

A full change of clothing including underwear, t-shirt, socks, & blanket is required for all infants & toddlers. Please label their items. Parents/Guardians are responsible for infant & toddlers DIAPERS & WIPES monthly or as needed. \_\_\_\_\_ initial

### ~ MEALS ~

Breakfast is served from 7:30 am to 9:30 am

**Snack 10:00 am to 10:15 am**

**Lunch 12:00 to 12:30 pm**

**PM SNACK 3:00PM TO 3:30 PM**

**Dinner 5:30 to 6:30 pm**

**Evening snack 7:30 to 8:00 pm**

**Each Child will have 2 meals & 1 Snack. \_\_\_\_\_ initial**

**Parents/Guardians are responsible for infant Food, Milk, Juices until child starts regular food, milk, & juice. \_\_\_\_\_ initial**

**Children allergic to certain foods, milk, etc. Must have Doctor documentation on letter head & it will be posted in kitchen. \_\_\_\_\_ initial**

### **~ TRANSPORTATION ~**

**School drop off and pick up will be provided (paid in advance at the beginning of the weekday of your scheduled contract) at a rate of \$6.00 per day. \_\_\_X\_\_\_ initial**

**NONE PROVIDED \_T.W\_ initial**

### **~ SICK ~**

**If children become SICK, parents/guardians will be called & may be required to pick child up. If child must be transported by ambulance parent/guardians are responsible for cost. Any skin rashes must have Doctors notice of ok to be in childcare.**



**Children with COLDS/FEVERS will not be allowed into care if COLD/FEVER last more than 2 days child/children will need to be seen by a Doctor & has a WRITTEN RELEASE TO RETURN TO CARE. (Suggestions) children's Doctors appointments should be in the afternoon because if your child is proscribed medication the Parent/Guardian is required to give the first dose or treatment & the child must remain with the parent/Guardian for at least 6 hours to be sure he/she has NO ALLERGIC REACTION. ALL MEDICATION'S must be DOCTOR PRESCIBED with your child's name on it before we can administer to your child/children. NO EXEPTIONS !!!! \_\_\_\_\_ initial**

# Nurturing Homes Childcare Inc.

## ~ Paid Holidays & Vacations~

New Year's Day, Martin Luther King Jr. Day,  
President's Day, Good Friday, Memorial Day,

4<sup>th</sup>. Of July, Labor Day, Veterans Day,

Wednesday before Thanksgiving, Thanksgiving Day,  
And that Friday, Christmas Day, & the Day after.

## Also, a two-week Vacation

Week one: April 25<sup>th</sup> through April 29<sup>th</sup>.

Week two: December 19<sup>th</sup> through December 23<sup>rd</sup>

(Can Vary throughout the year subject to change).

Parents/Guardians on Alternative Payment  
Program's are Responsible for Holiday &  
Vacation payments if the program Does not  
pay. \_\_\_\_\_ (Please initial)

# Nurturing Homes Childcare

11021 Apricot St. Oakland, CA 94603

(510) 472-4350

Full Time Childcare is defined as 6 hours or more per day and/or 30 hours or more per week.

Part Time Childcare is defined as less than 4 hours per day and/or less than 20 hours per week.

AGES	Full Time	Part Time	Hourly
Birth to 24 months	\$80.00 per day	\$70.00 per day	\$22.00
Preschool 2-5 years	\$75.00 per day	\$65.00 per day	\$18.00
School age 6-13	\$70.00 per day	\$60.00 per day	\$15.00

AGES	Full Time	Part Time
Birth to 24 months	\$400.00 per week	\$350.00 per week
Preschool 2-5 years	\$370.00 per week	\$325.00 per week
School age 6-13 years	\$350.00 per week	\$300.00 per week

## ~SPECIAL TERMS/CONDITIONS~

ALL AGES, MONDAY THRU SATURDAY evenings after 6:00 p.m.  
\$85.00 per day. \_\_\_\_\_ (Please initial)

Parents/Guardians and/or Payment Programs will be charged  
for Absences. \_\_\_\_\_ (Please initial)

**~TRIAL PERIOD OF TWO WEEKS~**

Parent/Guardian's & children we cannot assist in our program will be given a notice at the end of two weeks. \_\_\_\_\_ (Parent initial)

“Nurturing Homes Childcare Welcomes your family once again and look forward to serving you”

I have received a copy of Nurturing Homes Childcare's Policies, Procedures, & Rates, and I HAVE READ IT IN IT'S ENTIRETY. \_\_\_\_\_  
(Parent initial)

**Child/Children Name (s)**

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

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