



PARENT ENROLLMENT CHECKLIST

| Document | Keep for your Records | Complete and Return to Nanny Time | Check when complete and Ready to Submit |
|--|-----------------------|-----------------------------------|---|
| Welcome Letter | X | | |
| Registration Form | | X | |
| Enrollment Contract (3 pages) | | X | |
| Emergency Contact List | | X | |
| Alternate Pick-Up Form | | X | |
| All About Me Form | | X | |
| What do you want your child to learn or accomplish form | | X | |
| Consent to Treat Medical Form | | X | |
| MD State Department of Education Forms | | | |
| 1. Health Inventory Form (OCC 1215)-3 pages | | X | |
| 2. Maryland Department of Health Blood Lead Testing Certificate (MDH 4620)-2 pages | | X | |
| 3. Maryland Department of Health Immunization Certificate (MDH Form 896)-2 pages | | X | |
| 4. Medication Administration Authorization Form | | When applicable | |
| 5. Medication Administration Log (For Provider Use Only) | | N/A | N/A |
| Photo Release Form | | X | |
| Items to Bring List | X | | |
| Permission to Apply External Preparation | | X | |
| SAMPLE Monthly Menu | X | | |
| SAMPLE Daily Schedule | X | | |
| Nanny Time Discipline Policy | X | X | |
| Nanny Time Child Illness Policy | X | | |
| Emergency Action Plan for Parents | X | | |
| When to Keep Your Child Home | X | | |
| Nanny Time Annual Calendar | X | | |
| Registration Fee | | | |
| First Week payment | | | |

Welcome Letter

Welcome to a new and exciting time in your child's life. We look forward to creating a fun and welcoming environment for your child to grow and thrive in.

We are committed to maintaining an all inclusive, all welcoming, and diverse atmosphere for children to learn in . We welcome and support our local families and do not discriminate on the basis of race, ethnicity, religion , gender, family structure, or national origin.

Together, I am confident that we can ensure a wonderful experience for your child here. Please feel free to contact us if you have any questions.

Sincerely,





REGISTRATION FORM

NAME OF CHILD: _____ NICKNAME, IF ANY: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

HOME ADDRESS: _____

MEDICAL OR OTHER CONDITIONS: _____

CHECK DAYS TO ATTEND

MON _____ TUES _____ WED _____ THURS _____ FRI _____

APPROX. ARRIVAL TIME: MON _____ TUES _____ WED _____ THURS _____ FRI _____

APPROX. DEPARTURE TIME: MON _____ TUES _____ WED _____ THURS _____ FRI _____

FEE SCHEDULE

ENROLLMENT FEE (NON-REFUNDABLE): \$50.00

FULL TIME WEEKLY RATE: \$295 (AGE 2 YEARS AND UP) / \$325 (AGE 1-2 YEARS) / \$375 (AGE UNDER 1 YEAR)

PART TIME RATE (PART TIME = 3 DAYS A WEEK OR LESS & CONTINGENT ON AVAILABILITY) \$60 - \$80 PER DAY
(VARIES BY AGE)

DUE DATE: BEGINNING OF WEEK ON MONDAY

PRIMARY CONTACTS

PARENT/GUARDIAN 1

NAME: _____

ADDRESS: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT/GUARDIAN 2

NAME: _____

ADDRESS: _____

CELL PHONE: _____ WORK PHONE: _____

ENROLLMENT CONTRACT

Terms of agreement are as follows for:

Child's Name: _____

Days of care: _____

Hours of care: _____

Enrollment Fee and Tuition:

There is a non-refundable enrollment fee of \$50.00 to reserve your child's space at Nanny Time Childcare.

There will be a fee of \$_____ per day / week (circle which one is applicable) for tuition, payable in advance, no later than the 1st day of care in any given week.

*Rates vary for various ages and attendance status. (Initial here) _____.

Children must be picked up by 6:00 p.m. each day. (initial here) _____ There is a 15-minute grace period which is free of charge. **After 6:15 p.m., you will be charged a fee of \$25.00.** This fee will be added to your next bill. *Repeated late pickups may be result in an increased fee or termination of the contract. (Initial here) _____.

There will be an added fee of \$30.00 for any checks returned NSF. Once the fee is paid, you will receive grace for the first check returned. A second Non-Sufficient Funds check will result in all fees paid strictly in cash, credit or other electronic form. (Initial here) _____

Open Days Policy:

Nanny Time Childcare is open Monday - Friday, 6:30 a.m. -6:00 p.m. year-round **except Federal holidays and any other days specified on the provider's Calendar.** The weekly fee remains the same during any week that includes a holiday. If the provider takes a vacation, parents will be notified 3 weeks in advance and weekly fees will not be charged during that time. (Initial here) _____

Policy regarding a child who is absent:

Should you take a vacation, one weeks' notice is required. The weekly fee remains the same for the time your child is absent. If your child will be absent for an extended period of time (more than one week) for vacation or illness, parent should discuss situation with the Director. (Initial here) _____

ENROLLMENT CONTRACT

PAGE 2

Parents must provide:

Parents are asked to provide the following: bottles, formula, diapers and wipes, if applicable, plus a change of clothes, and pillow and blanket for nap time. Other items may be requested, if needed. See "List of Items to Bring." (Initial here.) _____

Meal policy:

Healthy meals and snacks are provided by Nanny Time for no additional fee. The Meal Plan is posted each month on the Nanny Time website. *Meals are subject to change slightly. (Initial here.) _____

Sickness Policy:

Family day care regulations (COMAR 07.04.01) prohibit providers from caring for a child who exhibits symptoms of acute illness such as vomiting, fever, seizures, severe pain or diarrhea. Under such circumstances, the parent will notify the provider of the child's illness and make other childcare arrangements. If such symptoms should arise while the child is in care, the parent will be notified immediately so that arrangements can be made for the child to be picked up by the parent or other authorized person.

Family day care regulations also prevent a day care provider from administering prescription or non-prescription medication without prior written parental authorization. Parental authorization is granted by a separate form (Medication Administration Authorization Form). Prescription medication must be in the original container labeled by the pharmacy or physician with the child's name, expiration date, directions for use and physician's name. *At least one dose of a prescription medicine must have been given to the child at home. (Initial here.) _____

Transportation Policy:

Permission for the provider to transport children is granted by a separate permission form. The parent will supply a car seat or booster (unless otherwise arranged) as required by state law. (Initial here.) _____

ENROLLMENT CONTRACT

PAGE 3

Trial Period:

There is a two-week trial period during which either party may terminate this agreement at any time. At the end of the two-week trial period, the contract will be in full effect. (Initial here) _____

Effective Date of Agreement: This agreement will take effect on _____ and remain in effect until a change is made in writing (within two weeks written notice).

Special requests, requirements, notes, etc.:

Parent Signature/ date

Parent Signature/ date

Provider Signature / date

EMERGENCY CONTACT LIST



Please Update Form Yearly



Child's Name : _____
Address : _____
Gender : ☐ Male ☐ Female Date Of Birth : _____

Parent/Guardian Information:

Name : _____ Email : _____
Address : _____
Phone: _____ Work : _____
Name : _____ Email : _____
Address : _____
Phone: _____ Work : _____

Emergency Contacts :

Name : _____ Name : _____
Relationship : _____ Relationship : _____
Phone : _____ Phone : _____

Medical Information

Doctors Name : _____ Preferred Hospital : _____
Phone : _____ Phone : _____

Does your child have any medical conditions ☐ Yes ☐ No

Does your child have allergies ☐ Yes ☐ No

Does your child currently take any medications ☐ Yes ☐ No

Name : _____ Signature : _____ Date : _____

Name : _____ Signature : _____ Date : _____

Child's Name: _____

Alternate Pick Up

Name: _____

Relationship: _____

Phone Number: _____

Alternate Pick Up

Name: _____

Relationship: _____

Phone Number: _____

Alternate Pick Up

Name: _____

Relationship: _____

Phone Number: _____

Alternate Pick Up

Name: _____

Relationship: _____

Phone Number: _____

Heath Information:

Physician's Name: _____ Phone Number: _____

Address: _____
(City) (State) (Zip)

Dentist Name: _____ Phone Number: _____

Allergies: _____

Medical Conditions: _____

Emergency Contact 1

Name: _____

Relationship: _____

Phone Number: _____

Phone Number: _____

Emergency Contact 2

Name: _____

Relationship: _____

Phone Number: _____

Phone Number: _____

All about me



CHILD INFO

Name

Age

Dob

Nicknames

PARENT / LEGAL GUARDIAN INFO

Name

Relationship

Phone

Cellphone

Address

Name

Relationship

Phone

Cellphone

Address

INFO

Has your child ever been to daycare before? Y ☐ N ☐

Is your child potty trained? Y ☐ N ☐

Favourite color

Favourite book

Favourite toy

Favourite show

Least favourite foods

Favourite activities

Sleep routine

MEDICAL INFO

Medical history

Medications

Allergies

NOTES

Parent Signature _____

Date _____



**What do you want your
child to learn or accomplish
during his or her time at Nanny
Time?**

CONSENT TO TREAT

MEDICAL FORM

CHILDS INFORMATION

Full Name : _____
Address : _____
DOB : ____ / ____ / ____ Gender : ☐ Male ☐ Female
Child's Doctor : _____
Phone Number : _____ Hospital : _____
Insurance : _____ Policy Number : _____
Any Medical Conditions or Allergies : ☐ Yes ☐ No
If yes, Please list : _____

PARENT GUARDIAN INFORMATION

Parent Name : _____ Address : _____
Mobile Number : _____ Work Number : _____
Parent Name : _____ Address : _____
Mobile Number : _____ Work Number : _____

EMERGENCY CONTACT DETAILS

Contact Name : _____ Home Number : _____
Relationship : _____ Mobile Number : _____

CONSENT TO TREAT

In case of emergency, I give consent to Nanny Time to make _____ medical decisions for my child/children until one parent/guardian or emergency contact can be reached. Medical decisions I authorize the above individual to make include:

☒ Authorizing use of an ambulance

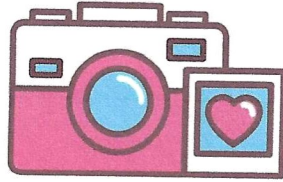
☒ Authorizing use of life saving devices

☒ Sharing personal information about my child/family to medical personnel

☒ Other : _____

Parent Name : _____ Signature : _____
Caregiver Name : _____ Signature : _____
Date : _____ Date : _____

Photo Release Form



Throughout the year we will be taking photos in our classroom. These photos may be used for art projects and classroom activities. Photos may also be used for school and or classroom website and or social media. Your child's photo will not be taken without your consent.

Please complete the form below to grant permission for your child's photo to be used

Please Initial next to your selection:

_____ I grant permission for my child's photo to be used for crafts, childcare website, and or social media.

_____ I grant permission for my child's photo to be used for arts and crafts only. No social media or website photo's of your child will be shared if you select this option.

_____ I do not grant permission for my child's photo to be used by the childcare

Child's Name: _____


Parent/ Guardian Signature: _____ Date: _____





LIST OF ITEMS TO BRING

The following is a list of items parents should supply daily. Certain items will be brought once per week, some daily, and some as needed. Please speak to us about which items are needed for your child.

| ITEM # | ITEM |  |
|----------|---|---|
| Item #1 | Tissue, as needed | |
| Item #2 | Wipes, if applicable | |
| Item #3 | Pampers, if applicable | |
| Item #4 | Formula (Ready to Feed, if applicable) | |
| Item #5 | Pre-made bottles (4 for full day), if applicable | |
| Item #6 | Pillow, if applicable | |
| Item #7 | Blanket, if applicable | |
| Item #8 | Change of Clothes including bibs, socks, underwear | |
| Item #9 | Pacifier, if applicable | |
| Item #10 | Medications with doctor instructions, if applicable | |
| Item #11 | Sippy Cup, if applicable | |
| Item #12 | Specific milk, snack, or food, if applicable | |
| Item #13 | Baby Food, if applicable | |

PERMISSION TO APPLY EXTERNAL PREPARATION



CHILD INFO

Name _____

☐ I _____, authorize _____
to use the following products on my child according to the manufacturer or a physician's written instructions.
I will not hold the above named provider liable when the products are used according to these terms.

Parents are responsible for providing the following items. All items must be in the original container and clearly labeled with the child's name.

PRODUCTS

| | | |
|---|------------------------------|-----------------------------|
| Baby wipes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Band-aids | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| First aid ointments | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Antiseptic or first aid spray | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sunscreen | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Insect repellent | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Non-prescription ointment (such as A&D, Destin, Vaseline) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Baby powder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Baby lotion | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other (please specify) | | |

COMMENTS

| |
|--|
| |
| |
| |

Parent/Guardian Signature _____

Date _____



Nanny Time Childcare Discipline Policy

It is very important that a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, we will not use:

- ☐ Threats or bribes
- ☐ Physical punishment, even if requested by the parent
- ☐ Deprive your child of food or other basic needs
- ☐ Humiliation or isolation

In response to misbehavior, I will:

- ☐ Respect your child
- ☐ Establish clear rules
- ☐ Be consistent in enforcing rules
- ☐ Use positive language to explain desired behavior
- ☐ Speak calmly while bending down to your child's eye level

- ☐ Give clear choices
- ☐ Redirect your child to a new activity
- ☐ Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other childcare arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name Date of Birth _____

Additional techniques to be used with my child(ren):

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____



Child Illness Policy Nanny Time Childcare



Your child's health and safety are our first priority. In order to maintain a safe and healthy environment and prevent the spread of illness, we have developed the following child illness policy.

If your child has any of the following symptoms, please keep him or her home and notify Nanny Time by calling 301-769-5166 or by leaving a message after hours. Your child may not return to daycare until symptom free for at least 24 hours.

If your child becomes ill while in daycare, you will be contacted immediately so that he/she can be picked up.

Symptoms:

- Fever of 100.4 F or greater
- Vomiting
- Diarrhea
- Positive Covid, Flu, Strep or other communicable disease test
- Unexplained rash or hives
- Persistent cough (not allergy related)
- Mucous -excessive and/or persistent from mouth, nose, eyes.
- Ear drainage or severe ear ache, suspected ear infection or ear infection
- Eye infection or suspected eye infection
- Difficulty breathing or wheezing
- Oozing sores or cuts
- Headache moderate to severe
- Head lice, ringworm (until treated)
- Unexplained fatigue

Please sign and date indicating your understanding of this policy.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

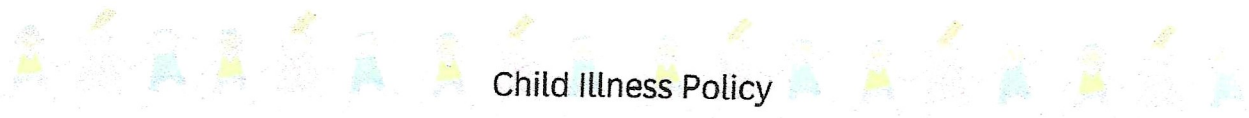
Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by _____ on Date _____





Nanny Time Emergency Action Plan for Parents

Evacuation: In case of the need to evacuate our site, the following procedures will be followed:

Evacuation routes/exits:

- Exits (all windows and doors are checked regularly to ensure opening):

- o Living room: Front door and windows.

- o Kitchen: Sliding doors and windows

- o Foyer: Front door and windows

Evacuating Infants/Toddlers:

- Children will be evacuated together.

- In case of the need to evacuate through the windows, children will be placed out windows first, using any items available to place them on the ground.

Notification: Once all children are safely evacuated:

- 911 will be called

Evacuation Sites:

- If an evacuation is required, staff and children will leave building immediately and convene on the corner of Lincolnshire Place and Lake Forest Drive-one block from building (e.g., fire or other in-home danger).

Shelter-in-Place:

- In case of the need to stay put due to a tornado or notification from authorities, the following procedures will be followed:

Location: Children will be maintained in an interior room. Staff will attempt to maintain routine activities to the best of their ability.

Emergency Supplies:

- Emergency kits with food (including formula), toys, and water are stored in the basement.
- A first aid kit is stored in the basement.
- Flashlights are stored in the basement.
- Staff will have access to cell phones.
- Emergency contact sheets are kept with the supplies.

Notification:

- Parents/guardians will be notified as soon as possible of any emergencies and again once the immediate threat has passed.



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Parent Reunification:

In case of the need to evacuate or when parents/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians (or other contacts designated by parent/guardian) as soon as it is safe.

Notification:

- Parents/guardians are provided using Brightwheel, phone, text messaging:

- o Information on evacuation site.

- o Contact information for the Director- cell phone

- Parent/guardian contact numbers are:

- o Stored in Director's cell phone.

- o Included in children's files.

Release:

- Children will only be released to contacts listed on the child's enrollment forms.

Emergency Contact Numbers

Nanny Time Childcare Main Phone: 301-627-7700

Director Cell Phone: Njeri Clark-202-487-9157

Prince George's County Police Department, District 2, Bowie
(301) 390-2100

Prince George's County Police
(301) 352-1200

Prince George's County Fire/EMS Department Station 43
(301) 249-6525

**Maryland State Department of Education
Office of Child Care
Medication Administration Authorization Form**

This form must be completed fully in order for Child Care Providers/staff to administer the required medication. **This authorization is NOT TO EXCEED 1 YEAR.**
This form is required for both prescription and non-prescription/over-the-counter (OTC) medications.
Prescription medication must be in a container labeled by the pharmacist or prescriber.
Non-prescription/OTC medication must be in the original container with the label intact per COMAR.

Place Child's
Picture Here
(optional)

PRESCRIBER'S AUTHORIZATION

Child's Name: _____ Date of Birth: ____/____/____

| Medication and Strength | Dosage | Route/Method | Time & Frequency | Reason for Medication |
|-------------------------|--------|--------------|------------------|-----------------------|
| | | | | |

Medications shall be administered from: ____/____/____ to ____/____/____

If PRN, for what symptoms, how often and how long _____

Possible side effects and special instructions: _____

Known Food or Drug Allergies: ☐ Yes ☐ No If yes, please explain: _____

For School Age children only: The child may self-carry this medication: ☐ Yes ☐ No

The child may self-administer this medication: ☐ Yes ☐ No

PRESCRIBER'S NAME/TITLE

Place Stamp Here (Optional)

TELEPHONE

FAX

ADDRESS

PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) **DATE** (mm/dd/yyyy)

PARENT/GUARDIAN AUTHORIZATION

I authorize the child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I attest that I have administered at least one dose of the medication to my child without adverse effects. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication. **School Age Child Only: OK to Self-Carry/Self-Administer** ☐ Yes ☐ No

PARENT/GUARDIAN SIGNATURE

DATE (mm/dd/yyyy)

INDIVIDUALS AUTHORIZED TO PICK UP
MEDICATION

CELL PHONE #

HOME PHONE #

WORK PHONE #

CHILD CARE STAFF USE ONLY

Child Care Responsibilities:

| | |
|---|---|
| 1. Medication named above was received. Expiration date _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Medication labeled as required by COMAR. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. OCC 1214 Emergency Form updated. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. OCC 1215 Health Inventory updated. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. Staff approved to administer medication is available onsite, field trips | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Reviewed by (printed name and signature):

DATE (mm/dd/yyyy)

Maryland State Department of Education

Office of Child Care

MEDICATION ADMINISTRATION LOG

Each administration of a medication to the child, whether prescription or non-prescription, including self-administration of medication by a child, shall be noted in the child's record. Keep this form in the child's permanent record as required by COMAR. Print additional copies of this page as needed.

| Child's Name: | | | | Date of Birth: | |
|--------------------------|-------------|---------------|--------------|------------------------------------|------------------|
| Medication Name: | | | | Dosage: | |
| Route: | | | | Time to Administer: | |
| DATE ADMINISTERED | TIME | DOSAGE | ROUTE | REACTIONS OBSERVED (IF ANY) | SIGNATURE |
| | | | | | |
| | | | | | |
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