



Little Bitty City Enrichment Center

Dear Parents,

This little book is made, it's true,
First of all to welcome you.
We've tried to state the contents clearly
So it will help you through the year.

Please take a moment, or maybe two,
To read this little booklet through.
If a question comes in mind,
Call on us at any time.

The areas of growth we consider to be
Social, emotional, and physically.
Mental and creative are important, you see,
But they must be mixed with the other three.

We'll work together and do our best
To help your child and all the rest
To grow in all these mentioned ways
And help to brighten their childhood days.

Sincerely,

Mrs. Sara Wilhite, Director
185 Cornerstone Lane
Hot Springs, AR 71913
(501) 520-0660



Little Bitty City Daycare Rates and Fees

Daily Hours

7:30am – 5:30pm

Monday–Friday

Infant (6 weeks – 18 months)

Monday through Friday	\$ 215/wk
Monday, Wednesday, Friday	\$ 140/wk
Tuesday, Thursday	\$ 80/wk

Toddlers (18 months – 36 months)

Monday through Friday	\$ 190/wk
Monday, Wednesday, Friday	\$ 140/wk
Tuesday, Thursday	\$ 80/wk

Preschool (36 months – 5 years)

Monday through Friday	\$ 175/wk
Monday, Wednesday, Friday	\$ 140/wk
Tuesday, Thursday	\$ 80/wk

****If a child needs additional assistance, requires a lower ratio. That tuition will be \$300/wk**

Siblings Discount \$15 off/per child/wk

The rate of the first child will be the rate of the youngest child. For example, three children that are the ages of 8 months, 24 months, and 40 months, you will be charged full rate of the 8 month old and the discount price for the other

Pay By Month Discount \$25.00 off

Payment must be made for the entire month to receive discount (Full time only).

\$75.00 Registration Fee (\$25.00 for each additional child)

\$30.00 Art Fee – This is to be paid March 1st and October 1st every year. This funds all holiday projects that go home, as well as all the art projects the classrooms do.

\$20.00 Late Payment Fee – If tuition charges are not paid by closing on Friday, a late fee will be assessed to the tuition. If tuition has not been paid by Monday, the child will be temporarily suspended until tuition has been paid.

\$25.00 Returned Check Fee

Late Pickup Fee – All children are to be picked up no later than 5:30pm. A service fee of \$10.00 will be charged at 5:30 along with \$1.00 for each minute thereafter.



*****Little Bitty City's 18-30 Schedule EXAMPLE*****

7:30 – 9:00	Morning Centers
9:00 – 9:15	Breakfast
9:15 – 9:30	Morning Minutes (Colors, Shapes, ABCs, Vocabulary, etc.)
9:30 – 10:00	Daily Pull Out (PE/Art/Music/Spanish/ASL/Gymnastics/Unit)
10:00 – 10:30	Morning Recess
10:30 – 11:00	Music Time
11:00 – 11:30	Lunch
11:30 – 1:30	Quiet Time
1:30 – 2:00	Snack
2:00 – 2:30	Afternoon Minutes (Colors, Shapes, ABCs, Vocabulary, etc.)
2:30 – 3:00	Afternoon Recess/Restroom
3:00 – 4:00	Art Activity
4:00 – 5:30	Afternoon Centers

*****Little Bitty City's 30-42 Schedule EXAMPLE*****

7:30– 9:00	Morning Centers
9:00 – 9:15	Breakfast
9:15 – 9:30	Restroom
9:30 – 9:45	Morning Minutes (Weekdays, Months, Weather, Numbers, etc)
	Fridays Only: Show and Tell**
9:45 – 10:00	Physical Activity
10:00 – 10:30	Daily Pull Out (PE/Art/Music/Spanish/ASL/Gymnastics/Unit)
10:30 – 11:00	Morning Recess
11:00 – 11:30	Colors, Shapes, Spatial Relations, and Letter of the Week
11:30 – 12:00	Lunch/Restroom
12:00 – 2:00	Quiet Time
2:00 – 2:30	Snack/Restroom
2:30 – 3:00	Math and Literacy (15 min each)
3:00 – 3:30	Afternoon Recess
3:30 – 4:00	Art
4:00 – 5:30	Afternoon Centers

Please note that on **Show and Tell day not to bring any animals. You may bring pictures if you would like. It would be great if the students are able to bring things that go along with our weekly unit. **If the child can't pick it up on their own, then it's too big to bring to school!**
PLEASE SEND YOUR CHILD IN PLAY CLOTHES THAT ARE ABLE TO GET DIRTY.



****Little Bitty City's Preschool Schedule EXAMPLE****

7:30 – 9:00	Morning Centers
9:00 – 9:15	Breakfast/Restroom
9:15 – 9:30	Reading Time
9:30 – 10:00	Morning Minutes (Weekdays, Months, Weather, Numbers, etc)
	Shared Reading/Literacy (big books/literacy charts) Songs (Literacy charts contain stories with rhyming words)
10:00– 10:30	Handwriting Without Tears and Letters of the Week
10:30 – 11:00	Daily Pull Out (PE/Art/Music/Spanish/ASL/Gymnastics/Unit)
11:00 – 11:30	Morning Recess
11:30 – 11:45	Colors/Shapes/Spatial Relations
11:45 – 12:30	Lunch/Restroom
12:30 – 2:00	Quiet Time
2:00 – 2:30	Snack/Restroom
2:30 – 3:00	Unit Lesson, Show & Tell on Fridays**
3:00 – 3:30	Mathematics Pull Out
3:30 – 4:00	Afternoon Recess
4:00 – 5:30	Afternoon Centers

Please note that on **Show and Tell day not to bring any animals. You may bring pictures if you would like. It would be great if the students are able to bring things that go along with our weekly unit. **If the child can't pick it up on their own, then it's too big to bring to school!**

PLEASE SEND YOUR CHILD IN PLAY CLOTHES THAT ARE ABLE TO GET DIRTY.
Children should always wear close toe/close back shoes. (No flip flops/Sandals)

Curriculum Includes:

Ready to Shine

Ready to Shine 3

Creative Curriculum

Frog Street

Hand-Writing without Tears

Letter of the Week

The infant and "wobbler" rooms are dedicated to stimulating your child's senses through sounds, touch, and sight. ASL is also integrated into the child's school environment to encourage early communication, as well as assist those children who may be "slow talkers" to communicate their needs.



Units and General Curriculum

Fall Semester

Manners
 Colors
 Shapes
 Numbers
 Alphabet
 Health/Safety
 Community Helpers
 Nursery Rhymes
 Body Parts
 Friendship
 Fall
 Halloween
 Transportation
 American Indians
 Thanksgiving
 Homes
 Cultures Around the World
 Christmas
 Winter

Spring Semester

Feelings
 Birds
 Dinosaurs
 Pets
 Fairy Tales
 Valentine's/President's Day
 Arkansas/Famous People
 Rain Forests
 Insects
 Five Senses
 Nutrition
 Spring
 Space
 Farm
 Easter/Baby Animals
 Plants and Seeds
 Ocean
 Zoo/Summer Activities
 St. Patrick's Day

Our basic aim is to help your child develop a positive self-concept and a sense of independence. In order to do this, he/she must have a basic understanding of him/herself and their environment. What better way to hold a child's interest than to talk about the things that he or she is vitally interested in!

The above list of topics will give you an idea of some of the things that we will be studying this year. Science, math, music, art and the language arts will be incorporated throughout the unit studies. Each unit is aligned with the Arkansas Frameworks.

Happy Trash

Below is a list of throw-a-ways, which we can use for our activities within the classroom. Please send any items, which we may not have included, if you think we could possibly use them.

Milk jugs
 Baby food jars
 Paper towels rolls
 Buttons

Fabric scraps
 Butter tubs with lids
 Empty spools
 Coffee cans



If there is a child in your child's classroom that has a disease, you will receive a note that looks like this one.

Dear Parent,

There is a child in _____'s room who reportedly has:

DISEASE	SYMPTOMS
_____ Chickenpox	Fever, flat blisters or raised red rash (mostly on the covered part of the body)
_____ Conjunctivitis (Eye Inflammation)	Any signs of redness, burning, itching, excessive watering or matter. May be caused by a variety of bacteria. One type of conjunctivitis is commonly called <u>pink eye</u> .
_____ Impetigo	Open sore(s) requiring an antibiotic to heal. Infection is caused by same or similar bacteria that causes strep throat.
_____ Mononucleosis	Fever, swollen glands and complaints of feeling tired
_____ Mumps	Fever, pain and swelling in front of or below the ear. Mumps are considered communicable from able 7 days before the definite symptoms to as long as 9 days thereafter.
_____ Scarletina	Fever, flush, rash, headache, or severe sore throat
_____ Scarlet Fever	Fever, flush, rash, headache, or severe sore throat
_____ Strep Throat	Fever, flush, rash, headache, or severe sore throat
_____ Head Lice	Itching is usually the first sign of infestation. Head lice and nits (eggs) are most commonly found at the nape of the neck and behind the ears. Nits will be attached firmly to the hair shaft.
_____ Scabies	Sores or rash between the fingers and on hands

We urge you to observe your child closely each day. If you notice any of the above symptoms, please keep him/her home and consult the doctor.



Sign In/Sign Out

All parents must sign their child in and out of the program using the Smartcare system. <https://smartcare.com/parents-chrome/>



Little Bitty City Daycare's staff members have the right to ask for valid identification before releasing your child. The person picking up or dropping off your child must sign the daily sign in/out Smartcare system either using the App or a 4 digit code. Each person is assigned their own 4 digit code. Please do not share your App or 4 digit code with another person, as this is a liability. We will not, under any circumstances, allow someone to pick a child up if they are not on the pick-up list. You may add individuals to your pickup list via written form in the office or by using the Parent APP only.

Drop-Off Deadline

We understand that different parents have different schedules and try to accommodate each parent as much as possible, but we do ask that all children are signed into Little Bitty City by 10:00 AM. This keeps movement in/out of the building to a minimum and ensures that your child has a schedule while at LBC and understands what is expected from them. No one likes to come in at noon just to have to lay down for quiet time.

Birthday Party Policy

Our class welcomes the celebration of birthdays. There are a few policies regarding parties, however. Cupcakes are preferable to a cake as there is no need for a knife to cut. We ask that you supply napkins, and we will supply plates.

For the safety of the children, candles are not allowed in the room. We also ask that you wait until a time outside of class to give gifts.

Our class time for parties is between 1:45 to 2:15. Please let us know ahead of time if you will be bringing something for your child. This will allow us to make sure that we have enough time to celebrate.

Rest Policy

For rest time, each child needs to bring one blanket labeled with your child's name. Blankets will be washed each week. If you would like for your child to have a pillow, please make sure they are small pillows. Please do not send any stuffed animals or toys to be used at rest time.



Center Closings

Little Bitty City Daycare observes the following holidays and will be closed:

Good Friday	Memorial Day
Independence Day	Labor Day
Thanksgiving (Thursday and Friday)	
Christmas Eve	Christmas Day
New Year's Eve	New Year's Day

If these holidays fall on a weekend, we will observe either the Friday before or the Monday after.

Inclement Weather Policy

In the event of inclement weather, we will notify channels 4, 7, and 11. If inclement weather occurs midday, we will notify each parent and request their child be picked up as soon as possible. No tuition credit available for days closed due to weather.

Emergency Drills

At least once a month, 1 fire drill and 1 tornado drill shall be performed. Each drill is scheduled at different times of the day so that all children are prepared for this type of situation. In the event of an actual fire, all children will be removed from the building. In the event of severe weather, all children will remain in a safe area inside their classroom.

Child Abuse

As stated by law, we are mandated reporters and must report any suspected child abuse to the proper authorities. Children may be subject to interviews by licensed staff, child maltreatment investigators, and/or law enforcement officials for the purpose of determining licensing compliance and for investigative purposes. Child interviews do not require parental notice or consent.

Items to Send With Your Child

All parents of infants and toddlers should provide the following items:

-3 containers of wet wipes (First Monday of every month) There will be a \$10 fee if unable to provide

3 containers of baby wipes.

-Diapers/Pull ups (Daily)

-Sippy cups or bottles that can remain at daycare (labeled with child's name)

ALL parents should provide

-2 extra sets of clothes including underwear (labeled with child's name)

PLEASE SEND YOUR CHILD IN PLAY CLOTHES THAT ARE ABLE TO GET DIRTY.



Accident/Incident Reports

All accidents/incidents will be documented thoroughly with a report signed by the staff member in the room and parent. All parents will be contacted upon accident and if medical care is needed outside of Little Bitty City, the child shall be transported to the nearest clinic – pending permission of parent.

Parent Volunteer Commitment

We encourage as much parent involvement with your child's education as possible. We develop homework projects that are to be done together, as well as host a number of field trips that we ask the parents to be a part of. As part of this involvement, we require three hours of volunteer work from each child's parents to assist us in any annual fundraisers, benefits, concerts/plays, etc that we organize as part of your child's education and development.

Handbook Agreement

Upon enrollment, you will sign documentation stating you have read the Little Bitty City Daycare handbook and thusly will be held accountable for all information stated in said handbook. While we welcome questions throughout the duration of your child's development with us, any questions directly pertaining to the handbook or any policies presented should be asked before signing so that we have the opportunity to clarify any concerns you may have.

Developmental Screenings

All children enrolled in Little Bitty City will receive a developmental screening within 45 days of enrollment. This assists our teachers and parents in addressing any delays that may be present. Screening shall be done twice a year after initial enrollment and shall be performed by our partner companies – Little Bitty City Therapeutic Services and Outside the Box Therapy.



Little Bitty City's Enrollment Form

Child's Name: _____ DOB: _____

Address: _____

City/State/Zip: _____

SSN#: _____

Name: _____ Relation: _____

Address: _____

City/State/Zip: _____

Work: _____

Place of Employment _____ Occupation: _____

Work Number: _____ Cell Number: _____

E-mail _____

Name: _____ Relation: _____

Address: _____

City/State/Zip: _____

Place of Employment _____ Occupation: _____

Work: _____

Work Number: _____ Cell Number: _____

E-mail _____

The following person(s) may pick up my child from daycare/preschool:

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____

(All person(s) will be asked for photo identification before checking out your child. Your child will **NOT** be able to leave with anyone without identification)

I, _____, parent of _____ is enrolling my child in Little Bitty City Daycare/Preschool at the cost of \$_____ weekly. I understand it is my obligation to secure a placement at Little Bitty City Daycare/Preschool. Payment is to be received the Thursday prior to the Monday in which my child will be receiving services. It is also my obligation to pay art supply fees twice a year.

Guardian Signature

Date



Child's Name: _____ DOB: _____

We are required by the State of Arkansas to have a copy of your child's immunization record in our files. **Immunizations are required by the Arkansas Department of Health and Human Services or the child(ren) can not remain in {Little Bitty City Enrichment Center} care (Arkansas Code 20-78-206 as amended by Act 870 of 1997)**

The following form should be completed and brought to Little Bitty City along with the immunization record. It is very important for these forms to be on file. This form will become a part of your child's file.

Present state of health: _____

Serious illnesses or accidents: _____

Are there any physical defects? _____

Are there any allergies? _____ If so, please state them. _____

Are there any special recommendations by physicians, dentist, or eye doctor? _____

	Name	Phone	Address
Physician	_____	_____	_____
Dentist	_____	_____	_____
Eye Doctor	_____	_____	_____

Preferred/Covered Hospital _____

As specified by Little Bitty City, we are required to have written authorization concerning emergency medical care in case we cannot get in contact with the parents. Please complete the following:

We, _____ and _____ give permission to the Little Bitty City staff the authorization to obtain emergency medical care in the event that we cannot be contacted. This permission form is in regards to my child, _____.

Signed: _____ Guardian _____ date

_____ Guardian _____ date

Insurance Provider: _____ Number: _____

This information is only used to verify child's eligibility for free Early Intervention Service

Revised January 2025



Child's Name: _____ DOB: _____

Please give us a schedule including your current hours of work and/or school. Please keep us informed of changes. If possible, please list a number in which we can contact you at these places.

relation: _____ relation: _____

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Emergency Contacts

Please complete the following information concerning the name, phone number, and address of a person who could be contacted regarding your child in the event that we could not reach either parent.

Name	Phone	
1. _____	_____	home
	_____	cell
	_____	address
	_____	relation
2. _____	_____	home
	_____	cell
	_____	address
	_____	relation

Signed: _____ Date: _____
Guardian

Guardian Date



HIPAA GENERAL CONSENT/AUTHORIZATION FOR TREATMENT

I hereby give my consent for Little Bitty City Therapeutic Services, LLC to use or disclose my Protected Health Information to carry out treatment, payment, or any other health care operations. I understand that my Personal Health Information is as follows: *Information that is oral or recorded in any form that relates to my past, present, or future, physical or mental health conditions, my past, present, or future health care treatment, that is or could reasonably identify me and is transmitted in an electronic form or maintained in any form.*

This Protected Health Information could include information that is Health Care Provider created, received from me, received from another Health Care Provider, received from a Health Plan, Health Care Clearing House, Insurance Company, Employer, or any other source, and could include demographic information about me.

I have been informed that my Health Care Provider has adopted a complete statement of its privacy practices, which are contained in Little Bitty City Therapeutic Services, LLC – Notice of Privacy Practices. I have received a copy of the Notice of Privacy Practices and have had an opportunity to review them and ask any questions concerning them before signing this HIPAA Consent. I understand that my Health Care Provider has the right to change them at any time without advance notice to me. I can request a copy of my Health Care Provider's latest Notice of Privacy Practices by calling the office, stopping by and picking up a copy of my stopping by and reading the Notice that is posted in my Health Care Provider's waiting room, or asking that my name be put on a list to be mailed a copy should my Health Care Provider make changes to the Notice of Privacy Practices.

I understand that I have the right to not give this consent, however, I also understand that my Health Care Provider does not have to treat me if I do not sign this consent.

I understand that I have the right to request restrictions on this consent and to request limits on when and how my Health Care Provider uses and discloses my Protected Health Information, however, I understand my Health Care Provider is not obligated to agree to the restrictions or limitations I request. I understand that if my Health Care Provider agrees to a restriction, my Health Care Provider shall be bound by the restriction until I release my Health Care Provider from that restriction.

I understand that I have the right to revoke my consent, however, it shall not be considered revoked to the extent my Health Care Provider has relied on it. I hereby consent to all the uses and disclosures in my Health Care Provider's Notice of Privacy Practices.

Signing below serves as consent for Little Bitty City Therapeutic Services, LLC to conduct Occupational Therapy, Speech Therapy, Physical Therapy screenings, Mental Health evaluation and/or treatment with your child/self.

Patient – printed name

Guardian-printed name

Date

Guardian/Parent Signature



Permission to Give Medication

Name of Child: _____ Date of Birth: _____

Name of Medication: _____

Prescribing Physician's Name: _____

Reason for giving Medication: _____

Dosage: _____ Storage: _____

Times to give: _____

How long to continue Medication: (check all that apply)

A. _____ Until course of medication is completed

B. _____ As needed

If as needed, under what circumstances and how often would the medication be needed? _____

C. _____ Ongoing

What other information should Little Bitty City know about this child and this medication? (Such as special hints to administration of medication or possible reactions to medication)

I, the undersigned, give permission for Little Bitty City to give the above medication to my child, _____ as directed to me. I release Little Bitty City of all liability provided the above instructions have been observed.

Parent/Guardian _____ Date _____

Witness _____ Date _____

Note: Please attach a copy of side effects provided by the pharmacist.



Dispensing of Medication During School Hours

Child's Name: _____ Date: _____
School: _____
Medication: _____
Dosage: _____
Time given: _____ a.m. _____ p.m.
Dates to be given: _____
Side Effects: _____
Instructions: _____

To be completed by parent or guardian:

I hereby give permission for my child (named above) to receive medication during school hours. A licensed physician has prescribed this medication. I assume full responsibility for informing Little Bitty City of any changes in my child's health or medication. I hereby release the school board and their agents and employees from any and all liability that may result from my child taking the prescribed medication. I will furnish this medication within a container properly labeled by a pharmacist with identifying information (e.g., name of child, medication, dispensed, dosage prescribed, and the time to be given).

Signature of Parent or Guardian

Date

Phone Number of Parent or Guardian

Name, Title, and Initials of Person(s) to Administer Medication:

Approved by: _____
Signature of Director

Date: _____



Handbook Agreement and Kindergarten Readiness, Shaken Baby Syndrome, and Carter's Law

I understand and acknowledge all policies set forth in the Little Bitty City handbook including, but not limited to, the Little Bitty City Daycare Preschool Disciplinary policy. I understand that not adhering to the policies can result in termination of care for my child. I also have received a Kindergarten Readiness Checklist. I have also received information on Shaken Baby Syndrome and Carter's Law.

Signature of Parent or Guardian

Date

Permissions

I give permission for my child _____ to be included in the following activities

Check all that you are interested in

_____ Parent-Teacher Committee

We will be needing fundraiser coordinators, field-trips/room volunteers, etc. Please feel free to be an essential part of your child's environment.

learning

-If interested in participating in the PTC, please list if you would like to position or simply volunteer.

hold a

_____ Permission to use my child's picture either on the website or in the newspaper.

_____ Water Play (from June 1st to August 31st) on Tuesdays and Fridays. send a towel, bathing outfit, and waterproof shoes that we are _____ able to keep here

Please

Signature of Parent or Guardian

Date



Social Media Permission

Child's Name: _____

INITIAL I give permission for Little Bitty City Enrichment Center to take photos and/or video recordings of my child for classroom, website, newspaper, and  use.

(Please initial each approved item)

_____ Classroom



_____ Little Bitty City website and/or Social Media

_____ Newspaper

_____ Newsletter

INITIAL I **DO NOT** give permission for Little Bitty City Enrichment Center to take photos and/or video recordings of my child for classroom, website, newspaper, and  use.

Parent/Guardian Signature: _____

Date: _____



Water Play

We will be having water play on _____.

I _____ give my child

permission to participate in water play.

Your child **MUST** have the following items to participate.

- Bathing suit or clothes that can get wet
- Girls will need a cover shirt
- Towel
- Water shoes



Lotion Permission Slip

Little Bitty City Enrichment Center staff has permission to apply
Equate Kids

SPF 50 sunscreen to _____ daily to
prevent sunburn while playing outdoors.

Guardian Signature _____ Date _____

+++++

Little Bitty City Enrichment Center staff **DOES NOT** have permission
to apply Equate

Kids SPF 50 sunscreen to _____ daily to prevent
sunburn while playing outdoors.

Guardian Signature _____ Date _____



Little Bitty Daycare/Preschool Discipline Policy

The policy of Little Bitty City Daycare is to provide a supportive yet firm type of classroom environment which is conducive to providing security for young children. Rules are established during the first week of school, and the children are encouraged to talk about these rules. Posters are also used to stress concepts of good manners. The children are informed in regard to what will happen if they misbehave and/or disobey the rules.

It is not the intent of Little Bitty City Daycare to punish children for misbehavior. Discipline should be seen as a self-disciplining process. We don't try to make the child feel badly about themselves but strive to help the child take issues with his/her actions or behaviors. Physical punishment is not allowed at Little Bitty City Daycare. If the child must be removed from the group for misbehavior, he/she must sit in timeout. The child must relate to the teacher why he/she had to sit in timeout. If the child cannot do this, he/she is reminded and has to sit there for no more than the child's age in minutes.

If the behavior recurs, then the same procedure is repeated, and the parents are notified that the child had to sit in time out that day. This information is presented to the parents in the Parent Booklet.

While Little Bitty City will do everything in its power to help guide a family and child through behavioral issues, it is our right to dismiss a parent who is unwilling to cooperate for the betterment of their child.

I have also received a copy of Little Bitty City Enrichment Center child handbook with this enrollment packet.

Parent's Signature

Date