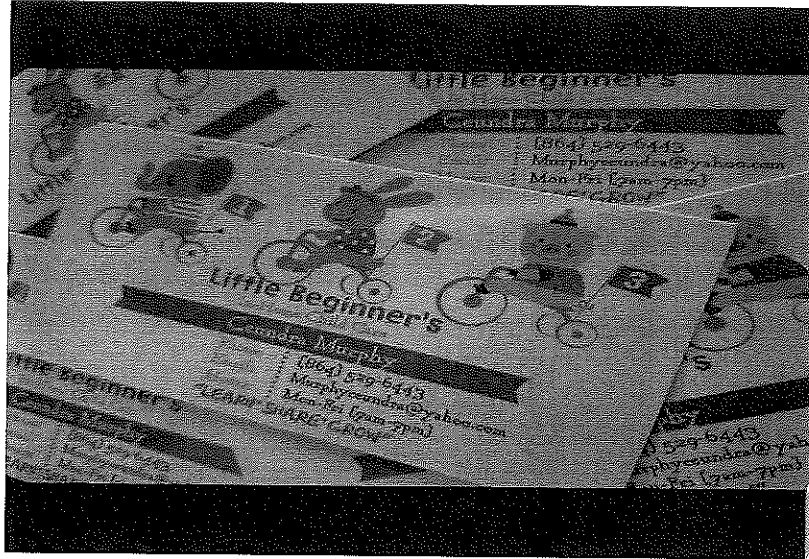


# Little Beginner's LLC..

{Learn\*Share\*Grow}

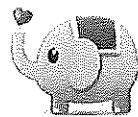


## Enrollment Packet

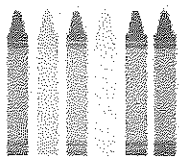
-2023

## Mission Statement:

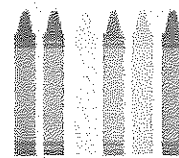
The mission of "Little Beginner's" in-home child care is to provide a safe, affordable, high quality child care for all parents. In doing so, I support the parents effort to reach their child goal(s). I will provide a stimulating early care and education experience, which promotes each child's social/emotional, physical and cognitive development. My goal is to support children's desire to be life-long learners.



-Ceundra Murphy



# ALL ABOUT YOUR CHILD



Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

I have \_\_\_\_\_ brother(s) and \_\_\_\_\_ sister(s). Their names and ages are \_\_\_\_\_

Has your child been in daycare before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of Provider: \_\_\_\_\_

Previous Provider Address & Phone Number: \_\_\_\_\_

Dates care was provided. From: \_\_\_\_\_ To: \_\_\_\_\_

Reason care was terminated: \_\_\_\_\_

## EATING HABITS:

Does your child have a special diet? \_\_\_\_\_ Are there any foods that should not be served to your child: \_\_\_\_\_

If yes, please list the foods and the reason. \_\_\_\_\_

Your child's favorite foods: \_\_\_\_\_

Least favorite foods: \_\_\_\_\_

Does your child eat independently? Yes \_\_\_\_\_ No \_\_\_\_\_

For infants, what brand of formula do you use? \_\_\_\_\_

Does your child require: Bottle \_\_\_\_\_ Sippy cup \_\_\_\_\_ High chair \_\_\_\_\_ Booster seat \_\_\_\_\_

## SLEEPING HABITS:

Does your child have a regular bedtime schedule? Yes \_\_\_\_\_ No \_\_\_\_\_

What time does your child usually wake up in the morning? \_\_\_\_\_

What time does your child usually go to bed at night? \_\_\_\_\_

**South Carolina Department of Social Services  
SC Voucher Program**

**CLIENT CONNECTION FORM**

Please complete this form in black or blue ink. Have your provider sign this form and return it. Control Center staff will then notify you and your provider in writing of the start date, fee amount and the provider's billing rate.

Provider Selected:		Provider FEIN/SSN:	
Parent's Name: (First and Last)		Parent's SSN:	
<b>Child's Name (First and Last)</b> List only the child(ren) that have been approved for SC Voucher Program services.	<b>Type of Care Needed (Circle One)</b>		<b>Requested Start Date</b> (Note: This date may not coincide with the approved transfer date.)
	Full-Time	Half-Time	Both
	Full-Time	Half-Time	Both
	Full-Time	Half-Time	Both
	Full-Time	Half-Time	Both
	Full-Time	Half-Time	Both
	Full-Time	Half-Time	Both
If any of the children attend school, what school district do they attend? (County and district number)			
Parent's Signature:	Date Signed:	Parent's Phone Number: (     )	
Provider's Signature:	Date Signed:	Provider's Phone Number: (     )	

**SOME THINGS TO THINK ABOUT WHEN SELECTING A CHILD CARE PROVIDER**

- Has enough adults to care for all children.
- Allows you to visit at any time and communicates with you regularly.
- Provides a clean and safe environment.
- Provides a variety of age appropriate activities and materials.
- Provides a schedule that allows for nap, and both inside and outside activities.
- Positive interaction between adults and children.
- Listens and is responsive to your needs and concerns.
- Uses positive discipline.
- Child is happy and enjoys going there daily.

Please fax the completed form to: **1-800-310-5417**  
or mail to:



**SC VOUCHER PROGRAM**  
**South Carolina Department of Social Services**  
**P.O. Box 100160**  
**Columbia, SC 29202-3160**

## Child Guidance (Discipline) Policy

During the early childhood years, children are learning to be in charge of their own behavior. We believe in establishing consistent, easy-to-understand limits and in having teachers who respond to inappropriate behavior with insight, sensitivity, and skill. When clear, consistent and age-appropriate limits are present; children increasingly become responsible for themselves. When out-of-bounds behaviors do occur, we believe it is important for children to understand why the behavior is inappropriate and how to modify it.

We work to prevent behavior problems by arranging each classroom so that children work in small groups and have a choice of activities. The range of activities will give your child the freedom and ability to experience success and become self-directed. Teachers are also trained to skillfully direct behavior along appropriate channels. Children are encouraged to verbalize their feelings to learn to positively work through strong emotions. Teachers act as role models and encourage children's appropriate behaviors. **Under no circumstances is corporal punishment permitted. Discipline will not be associated with food, rest or toileting.**

We believe that it is our responsibility to provide children with positive guidance and in our experience, most children will respond well to our approach. In the event that a child does not respond, we will notify the parents and work closely with them to develop a plan to help the child gain self-control and a positive attitude toward their peers and teachers. Should the child's continued negative behavior put themselves, their peers or their teachers at risk for physical harm or, if the child damages Center property, we reserve the right to ask the parent to withdraw the child from the Center. While we understand the developmental tendencies of children to experiment with inappropriate language to shock others, withdrawal may also be requested for those children who are verbally abusive, including the repeated use of inappropriate language with other families consider offensive.

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I have read and understand the above **Child Guidance (Discipline) Policy**.

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Signature of Parent/Guardian

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Date



Child Care Registration Form				Date child entered care	Date child left care
Child's name Last First Middle			Name (Nickname) used		Birthdate
Street address			City	Zip code	
Child's parent/guardian name		home phone # ( ) -	cell phone# ( ) -	alternative phone # ( ) -	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Child's parent/guardian name		home phone # ( ) -	cell phone# ( ) -	alternative phone # ( ) -	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Other than you, who else has permission to pick up your child?					
Name		Address		Telephone number	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.					
Parent/Guardian signature: _____					
Name		Address		Telephone number	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	

## Sample Family Child Care Contract

This contract is made between the parent(s)/guardians:

\_\_\_\_\_ name of parent(s)

\_\_\_\_\_ address of parents(s)

and name of family child care provider for the care of the following children:

\_\_\_\_\_ child's name and date of birth

\_\_\_\_\_ child's name and date of birth

\_\_\_\_\_ child's name and date of birth

The payment for care shall be \$\_\_\_\_\_ per week/ day/ hour

and reflects a schedule as follows:

arrival time \_\_\_\_\_am and pick up time \_\_\_\_\_pm on the following days:

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The above times and days {are or are not} flexible.

If parent is going to be late picking up the child, every effort must be made to contact the provider. A late pick up fee of \$\_\_\_\_\_ will be charged.

Payment is due to the provider in advance of care and paid on the following day of the week: \_\_\_\_\_. Accepted methods of payment include cash, personal check, credit card, or money order. If a personal check is returned due to a lack of funds, the parent/guardian must pay a \$\_\_\_\_\_ returned check fee. If a check is returned more than one time, only cash or money orders will be accepted as payment.

If a payment is not made on time, the following fee will apply: \$\_\_\_\_\_

## Care 4 Kids Payments

If you are on the Care 4 Kids program, the payment policy is as follows:

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- *Families using the state subsidy program (Care 4 Kids) are responsible for paying any and all amounts not covered by Care 4 Kids.*

## Overtime rates are as follows:

For the purpose of this contract, overtime rates are considered any amount of time that care occurs prior to the scheduled drop off time or after the scheduled pick up time.

With advance notice by the parent and approval by the provider, the provider agrees to provide overtime care at a rate of \$\_\_\_\_\_ per hour.

Without advance notice by the parent and approval by the provider, the overtime rate will be \$\_\_\_\_\_ per hour.

## Payments during Holidays, Vacations, and Other absences:

The provider will not be open for business on the following Holidays:

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Parents {are or are not} expected to pay for care on those Holidays.

The provider will take \_\_\_\_\_ weeks vacation during the calendar year and will give parents \_\_\_\_\_ week's notice of such upcoming vacations. Parents {are or are not} expected to pay for care on those vacation days.

If a parent plans on taking a vacation and the child will not be in care, the provider must be given \_\_\_\_\_ weeks notice. Parents {are or are not} expected to pay during their scheduled vacations.



When the provider is ill and unable to provide care, she will make every effort to provide as much notice as possible. Parents {are or are not} expected to pay on provider sick days.

When a child is ill, the parents are expected to make every effort to give the provider as much notice as possible. Parents {are or are not} expected to pay on child sick days.

If a child does not arrive for the day and no notice has been given to the provider, parents are still expected to pay.

**Additional charges:**

The provider will charge additional fees as follows: (i.e. for supplies, special trips, damaged property, etc).

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**Termination Procedures:**

This contract may be terminated by the parent(s) or the provider. A \_\_\_\_ - week notice prior to the last date of care is required.

*The provider may immediately terminate this contract without any notice if payment is not made on time.*

**Other:**

- *If the provider chooses not to enforce any portion of the contract, it does not give up the provider's right to enforce any other portion of the contract.*
- *The contract can be revised at any time by the provider if necessary.*

**Signatures:**

The signatures below indicate agreement with this contract and with the written policies of the provider (contained in a separate document). The provider may change policies as needed with advance written notice.

\_\_\_\_\_  
Parent's name

\_\_\_\_\_  
Parent's signature/date

\_\_\_\_\_  
Parent's name

\_\_\_\_\_  
Parent's signature/date

\_\_\_\_\_  
Provider's name

\_\_\_\_\_  
Provider's signature/date

*If the parent or legal guardian is under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.*



## Child Pick Up Form

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

Please list below the names of people who may pick up your child in the event of an emergency or when you cannot get here in time.

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

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

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

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

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

Please list anyone who you do not want to pick up your child. If you do not want the other parent to pick up your child please make sure I have legal documents to prevent them from doing so, otherwise I can not stop a parent from taking his/her child from my home.

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

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

Please try to keep this form current. Make sure I am told in the morning either in person or by phone that someone else will be picking up your child. If your child doesn't recognize the other person (such as Hi Grandma!) then I will need to see some identification unless they know the password. Please write down the password that will be used by the person to pick up your child.

Password: \_\_\_\_\_

Signed Parent \_\_\_\_\_ Date: \_\_\_\_\_



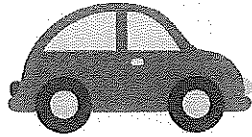
Parental Free Access Policy:

Little Beginner's has an open-door policy. Parents and guardians may visit their children in our facility at any given time they are attending.

Owner signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

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



Safe Release of Children Policy:

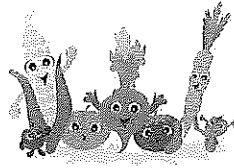
Little Beginner's is committed to ensuring the safe release of children at all times. Children will be allowed to leave only with persons whose names appear on their pick up list. Picture id and or password phrase will be requested. People may be added to the pick-up list at any given time.

Password: \_\_\_\_\_

Owner signature: \_\_\_\_\_

Parent signature : \_\_\_\_\_

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



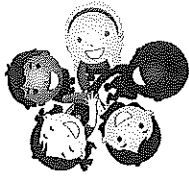
Nutrition Policy:

Little Beginner's follows the child care nutrition guidelines recommended by the USDA CACFP (Child and Adult Care Food Program) for at least one meal and one snack per day. We do not serve sugar sweetened beverages. We serve unflavored 1% or skim milk to children over the age of two years old.

Owner signature : \_\_\_\_\_

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

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



# Photo Release Form

Here at "Little Beginner's" I love to capture/film the children while their enjoying themselves either at play or just taking a nap...Please be advised that your child maybe be photographed or videotaped at various times of the day (i.e. field trips, craft -time, free time) If you would like your child's photo to appear either on facebook, in the classroom, etc. Please sign and return this form!

**\*\*Bare in mind if given permission to do so, your child's photo may be posted to advertise or promote "L.B" \*\***

.....YES, I give permission for my child's photo to be posted on social media/ in classroom.

.....NO, I do NOT give permission for my child's photo to be posted on social media/ in classroom.

.....  
{signature}

.....  
{Date}

.....  
{Child's First& Last Name}

South Carolina Department of Social Services  
**INFANT STATEMENT**

From: Child Care Center/Provider: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

To: Parent/Guardian of Infant(s) in Child Care

I am required by the Child and Adult Day Care Food Program to offer a CACFP meal to all enrolled infants in my care. A CACFP meal includes iron fortified infant cereal and baby food when appropriate for the child's age, at no additional charge.

I am required to offer an infant formula, which meets program requirements to all enrolled infants in my care. The formula that I am providing is iron fortified \_\_\_\_\_. There will be no additional charge to you, if you would like your infant to receive the formula and/or age appropriate food that I am offering.

I understand that not all infants need the same formula, and that the formula served to your infant should be the one recommended by your physician. If you choose, you may continue to provide your infant's formula or other food items.

Parent/Guardian, please check the following statement that applies to you. Then sign and date below:

Name of Infant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

- ☐ I would like the child care provider to serve my infant the iron fortified infant formula listed above. When my child is developmentally ready, I understand that besides the formula, the caregiver will offer my infant other food items, approved by the CACFP meal pattern guidelines, at no additional charge to me.
- ☐ I will supply the breast milk/infant formula to the child care provider to serve to my infant. The name of the formula I will provide is: \_\_\_\_\_. I understand that the caregiver will offer other food items, approved by the CACFP meal pattern guidelines, to my child when developmentally ready.
- ☐ I will supply the breast milk on site or express. I understand that the caregiver will offer other food items, approved by the CACFP meal pattern guidelines, to my child to my child when developmentally ready.
- ☒ I will provide breast milk/infant formula and all other meal items to my child care provider to serve to my infant. The name of the formula I will provide is \_\_\_\_\_.

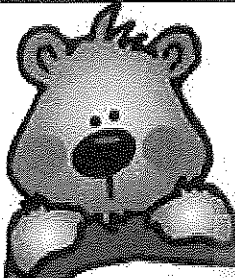
**Note:** You will need to provide a medical statement for exempt formulas such as Nutramigen, NeoSure or Alimentum.

If there are any changes from your above selection, a new form is required.

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

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_



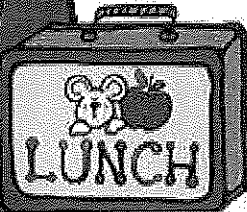


# Field Trip Permission Slip



Destination: \_\_\_\_\_

Date: \_\_\_\_\_ Cost: \_\_\_\_\_



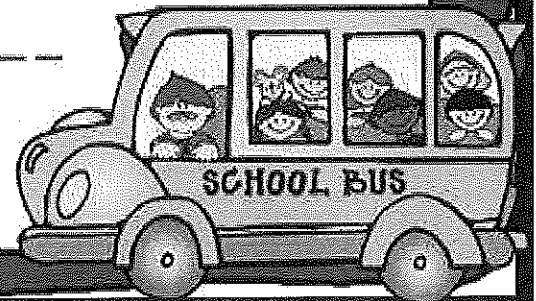
Time Leaving: \_\_\_\_\_ Returning: \_\_\_\_\_


Parent Chaperone Volunteer: \_\_\_\_\_

Lunch: Provided ☐ Pack-Lunch ☐ N/A ☐

Student: \_\_\_\_\_

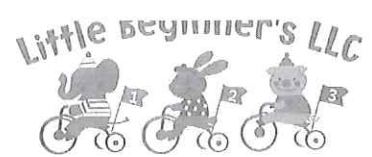
Parent Signature: \_\_\_\_\_





# Daily Schedule

7:00-8:30 Arrival / greetings , wash hands , breakfast  
8:30-9:00 Free Play (centers)  
9:00-9:30 Circle time, Story time, Songs & Movement  
9:30-10:15 Arts & Craft, fine motor play  
10:15-10:30 Snack  
10:30-11:00 Free play (centers)  
11:00-11:30 Exercise, Dance, Outdoor Play ( if weather permits)  
11:30-12:00 TV Time ( educational channels, Cartoons)  
12:00-12:15 Potty break  
12:15-12:45- Wash hands, Lunch  
12:45-2:45 Quiet time/ Nap time  
2:45-3:00 Wake up, Potty time / put mats away  
3:00-3:15 Snack  
3:15-3:45 Free Play (centers)  
3:45-4:45 Electronic time (tablets,  
4:45-5:00 Music & Puzzle time  
5:00-6:00 Fun fact time  
6:00-6:15 unwind, potty time, story time  
6:15-6:30 Clean up, gather belongings  
6:30-7:00 Prepare for departure



# Vacation Form

Parents,

As advised at the time of enrollment, vacation days will be taken for the month of June & September. This form is to inform you in regards to vacation for September. Signing this states that you will have arranged childcare for your child and that I have given you a advance notice of not being able to provide services to you on the following dates listed below. Thank you for your understanding! I will miss my little ones while I'm away but I will return soon. Also in agreement with the updated contract you are to make the half week tuition payment while I'm out. A payment arrangement can be made for you to ensure this is taken care of prior to the dates below. Please reach out to me to set this up. In advance I apologize for any inconvenience this may cause.

Kind Regards,

Ms. Cece

-Little Beginneger's LLC

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

Vacation Dates: \_\_9/12/2022\_\_ through \_\_9/16/2022\_\_

Returning: \_\_9/19/2022\_\_(NORMAL OPERATING HOURS THAT MONDAY 7a-6p)\_\_\_\_

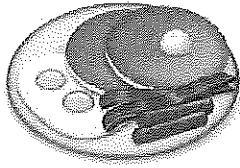
Total Number of Days Absent \_\_\_\_5\_\_\_\_

\_\_\_\_\_  
Date\_\_\_\_\_

Signature of Parent

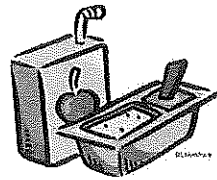
\_\_\_\_\_  
Date\_\_\_\_\_

Signature of Manager



## BREAKFAST MENU

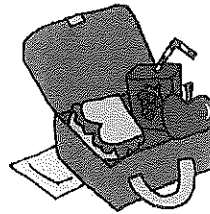
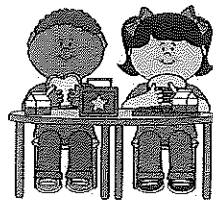
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
No School	Cold Cereal Fruit Cocktail & Milk	Pancakes Peaches & Milk	French Toast sticks Pears & Milk	Breakfast Parfait & Milk	Waffles Bananas & Milk	No School
No School	Cinnamon Toast Pineapple & Milk	Blueberry muffins Applesauce & Milk	Yogurt, English muffins Peaches & Milk	Breakfast Dogs Pear & Milk	Bagels & Mandarin Orange & Milk	No School
No School	French Toast Sticks Oranges & Milk	Breakfast Parfait & Milk	Cereal Peaches & Milk	Biscuits & Jelly, Pears & Milk	Banana Muffins Apples & Milk	No School
No School	Cold Cereal Fruit Cocktail & Milk	Pancakes Peaches & Milk	French Toast Pears & Milk	Hens Nest Fruit Cocktail & Milk	Waffles Bananas & Milk	No School
No School	Cinnamon Toast Pineapple & Milk	Blueberry muffins Applesauce & Milk	Yogurt & English Muffins Peaches & Milk	Breakfast dogs Pears & Milk	Bagels & Mandarin Orange Milk	No School



## snack menu




	Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 1	Yogurt Granola Bananas Water	Applesauce Cheese Crackers String Cheese Water	Graham Crackers Grapes Bananas Milk	Banana Muffins Apples Milk	Ritz Crackers Cheddar Cheese Carrot Sticks Water
WEEK 2	Granola Bars Bananas Milk	Cheesy Biscuits Peaches Water	Popcorn Cheese Crackers Oranges Water	Yogurt Graham Crackers Grapes Water	Apples/Celery/Carrots Popcorn Milk
WEEK 3	Goldfish String Cheese Oranges Water	Cheddar Cheese Ritz Crackers Pears Water	Blueberry Muffins Apples Milk	Yogurt Animal Cookies Bananas Milk	Goldfish String Cheese Oranges Water
WEEK 4	Ritz Crackers Cheddar Cheese Peaches Water	Applesauce Cheese Crackers String Cheese Water	Raspberry Muffins Bananas Milk	Yogurt Granola Graham Crackers Bananas Milk	Cheesy Biscuits Oranges Milk
WEEK 5	Pears Animal Cookies Milk	Ritz Crackers Cheddar Cheese Carrot Sticks Water	Banana Muffins Apples Milk	Pudding Graham Crackers Bananas Milk	Popcorn Pretzels Water



# LUNCH MENU

5

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Wk Of 3/25	Pepperoni & Cheese Pizza Salad (Cooked Veg. under 2 yrs) Applesauce Milk	Chicken with Rice Broccoli Fruit Cocktail Milk	Shells w/ Meat Sauce Bread & Butter Salad (Cooked Veg. under 2 yrs.) Pears Milk	Bologna Sandwich Mixed Vegetables Apple Slices Milk	Tuna Sandwich Green Beans Bananas Milk
Wk of 4/1	Hot Dogs Baked Potato Slices Peas Pudding Milk	Pancakes with Sausage Berries Applesauce Milk	Turkey Sandwich Vegetable Soup Fruit Cocktail Milk	Sloppy Joe on bread cubes Corn Peaches Milk	Macaroni & Cheese Green Beans Pears Milk
Wk of 4/8	Chicken Nuggets Bread & Butter Carrots Pudding Milk	Spaghetti with Meat Sauce Salad (Cooked Veg. under 2 yrs) Applesauce Milk	Tacos with lettuce and cheese Corn Corn Bread Fruit Cocktail Milk	Ham Sandwich Vegetable Soup Pears Milk	Grilled Cheese Sand. Tomato Soup Apple Slices Milk
Wk of 4/15	Macaroni & Cheese Green Beans Pudding Milk	Chicken Sandwich Vegetable Soup Pears Milk	Fish Sticks Bread & Butter Mixed Vegetables Fruit Cocktail Milk	Hot Dog Bread & Butter Corn Peaches Milk	 Dinosaur Bologna Sandwich Banana Applesauce Milk



Parents,

It is six months into the year and in accordance with self and business evaluation I would like to modify and or add-on to our child care contract agreement together as needs arise. I am happy to present to you these positive changes here at Little Beginner's LLC. The following are effective as of July 1st, 2022. If you have any questions or concerns please feel free to let me know and I will be happy to assist you.

- New business hours are Monday - Friday 7am to 6pm
- One selfcare day per month will be taken ( Last Friday of the month)
- No Public Restroom
- No transportation
- No outside toys
- No Profanity
- Do not pick other children up
- No parents beyond Entrance and Daycare room area
- Drop in by 9am for Breakfast and No later than 10am for care
- Pay half week tuition to secure your child's spot ( all week absence and or vacation)
- In the event of Covid-19, If positive results daycare will follow CDC guidelines and close (Full tuition is still due)
- If experiencing Covid like symptoms, common cold, please refrain from bringing child to daycare
- Please refrain from bringing your child 24 to 48 hours if vomiting has occurred, shots have been administered, or dental work has been performed ( except dental cleanings)
- Calendar Holidays off (ie: Independence Day, Labor Day, Columbus Day, etc)
- Tuition is due Friday by 6pm, Late fees start to occur Friday @ 6:01pm and it is \$25. In the event that you are late picking your child up \$1 per min will be applied to THAT week's tuition if your child is attending after 6pm. If fees are not retained within that week then it will be subjected to a late fee added as well, \$25 per day if tuition is still not collected on Friday. By Monday of the following week FULL payment including late fees must be retained before care is provided/ child dropped off. (contract may be terminated without any notice if continuous late payments) NO EXCEPTIONS
- Please update your child file with either a shot record, contact / emergency info, change of work, allergy, medication forms, etc.
- In efforts to provide the same level of care to each individual child, if your child continues to have trouble adjusting to being in daycare, if the situation creates stress for me, as I do not like seeing my children unhappy and being powerless to do anything to help soothe, and or disrupts other children it would be in the best interest of everyone that you find a situation that will work best for your child.

In an effort to make these changes to better my business, I would also love feedback from you as well. What changes would you like to see ? Any ideas of things you'd like for your child to do or work on while at daycare?

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By signing this form you as the parent/ guardian acknowledge receipt of services, copy of changes, and agree to adhere to all of the following changes/obligations set forth in the parent contract/ agreement with the provider. If breached then you understand that corrective and preventive actions will be taken and or immediate termination of care for your child.

-Thanks Management

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_  
Date



Parents,

It is the beginning of the New Year and in accordance with self and business evaluation I would like to modify and or add-on to our child care contract agreement together as needs arise. I am happy to present to you these positive changes here at Little Beginner's LLC. The following are effective as of January 2nd, 2023. If you have any questions or concerns please feel free to let me know and I will be happy to assist you. We are proudly introducing ABC Mouse to our curriculum! Each child has his/her own tablet and headphones to soar with their learning ( during the appropriate allotted time) and in addition to preparation for public school too. We are also now a part of CACFP to serve healthy meals to your child.

- Price increase of \$5.00 will be added to tuition ( due to the worldwide increase of food, labor and material cost)
- Departure at pick up and drop off should remain under 5 minutes (short, brief and to the point)
- Refrain from contacting outside of normal business days / hours.
- No medication will be administered
- Recurring enrollments will require a \$75 reentry fee (ie: leaving and coming back)
- No extra guests inside ( This will help prevent the spread of germs, in the event you need someone else to pick your child up whom is not on your child's pick up list prior approval is required, daycare is also not a meeting point for other family members/ friends, etc. please handle your business accordingly and not here at my home)
- Not responsible for any lost hair pieces, jewelry, garments , etc.
- Allow 24 to 48 business hours for turn around time on needed letterhead documents (cost may vary depending upon what is needed)
- **\*\*NEW\*\* Sick Policy-** Absolutely NO SYMPTOMS PRESENT ( ie: running nose, cough, sneezing, sniffles, etc.) ( You will be denied care immediately. I present this new strict policy in hopes to minimize constant sickness. Daycare is for children who are well. I will continue to encourage hand washing , and I will be sanitizing our equipment on a daily basis as usual. Please understand that in the event that your child is out with sickness that you communicate this with me, and understand that daycare is based on enrollment and not attendance. Half week tuition will still be due for an all week absence.)
- Hygiene and regular cleanliness is required
- Please be mindful of where you discard your trash out of respect that this is my home
- If "IT" is not concerning your child, please be respectful to not ask about someone else's child (Privacy is important)
- In the event that your child is having an early dismissal during the hours of our nap time (12-2) please refrain from ringing the door bell or knocking, give me a call to let me know such, We do not want to disturb other children while they are resting.

In an effort to make these changes to better my business, I would also love feedback from you as well. What changes would you like to see ? Any ideas of things you'd like for your child to do or work on while at daycare?

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By signing this form you as the parent/ guardian acknowledge receipt of services, copy of changes, and agree to adhere to all of the following changes/obligations set forth in the parent contract/ agreement with the provider. If breached then you understand that corrective and preventive actions will be taken and or immediate termination of care for your child.

Thank you for your continued support!

- Management

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date