

Name of Person Legally Responsible for the Daycare: Samantha Woroszylo

Date of Admission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Age\_\_\_\_\_\_

Gender\_\_\_\_\_\_\_\_

I understand I must make a copy of the child's Birth Certificate no later than the first day of attendance:

Home Address

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

Mother's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address if not the same)

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

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address if not the same)

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

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

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Admission Policies**

The childcare center shall accept only children at a stage of growth and development that enables them to benefit from its program and for whose age level the center is staffed and equipped to provide care.

**Suspension/Expulsion Policies**

The childcare center shall not admit or maintain any child whose needs it obviously cannot meet or whose behavior would be dangerous for other children in the center. Explicit, documented reasons for refusal to admit or provide care to a child shall be provided in written form to parents. There shall be no discrimination based on race, color, religion, sex, national origin, or handicap.

**Authorization for Child's Release**

Children will be released only to a parent, or a person named by the parent. Parents or persons named by the parent must ensure that a staff member knows the child's arrival and departure. Parents shall sign the child in and out by name and time of arrival and departure.

Information to be used in case of an emergency:

 **Physician's Name**

 **Address**

**Phone #**

**Dentist's Name**

**Address**

Person(s) authorized to leave the childcare center with our child &/or responsible for being called to come for your child in case of illness or other emergency if you cannot be reached:

**Name**

**Phone #**

**Name**

**Phone #**

**Name**

**Phone #**

**Photo Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_, grant permission for my child's picture to be used for school activities and the school website or Facebook account. Photo release does or does not.

**Court Orders**

If a court order prevents a particular individual from having contact with a child, Little Duckling Childcare shall comply. A copy of the court order will be in the child's file.

**Emergency Medical Authorization**

I agree, and by my signature, give consent, that in any case of an accident, injury, or illness of a severe nature, my child will be given emergency medical care. I understand that I will be contacted immediately or as soon as possible should I be away from the phone numbers provided with this application.

**Field Trips**

Two weeks' notice is given to all families when field trips are scheduled. You or a designated authorized individual will transport them, if you will, so they can attend the field trip. Staff will transport your child. Unless it is a significant group outing (like Holiday World, for explain)

**Payment Plan**

 Payment is due in advance on Monday of the current week when paying weekly, the first Monday in two weeks when paying semi-monthly, or the first of the month when paying monthly. If not paid on the Monday of that period, I will be charged $5 per day late. After three late times, it is grounds for canceled services. You must provide a 2-week notice for withdrawing your child and be responsible for the total amount. We do not prorate or do part-time.

**Discipline Policy**

The childcare center uses a positive disciplinary approach to children. Caregivers communicate to children using positive statements, encourage children, with adult support, to use their own words and solutions to resolve conflicts, communicate with children at eye level, and calmly talk to them about what behavior is expected. Recurring disciplinary problems will be addressed with parents and documented in the child's record. The teachers will create an actionable plan to help support the student, and the parents will need to meet with the teacher to review the plan. If the child cannot engage with their peers or teachers after implementing the plan, we will ask the student not to return.

**Policy about Children Left After Closing Time**

Children are expected to be picked up by closing time. A $1.00 per minute charge will be assessed per child to any family picking the child up after 5:30 p.m. (closing time). If any child is not picked up 30 minutes after closing time, Child Protective Services will be contacted to pick up your child.

**TERMINATION POLICY**

If a child is a safety concern and a danger to other children, you will be called to come pick up the child immediately the first time. The second time, the child will be terminated if no one comes to pick up the said child within an hour.

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Signature of Parent Date

\*\*By signing this contract, you agree not only to all the policies in this form but also to the policies and regulations in our Student Handbook. \*\*

**Childcare Payment Contract**

**Parties to contract**

Little Duckling Childcare and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents name

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

Child name and birthday

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

Child name and birthday

**Agreed upon hours of care.**

Monday to Friday, 6 am to 5:30 pm

**Terms of payment**

Tuition is $26 a day and $115 a week per child and is Due on Monday each week.

You are paying for a spot, not attendance.

Payment is due each Monday by 5:30. The invoice will be sent to email for QuickBooks.

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

Email for invoice.

A late fee is $5 a day until paid. You will also be charged $1 a minute if your child is not picked up by 5:35, which is due at drop-off the following day. You are to give two weeks' notice when drawing your child. Two of the three weeks of vacation will be paid weeks.

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| The provider can immediately terminate this contract without any notice. |

**Signature of parties to contract**

A failure to enforce one or more terms of this contract does not waive the provider’s right to enforce any other terms of this contract. Parents/guardians are responsible for reviewing and understanding this childcare facility's policies, procedures, and regulations. By signing this agreement, you certify that you received a Policy Handbook and agree to respect the policies and procedures outlined.The provider can review and change policies and prices at any time. Parents/guardians will be notified of such changes in advance.

**Right to Wave**

A failure to enforce one or more terms of this contract does not waive the provider’s right to enforce any other terms of this contract.

**Closed paid Days and Weeks**

New Year's Eve and New Year’s Day 12/31 & 01/01

Labor Day Sept 2nd

Dugger’s Fall Break Oct 14th-18th pay week

Thanksgiving Break Nov 27th -30th

Christmas Break Dec 23rd-27th, pay week

When my children have an event, I will close early. As soon as I know the days and times, I will let everyone know.

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| --- | --- | --- |
|  |  |  |
| Parent/Guardian Name | Parent/Guardian Signature | Date |
|  |  |  |
| Parent/Guardian Name | Parent/Guardian Signature | Date |
|  |  |  |
| Provider Name | Provider Signature | Date |

Little Duckling Childcare