



A Kids Nest Childcare

Policies & Procedures 2026
Best Beginnings Scholarship #109893
Childcare Aware Scholarship #9200774

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Welcome & Program Philosophy

Welcome to A Kids Nest Childcare. We are committed to providing a safe, nurturing, and developmentally appropriate environment where children can learn, grow, and thrive. Our program is designed to support each child's social, emotional, physical, and cognitive development through consistent routines, positive relationships, and age-appropriate learning experiences.

We believe that quality childcare is built on respectful partnerships with families. Open communication, clear expectations, and mutual respect are essential to supporting children's success. Our policies and procedures are in place to ensure the health, safety, and well-being of all children, families, and staff while maintaining a positive learning environment. By enrolling your child at A Kids Nest Childcare, you agree to follow the policies outlined in this handbook. These policies are enforced consistently and are subject to change as needed to remain compliant with licensing regulations and best practices.

Enrollment Requirements & Forms

To ensure the safety and well-being of all children, the following requirements must be completed **before** a child's first day of attendance:

Required Documentation

- Completed enrollment application
- Emergency contact information
- CACFP Meal Benefit Income Eligibility Form
- Up-to-date immunization records or approved exemption documentation
 - Health and medical information forms
 - Signed Parent Handbook acknowledgment
 - Any required medication or allergy forms

Ongoing Updates/ Family Engagement

Parents/guardians are responsible for notifying the center immediately of any changes to contact information, authorized pick-up persons, medical conditions, or custody arrangements.

Failure to provide or maintain required documentation may result in delayed enrollment or suspension of care until records are complete.

The program provides a monthly Family Engagement Night designed to promote family involvement and strengthen partnerships between families and the program. Family participation is encouraged.

Payments & Financial Responsibility Policy

At A Kids Nest Childcare, timely and consistent tuition payments are essential to maintaining high-quality care, staffing, and programming. By enrolling your child, you agree to the following financial policies:

Enrollment Fee's

- A **non-refundable enrollment fee of \$50** is required to secure your child's space.

Tuition & Payment Schedule

- Tuition is **due in advance** and is based on your child's contracted schedule.
 - Payment is due on the **1st of each month** for private-pay families.
- Scholarship co-pays (including Best Beginnings and Child Care Aware) are due on the **15th of each month**.
- Tuition is required **regardless of attendance**, including absences due to illness, holidays, weather closures, or family vacations.

Accepted Payment Methods

- Payments may be made by cash, check, or Bright Wheel.
- Returned or declined payments may result in additional fees and suspension of care until the balance is paid in full.

Late & Non-Payment

- Payments not received by the due date are considered late.
 - A late fee may be applied to overdue balances.
 - A late payment fee of \$10 per day will be applied for each day the balance remains unpaid.
- **If payment is not received within 5 business days, childcare services may be suspended until the account is brought current.**
- Accounts that remain unpaid for 30 days may be terminated and referred to a collection agency. Parents/guardians are responsible for any collection or legal fees incurred.

Rate Changes

- Tuition rates are subject to change with written notice. Notice will be provided in advance whenever possible.

Financial Responsibility Agreement

Failure to comply with this payment policy may result in suspension or termination of care. Continued enrollment indicates acceptance of these terms.

Attendance, Absences & Late Pick-Up Policy

- Drop-Off: Children should arrive before 9:30 AM to start the day smoothly.
- Absences & Illness: Notify us if your child will be absent. Follow health policies for illness (fever-free and diarrhea-free for 24 hours).
- Appointments: Shots or other appointments should be scheduled for Friday afternoon so your child can rest afterward.
- Late Pick-Up: Children must be picked up on time. A late fee of \$5 per minute will apply. Repeated late pick-ups may require a meeting with the director.
- Emergencies: If you are running late, please call us immediately. If we cannot reach parents or emergency contacts, we will follow safety procedures, For the safety of children, staff are required to notify Child Protective Services (CPS) if there are concerns about a child's well-being.
- **Best Beginnings & Child Care Aware Attendance Policy**
- Families receiving assistance through Best Beginnings must meet their contracted attendance days. If a child misses more than 80% of contracted days, Best Beginnings may not cover payment for those days. Parents/guardians will be responsible for any balance not paid by Best Beginnings.
 - Failure to pay uncovered fees may result in suspension or termination of care per center policy.

Operating Hours & Holidays

- Monday – Friday: 7:30 AM – 5:30 PM
Closed on the following days:
 - New Year's Day – January 1
- Martin Luther King Jr. Day – Third Monday in January
 - Presidents' Day – Third Monday in February
 - Memorial Day – Last Monday in May
 - Juneteenth – June 19
 - Independence Day – July 4
 - Labor Day – First Monday in September
- Columbus Day / Indigenous Peoples' Day – Second Monday in October
 - Thanksgiving Day – Fourth Thursday in November
 - Day after Thanksgiving
- December 21, 2026 – January 4, 2027 (Winter Break)

Drop-Off & Pick-Up

- Please arrive on time to ensure a smooth start and end to the day.

Discipline & Behavior Guidance Policy

At A Kids Nest Childcare, we use positive guidance and age-appropriate strategies to help children learn self-control, respect, and problem-solving skills. Corporal punishment, shaming, or isolation are never used.

3-Strike Policy (for safety):

1. Strike 1: Behavior is redirected; parents are notified.
 2. Strike 2: One week suspension; parents are notified
 3. Strike 3: The child will be removed from the program.
4. Staff will always intervene immediately if a child's behavior threatens their safety or the safety of others.

Nutrition & Infant Feeding Policy

At A Kids Nest Childcare, we provide safe and nutritious meals following Montana state guidelines and the CACFP program.

Infants:

- We provide infant formula (Walmart or Sam's Club brands) unless parents provide otherwise.
- Feeding plans are individualized, labeled, and stored safely. Bottles are never propped; infants are held while feeding.

Toddlers & Older Children:

- We provide healthy meals and snacks according to CACFP guidelines. Water is always available.
 - Parents are informed of menus and any special dietary needs.

Allergies & Special Diets:

- Families must notify us of allergies or special diets, and staff will follow written instructions to keep children safe.

Mealtime:

- Children are encouraged, but never forced, to try new foods. Staff model healthy eating and supervise all meals. Our goal is to ensure safe, nutritious feeding while supporting each child's needs and family preferences.

Illness & Medication Policy

At A Kids Nest Childcare, the health and safety of all children is our top priority.

Illness:

- Children with a fever of **100.0°F** or higher, diarrhea, or vomiting must stay home and be symptom-free for 24 hours without medication, **even if the cause is teething.**
- **Do not give your child fever-reducing medication** before attending, as this can mask symptoms and put other children at risk.
 - Families must notify the center if a child is sick or will be absent.
- If a child becomes ill at the center, parents or emergency contacts will be called to pick up the child promptly.
 - Staff will follow safety protocols, including notifying CPS if there are concerns about a child's well-being.

Medication:

- Prescription and over-the-counter medication will be administered only with a signed parent permission form.
 - All medication must be labeled with the child's name, dosage, and instructions.
 - Staff will document all medication administered and follow all manufacturer instructions.
 - Medications are stored out of reach of children and only administered by trained staff.

Goal:

- To ensure children remain healthy, safe, and comfortable while at the center, and to prevent the spread of illness.

Food Allergy Policy

The safety of children with food allergies is a top priority. Families must inform us of any allergies and provide written instructions if needed. Staff carefully check all meals and snacks to avoid allergens and are trained to respond to allergic reactions, including using prescribed epinephrine. Parents are notified immediately if a reaction occurs. Families may provide safe snacks or foods as needed, and staff work with families to ensure children can participate safely in all activities.

Medical & First Aid Policy

Your child's safety and health are our top priorities. Staff are trained in first aid, CPR, and emergency procedures. Minor injuries are treated promptly, and parents are notified. In serious emergencies, 911 will be called immediately, and parents contacted. Medication is given only with signed permission and stored safely. Sick children with fever, vomiting, or diarrhea must stay home until symptom-free for 24 hours without medication. Staff follow Montana state guidelines.

Toilet Training Policy

We support toilet training **in a way that is safe, respectful, and developmentally appropriate. Per Montana state childcare regulations, toilet training is only started when a child is ready and in consultation with the child's parents, and we do not routinely attempt toilet training before 18 months of age.**

- Toilet training is a **team effort** between staff and families — we will work with you to follow your child's cues and routines.
 - Children are encouraged, not forced, to use the toilet.
 - Families should provide extra clothing or training supplies as needed.
- Accidents are handled calmly and respectfully, with assistance from staff to change clothing and support the child.

Confidentiality & Non-Discrimination Policy

We protect the privacy of all children, families, and staff. Personal information is kept confidential and shared only with authorized personnel. We follow all federal and state laws, including the Civil Rights Act, and do not discriminate based on race, color, religion, sex, national origin, disability, or other protected characteristics. Our goal is to maintain a safe, respectful, and inclusive environment for everyone.

Transportation & Field Trips Policy

Children are transported in licensed vehicles with proper car seats or seat belts. Drivers are trained and approved per Montana regulations. Parents must provide written permission and emergency contact info. For field trips, parents are notified in advance. Children are always supervised, and staff follow head counts and safety procedures to ensure safe, enriching experiences.

Emergency Response Plan

We follow Montana licensing requirements for emergency preparedness, including a written emergency disaster plan that covers how we respond to fire, severe weather, medical emergencies, intruders, and other situations that could affect the safety of children and staff.

Emergency Preparedness

- We have a written emergency plan that includes evacuation routes and at least one off-site gathering point, shelter-in-place procedures, lockdown procedures, communication with parents, and continuity of operations. We also address how to evacuate non-mobile children and those with special health needs.
 - An emergency disaster kit with water, food, blankets, and supplies is maintained on site.

Drills & Training

- We conduct regular emergency drills, including fire drills and other disaster drills throughout the year, and document each drill (who participated, date/time, number of children and adults, and evacuation time).
 - Staff are trained in first aid, CPR, and emergency procedures to keep children safe during any emergency.

Response & Communication

- In any emergency, staff ensure all children are safe and accounted for.
- Parents or emergency contacts will be notified promptly of the situation and how to reunify with their child, especially if evacuation or sheltering in place is necessary.
 - In life-threatening emergencies, 911 will be called immediately.

Our emergency response plan is reviewed and updated regularly to meet state standards and ensure the safety of every child in our care.

Additional Program Information

Rest Time: If a child leaves the center during school hours, they may not return between 12:30 PM and 3:30 PM.

Parking: Please refrain from idling vehicles in the parking lot unless necessary.

Personal Toys: To maintain focus and fairness, personal toys should be left at home.

Items to Bring:

- Blanket labeled with your child's name
- Two cups labeled with your child's name (one for water, one for milk)
 - Pictures of family for your child's room
- At least one extra outfit to keep at the center for spills

Vaccinations: We recommend scheduling vaccinations on Friday afternoons, so children have time to rest.

Communication: Information about the program and your child will be shared via Bright Wheel. A Kids Nest Childcare has an open-door policy. The program will provide suggestion boxes in May and October as a way for families to raise concerns and offer feedback to help guide ongoing program improvement.

- We provide formula for infants 12 months and under (Sam's Club Brand)

• If you do not want to provide diapers and wipes, there will be a \$50 extra fee for diapers and wipes (Sam's Club Brand)

- If you child runs out of diapers and wipes, there will be a \$1 fee added to your account per diaper.

Daily Schedule

7:30am – Doors Open	12:30pm – 12:40pm – Bathroom Break/Diaper Changes
7:30am – 9:15am – Centers/Supervised Play	12:40pm – 1:00pm – Story Time/Quiet Time Activity
9:15am – 9:30am – Clean Up/Wash for Breakfast	1:00pm – 3:15pm – Nap Time/Quiet Time
9:30am – 9:50am – Breakfast	3:15pm – 3:30pm – Bathroom Break/ Diaper Changes
9:50am – 10:00am – Bathroom Break/Diaper Changes	3:30pm – 4:00pm – Snack
10:00am – 10:30am – Circle Time	4:00pm – 4:30pm – Indoor Center Play
10:30am – 11:00am – Indoor/Outdoor Play	4:30pm – 5:00 – Inside/Outdoor Play
11:00am – 12:00pm – Preschool/ Arts & Crafts Time	5:00pm – 5:30pm – Tv Time
12:00pm – 12:30pm – Cleanup/ Wash for Lunch Time	5:30pm – Doors Lock

Welcome to A Kids Nest Childcare!

We are so grateful that you have chosen us to be a part of your child’s early learning journey. Our mission is to provide a safe, nurturing, and enriching environment where every child can learn, explore, and grow. We believe that children thrive when families and caregivers work together as partners. Your input, questions, and feedback are always welcome—we value your voice and perspective. Together, we can ensure that your child has a happy, healthy, and memorable experience at our center. Thank you for trusting us with your child!

Our program maintains ongoing systems to strengthen family partnerships and continuously improve our practices. We offer an open-door policy that encourages families to communicate regularly with educators and administrators to ask questions, share concerns, or provide input at any time. Families are invited to share feedback through informal conversations, written notes, and digital communication. We also provide opportunities for families to offer suggestions and ideas for program improvement on an ongoing basis. Feedback is reviewed regularly and used to guide adjustments to policies, communication practices, and daily routines to better meet the needs of the children and families we serve.



A Kids Nest Childcare Calendar 2026



January 2026						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2026						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2026						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2026						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July 2026						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September 2026						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Holidays / Center Closed

New Packet Due back to the center

Staff Training / Center Closed

DE choker



I understand and agree that in the event of a life-threatening choking emergency, staff may use the DE choker device as part of emergency response procedures.
By signing below, I agree to comply with all center policies and understand that failure to follow them may result in the termination of childcare services.

Parent/Guardian Name: _____

Child's Name: _____

Signature: _____

Date: _____

Cot/Rest Time Consent



I, the undersigned parent/guardian, give permission for my child to use a cot or mat provided by A Kids Nest Childcare during rest/nap time.

I understand that:

- Children will rest on individual cots or mats with their own blanket or bedding.
- Cots and bedding are cleaned and sanitized regularly to maintain health and safety.
- Staff will supervise all children during rest periods to ensure comfort and safety.

Parent/Guardian Name: _____

Child's Name: _____

Signature: _____

Date: _____

Photo & Media Release Policy



I, the undersigned parent/guardian, give permission for A Kids Nest Childcare to take and use photographs, videos, or other media of my child for educational, promotional, or social media purposes.

I understand that:

- Media may be used in classroom projects, newsletters, the center's website, or social media accounts.
- My child's full name will not be published without additional consent.
- I may withdraw consent at any time by notifying the center in writing.

Parent/Guardian Name: _____

Child's Name: _____

Signature: _____

Date: _____

Transportation Consent



I, the undersigned parent/guardian, give permission for my child to be transported by A Kids Nest Childcare for daily activities, field trips, and other center-approved events.

I understand that:

- Children will be transported in licensed vehicles with appropriate car seats or seat belts according to Montana State regulations.
 - Staff are trained and approved to ensure safe transportation.
- Parents will be notified in advance of any field trips, and children will be supervised at all times.
- Emergency procedures, including contacting parents and calling 911, will be followed if necessary.

Parent/Guardian Name: _____

Signature: _____

Date: _____



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Institution or Facility Name: A Kids Nest Childcare

Part 1. Name of Child(ren) Enrolled:

Table with 2 columns: Name, and a checkbox for foster child status.

Full names of all household members

Table with 2 columns: Name, and a checkbox for foster child status.

Part 2. Benefits: If any member of your household received [SNAP], [FDPIR] or [TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

Part 3. If any child you are applying for is homeless, a migrant, or a runaway, call the State agency for instructions.

Part 4. Total Household Gross Income—You must tell us how much and how often (whole dollar amounts, please)

Table with 5 columns: Total number in household, A. Name, B. Gross income and how often it was received (with sub-columns for different income sources), and a checkbox for no income.

This section required for all forms listing income in Part 4: Last four digits of Social Security Number: X X X - X X - _____

Part 5. Signature (Adult must sign)

Signature area with fields for Sign here, Date, Address, City, Print name, Phone Number, State, and Zip Code.

Part 6. Participant's ethnic and racial identities	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Part 7. Decline to provide information	
I choose not to provide information about my household size and income.	
Signature of Adult Household Member _____	Date _____

This Section is to be completed by the Child Care Institution – Determination of Eligibility	
Completion of this section is <u>required</u> for the institution to claim meals at the free or reduced rate for the child/children listed in Part 1: Name of Child(ren) Enrolled.	
Number of persons in the household: _____	
Total income \$ _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice A Month <input type="checkbox"/> Month <input type="checkbox"/> Year (Annual Income Conversion: weekly x 52, every 2 weeks x 26, twice a month x 24, monthly x 12)	
Categorical Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II	
Required: Determining Official's Signature: _____ Date: _____	
<i>Additional official signatures are recommended but not required.</i>	
Confirming Official's Signature: _____ Date: _____	
Follow-up Official's Signature: _____ Date: _____	

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) case number for the participant or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: "In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov. This institution is an equal opportunity provider."

Head Start: Children who are enrolled in the Federal Head Start Program receive meal benefits in the CACFP without further application or eligibility determination. Acceptable documentation includes a current approved Head Start application or a written, signed and dated statement or roster from a Head Start official. [USDA Memos CACFP 7-2008 and CACFP 10-2008]

Print
Save
Clear Form



Department of Public Health and Human Services
 Early Childhood Services and Family Support Division
 Child Care Bureau / Child Care Licensing

**NON-INGESTIBLE
 OVER THE COUNTER MEDICATION
 AUTHORIZATION FORM**

INSTRUCTIONS

PARENT

Please select all non-ingestible over the counter medications, listed below, that you are giving your child care provider permission to administer to your child.

On the line after the medication please indicate if there are special handling or storage instructions, including if the medication needs to be refrigerated.

***This document must be updated on an annual basis.**

PROVIDER

To administer a non-ingestible over the counter medication:

- The medication must
 - include the child's name on the original container
 - be brought to the child care facility by the parent.
 - be in its original container,
 - have a legible label,
 - include the medicines expiration date

***Keep in the child's file when medication is finished.**

Child and Provider Information

Child's Name: _____ Date of Birth: _____
 Program Name: A Kids Nest Childcare

Medication Information

Mark all the below listed non-ingestible OTC (over the counter) medications that you are giving the provider permission to administer.

	Special handling/storage Instructions	Refrigeration?
<input type="checkbox"/> Antibiotic Creams/Ointments	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Antiseptic (Iodine, Alcohol, Hydrogen Peroxide)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Burn Creams/Sprays	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cortisone/Anti-Itch Creams/Ointment	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Diaper Rash Cream/Ointments	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Insect Repellent	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Medicated Lip Treatments	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sunscreen (see 37.96.506 FIRST AID 2a)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other non-ingestible OTC's: (please specify)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Signature

I give permission for the administration of the above indicated non-ingestible over the counter medications

Parent/Guardian Signature: (required) _____ Date: _____

Unused Medication

Was the unused medication:

- Returned to the parent? Yes No By: _____ Date: _____
- Discarded appropriately? Yes No By: _____ Date: _____

Parent Acknowledgment & Agreements

I, the undersigned parent/guardian, acknowledge that I have received, read, and understand the policies and procedures of A Kids Nest Childcare, including but not limited to:

1. Attendance, Absences & Late Pick-Up
2. Operating Hours & Holidays
3. Discipline & Behavior Guidance
4. Nutrition & Infant Feeding
5. Illness & Medication
6. Food Allergy
7. Medical & First Aid
8. Toilet Training
9. Confidentiality & Non-Discrimination
10. Emergency Response Plan
11. Transportation & Field Trips
12. Additional Program Information
13. Daily Schedule

By signing below, I agree to comply with all center policies and understand that failure to follow them may result in the termination of childcare services.

Parent/Guardian Name: _____

Child's Name: _____

Signature: _____

Date: _____

Agreement for Childcare Services

We require a non-refundable application registration fee of \$30 for all applicants.

Days Needed	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

Private Pay

Best Beginnings Scholarship

Childcare Aware Scholarship

Payment Due Date is the 1st of every month.

Co – Pay for Scholarships are due on the 1st of every month.

Sibling Discount (\$100 off total amount due, for full time care ONLY)

Families are responsible for payment for the contracted days, including sick days and holidays.

Full Time Under 3 \$1300	School Aged Children Day Rate \$60
Full Time 3 & over \$1,300	Before School/After School Care \$25 A Day
Part Time Day Rate (2 Days - \$60 A Day)	Part Time Day Rate (3 Days \$60 A Day)

I confirm that I have read and understood the Agreement for Childcare Services policy.

Parent/Guardian Name: _____

Child's Name: _____

Signature: _____

Date: _____



Emergency Contact and Consent

This form must accompany staff when children are away from the childcare site

Child's Name (First, Last)		
Date of Birth		
ALLERGY ALERT Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box.		
Parent or Guardian Contact Information		
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Work Address (Street, City, Zip)		Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Work Address (Street, City, Zip)		Work Phone
Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Required Medical Information		
Primary Medical Care Provider		Phone
Health Concerns (Please explain)		
Allergies		
Parent or Guardian Authorization		
In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible.		
Parent/Guardian Signature		Date
<i>(This form must be completed and signed annually)</i>		