**POLICY:** IT IS MY POLICY TO TREAT EACH AND EVERY CHILD WITH LOVE AND RESPECT, AS INDIVIDUALS WITH INDIVIDUAL NEEDS.

**MISSION:** TARA’S DAYCAMP HOME DAYCARE PROMISES TO PROVIDE QUALITY CHILDCARE IN A SAFE AND NURTURING ENVIRONMENT. TO TREAT EACH AND EVERY CHILD WITH LOVE AND RESPECT, AND TO AID IN THE PHYSICAL, LANGUAGE, EMOTIONAL, SOCIAL AND SPIRITUAL DEVELOPMENT OF IT’S CHILDREN BY TEACHING THE SKILLS NECESSARY TO BECOME UPSTANDING MEMBERS OF SOCIETY. CHILDREN ARE RESULTS OF THEIR EXPERIENCES; THEREFORE, IT IS OUR PRIVILEGE TO GIVE EACH CHILD THE EXPERIENCES NEEDED FOR THEIR INTELLECTUAL GROWTH, HAPPINESS, HEALTH AND WELL BEING.

***THE PROVIDER AGREES TO THE FOLLOWING:***

1. YOUR CHILD (REN) WILL BE GIVEN QUALITY CARE WITH CAREFUL ATTENTION TO SAFETY, HEALTH, GOOD NUTRITION, AND WHOLESOME GROWTH AND DEVELOPMENT ACCORDING TO AGE AND NEEDS.
2. **TRANSITIONS:** ENTERING A NEW SITUATION CAN BE A STRESSFUL TIME FOR CHILDREN AND THEIR PARENTS. RAPID CHANGE CAN LEAD TO INSECURITY AND STRESS. CHILDREN UNDER THREE MAY BECOME WITHDRAWN, UNRESPONSIVE, OR DEMONSTRATE INAPPROPRIATE BEHAVIOUR. BOTH EXTREMES CAN HINDER LEARNING. WE WILL PROMOTE THE SMOOTH TRANSITION OF THE CHILDREN AT THE START OF EACH NEW SETTING. WE WILL HAVE ACTIVITES FOR YOU AND YOUR CHILD TO HELP EASE THESE DIFFICULT TIMES. OUR TRANSITION ASSISTANCE IS AVAILABLE FROM THE TIME YOU ENROLL UNTIL THE CHILD’S 1ST YEAR OF SCHOOL.
3. **EDUCATIONAL PROGRAMS:** I CONDUCT A PROGRAM BASED ON MODERN EDUCATIONAL TECHNIQUES THAT ARE CONSIDERED TO BE APPROPRIATE FOR YOUNG CHILDREN. THE FUNSHINE CURRICULUM IS OUR PROGRAM CURRICULUM OF CHOICE. I WILL HELP ALL THE CHILDREN WITH PRE-READING AND WRITING SKILLS. THEY WILL AQUIRE THESE SKILLS THROUGH THEIR PLAY, ART, MUSIC, LANGUAGE, AND OTHER ACTIVITIES PLANNED THROUGHOUT THE DAY.
4. **CHILD SCREENINGS:** SCREENINGS ARE COMPLETED FOR EACH CHILD AT LEAST ONCE PER YEAR. IN USING THE AGES & STAGES ASSESSMENT TOOL, APPROPRIATE TO YOUR CHILD’S AGE, WE WILL CONDUCT THESE SCREENINGS. I WILL SUBMIT THE INFROMATION FROM THE ASSESSMENT FORM TO EASTER SEALS USING YOUR EMAIL ADDRESS FOR THE RETURN OF THE RESULTS. YOU WILL RECEIVE THE RESULTS OF THE ASSESSMENT VIA EMAIL DIRECTLY FROM EASTER SEALS. YOU WILL NEED TO BRING THE RESULTS WITH YOU FOR OUR PLANNING OF GOALS DURING OUR PARENT/TEACHER CONFERENCE.
5. **COMMUNICATING WITH FAMILIES:** THERE ARE SEVERAL WAYS IN WHICH WE COMMUNICATE WITH FAMILIES: FACE-TO-FACE, BY PHONE, BUSINESS LINE (708) 880-0861, MY CELL # (708) 818-TARA **(8272),** FAX # (773) 409-3839, VIA EMAIL [TARASDAYCAMP@GMAIL.COM](mailto:TARASDAYCAMP@GMAIL.COM). THROUGH TEXT MESSAGING, PARENT CONFERENCES, NOTES SENT HOME, EMAILS, AND DURING PLANNED SOCIAL ACTIVITIES. PLEASE DO NOT HESITATE TO REACH ME ANYTIME WITH ANY QUESTIONS, CONCERNS OR SUGGESTIONS.
6. **SUPPORTING FAMILIES:** WE MAINTAIN A LENDING LIBRARY FOR PARENTS TO HAVE ACCESS TO BOOKS FOR READING AT HOME. WE ALSO HAVE A PARENT BULLETIN BOARD WITH LOCAL COMMUNITY RESOURCE INFORMATION. DURING PARENT CONFERENCES, THERE WILL BE FREE CHILD CARE AVAILABLE.
7. **PARENT/TEACHER CONFERENCES:** CONFERENCES ARE CONDUCTED TWICE A YEAR. THERE WILL BE A SIGN-UP SHEET DISPLAYED ON THE PARENT BOARD. PLEASE SELECT A DATE AND TIME THAT IS CONVENIENT FOR YOU. IF YOU FIND THAT NONE OF THE DATES WILL WORK, PLEASE SEE ME ABOUT ADDITIONAL DATES AND TIMES AS THESE MEETINGS ARE MANDATORY.
8. **DISCIPLINE:** I USE POSITIVE METHODS OF DISCIPLINE. I DO NOT PUNISH CHILDREN FOR BEHAVING AS CHILDREN. I ALWAYS TEACH CHILDREN SAFETY RULES TO KEEP THEM FROM GETTING HURT. THEN, ACCORDING TO THEIR AGE, I HELP THEM LEARN TO BE KIND, TAKE TURNS, SHARE, AND HELP OTHERS. WE USE “TIME AWAY” IF A CHILD SHOULD LOSE CONTROL. THE CHILD WILL HAVE CONTROL OVER THE AMOUNT OF TIME SPENT AWAY FROM THE GROUP.
9. I PROVIDE A QUALIFIED SUBSTITUTE WHEN I AM ILL OR AWAY FROM MY PROGRAM DURING REGULAR SCHEDULED DAYS. THE SUBSTITUTE WILL FOLLOW MY SCHEDULE AND WILL CONDUCT THE DAYCARE SERVICES IN MY HOME.
10. YOU WILL BE NOTIFIED AT LEAST 2 WEEKS IN ADVANCE IF WE PLAN TO BE CLOSED FOR VACATION OR ANY CLOSING UNLESS AN EMERGENCY ARISES.
11. **DISASTER PREPAREDNESS:** PLANS FOR RESPONDING TO DISASTERS ARE PRACTICED AND POSTED IN THE CHILD CARE AREA. DRILLS ARE CONDUCTED ONCE PER MONTH AND THE RESULTS RECORDED. ESCAPE PLANS ARE ALSO POSTED FOR STAFF AND FAMILY MEMBERS TO FOLLOW.
12. **CHILD PICKUP:** ONLY THOSE YOU HAVE AUTHORIZED IN WRITING ON YOUR ENROLLMENT FORM WILL BE ALLOWED TO PICKUP YOUR CHILD(REN), ***EVEN IF THEY WERE DROPPED OFF BY SOMEONE NOT ON YOUR AUTHORIZATION LIST, THAT PERSON WILL NOT BE ALLOWED TO PICK THEM UP*.** IF YOU NEED TO SEND SOMEONE ELSE TO RETRIEVE YOUR CHILD, WE CAN ACCEPT A FAX DIRECTLY FROM YOU OR HANDWRITTEN NOTE IN ADVANCE; THE INDIVIDUAL MUST SUPPLY A VALID PHOTO ID. ONCE PRESENTED WITH THE ID, WE WILL MAKE A PHOTO COPY FOR OUR RECORDS.
13. **COURT ORDERS:** IF THERE IS A COURT ORDER KEEPING ONE PARENT OR GUARDIAN FROM PICKING UP A CHILD, I MUST HAVE A COPY OF THE COURT ORDER TO PLACE IN THE CHILD’S FILE. IF THERE IS NO COURT ORDER, I CANNOT KEEP A KNOWN PARENT FROM HIS/HER CHILD.
14. **MEDICATION:** WE WILL ADMINISTER PRECRIPTION MEDICATION TO YOUR CHILD THAT HAS BEEN PRECRIBED BY HIS/HER DOCTOR. THE CHILD’S NAME MUST APPEAR ON THE LABEL FOR PRECRIBED MEDICINE AND FOR NON-PRECRIBED MEDICATION IT MUST CONTAIN THE PROPER AGE OR WEIGHT IN IT’S DOSAGE CHART TO FIT THAT OF YOUR CHILD. BY SIGNING THIS POLICIES AND TERMS, YOU WILL BE GIVING US PERMISSION TO ADMINISTER TYLENOL, MOTRIN, ADVIL OR WHICH EVER ***YOU*** PROVIDE FOR FEVERS OVER 100 DEGREES.
15. **CALLS TO PICKUP A SICK OR INJURED CHILD:** YOU WILL BE CALLED TO PICKUP YOUR CHILD IF HE/SHE BECOMES SICK WHILE IN OUR CARE. IF A CHILD IS INJURED AND REQUIRES IMMEDIATE MEDICAL ATTENTION, WE WILL TRANSPORT OR CALL 911 FOR TRANSPORT TO UCHICAGO MEDICINE AT INGALLS, 1600 TORRENCE AVE. CALUMET CITY IL., 60409
16. ***I WILL NOT ALLOW CHILDREN WHO ARE POSSIBLY CONTAGIOUS TO ATTEND THE DAY CARE. SIGNS OF CONTAGIOUS ILLNESS INCLUDE VOMITING, FEVERS OF 101 OR HIGHER, DIARRHEA, BAD COLDS, FLU, NECK SWELLING, AS WELL AS SYMPTOMS OF COMMON CHILDHOOD DISEASES. IF YOUR CHILD IS SICK ENOUGH THAT YOU FIND YOURSELF WONDERING IF I WILL ACCEPT HIM OR HER, IT IS PROBABLY BEST TO KEEP THE CHILD HOME.***
17. **NUTRITION:** I PROVIDE NUTRITIOUS FOODS IN ACCORDANCE WITH RECOMMENDATIONS OF THE U.S. DEPARTMENT OF AGRICULTURE. IF YOUR CHILD HAS SPECIAL DIETARY NEEDS, YOU WILL BE EXPECTED TO PROVIDE THESE FOOD ITEMS. IF YOUR CHILD HAS ANY ALLERGIES OR WILL NOT DRINK MILK, A NOTE FROM THE CHILD’S DOCTOR WILL BE REQUIRED FOR THE CHILD’S FILE**. *NOTE: BEFORE THE START OF EVERY MEAL WE SAY A PRAYER.***
18. **INFANT FOOD:** IF YOUR CHILD IS UNDER ONE YEAR OF AGE, YOU NEED TO BRING FORMULA AND BOTTLES. CEREAL AND BABY FOOD WILL BE PROVIDED. AFTER THE CHILDS FIRST BIRTHDAY, I WILL PROVIDE ALL THE FOOD UNLESS YOUR CHILD IS ON A SPECIAL DIET, THEN YOU ARE EXPECTED TO BRING THEIR FOOD. TWO EXTRA CANS OF FORMULA WILL NEED TO BE IN MY HOME FOR EMERGENCIES.
19. **TOILET TRAINING:** AT AGE ONE (1) TRAINING BEGINS, I WILL WORK WITH YOU TO DEVELOP A PLAN THAT WORK BEST FOR YOUR CHILD. IN THE MEANTIME, I EXPECT YOU TO PROVIDE PULL-UPS. I ALSO EXPECT YOU TO BRING DIAPER WIPES AND ANY OTHER ITEMS YOU WISH US TO USE FOR THE CHANGING OF YOUR CHILD. AT AGE TWO (2), A $35 FEE WILL BE REQUIRED UNTIL YOUR CHILD IS FULLY TRAINED.
20. **FIELD TRIPS:** I WILL NOTIFY YOU WHEN WE GO ON A FIELD TRIP AWAY FROM MY IMMEDIATE NEIGHBORHOOD. I WILL ASK YOU TO BRING YOUR CHILD’S CAR SEAT ON THE DAYS OF SUCH TRIPS; SAFETY SEATS ARE REQUIRED BY LAW IN THE STATE OF ILLINOIS. I MAY ALSO ASK YOU TO CONTRIBUTE MONEY NEEDED FOR A TRIP OR SPECIAL ACTIVITY. I WILL ASK FOR PARENT VOLUNTEERS TO ACCOMPANY US ON OUR TRIPS.
21. **WALKING TRIPS IN MY NEIGHBORHOOD:** SOMETIMES WE WILL BE TAKING WALKS AROUND MY IMMEDIATE AREA. THESE WALKS ARE COVERED BY THE BLANKET PERMISSION YOU WILL SIGN WITH YOUR ENROLLMENT PAPERS.
22. **PHOTOGRAPHS:** SOMETIMES I MAY WISH TO PHOTOGRAPH OR VIDEOTAPE THE CHILDREN FOR MY RECORDS OR FOR YOUR VIEWING. PERMISSION TO DO SO WILL BE COVERED WITH YOUR ENROLLMENT PAPERS.
23. **TELEVISION:** I AM AWARE THAT THERE ARE SOME EXCELLENT CHILDREN TELEVISION PROGRAMS. I WILL INVITE CHILDREN TO WATCH ONLY THE PROGRAMMING THAT FALLS INTO THAT CAREFULLY SELECTED CATEGORY.
24. **BIRTHDAYS:** WHEN IT IS YOUR CHILD’S BIRTHDAY, I WILL HAVE ACTIVITIES PLANNED IN HIS OR HER HONOR. YOU MAY BRING A BIRTHDAY TREAT, SUCH AS A BIRTHDAY CAKE AND OR PARTY BAGS. PARENTS ARE WELCOME TO COME IN AND ENJOY THEIR CHILD’S SPECIAL DAY. OUR HOLIDAY PARTY IS OUR LAST DAY OF CARE FOR THE YEAR. PARENTS ARE WELCOMED AND ENCOURAGED TO ATTEND.
25. **NAP TIME:** I WILL PROVIDE CLEAN CRIBS, COTS, SHEETS AND COVERS FOR NAP. ALL CHILDREN NOT ATTENDING ALL DAY SCHOOL WILL GO DOWN FOR NAP OR QUIET TIME ON A DAILY BASIS. ALL DAY S CHOOL AGE CHILDREN WILL BE GIVEN THE OPTION OF A NAP OR A PLACE TO ENGAGE IN QUIET ACTIVITIES.
26. **TOYS AND OTHER PERSONAL BELONGINGS:** I ENCOURAGE NEWLY ENROLLED CHILDREN TO BRING A FAVORITE ITEM FROM HOME TO HELP IN HIS OR HER SEPARATION FROM YOU. HOWEVER, I WILL NOT BE RESPONSIBLE IF AN ITEM BECOMES BROKEN OR LOST. I WILL DO MY BEST TO PREVENT THIS FROM HAPPENING.
27. **CONFIDENTIALITY:** ALL INFORMATION THAT MAY COME MY WAY CONCERNING INDIVIDUAL PERSONS AND THEIR FAMILIES IS KEPT CONFIDENTIAL.
28. **TRANSPORTATION:** IF WE WILL BE PICKING UP YOUR CHILD(REN) FROM YOR HOME, THEY MUST BE READY AT THE AGREED UPON TIME. IF THE CHILDREN ARE NOT READY, THE DRIVER WILL ONLY WAIT FIVE MINUTES BEFORE LEAVING. REGULAR FEES WILL BE CHARGED FOR THAT WEEK OF SERVICE. IF SERVICES ARE NOT NEEDED FOR ANY DAY OF THE WEEK, A PARENT MUST CALL PRIOR TO 8 AM ON THAT DAY. PAYMENT FOR THIS SERVICE IS PER WEEK AND NOT PER DAY.

***PARENTS OR GUARDIANS AGREE TO:***

1. SICK CHILDREN SHOULD BE KEPT AT HOME. THE PROVIDER WILL BE CALLED BEFORE 10:30 AM, WHEN THE CHILD IS GOING TO BE OUT SICK OR LATE, SO THE CORRECT AMOUNT OF LUNCH CAN BE PREPARED FOR THAT DAY.
2. WHEN A CALL IS RECEIVED TO PICK UP A CHILD WHO IS ILL OR WHO HAS BEEN INJURED, THAT PICKUP WILL BE DONE AS QUICKLY AS POSSIBLE, WITHOUT DELAY AND UNREASONABLE EXCUSES. IF YOUR CHILD MUST BE TRANSPORTED TO THE HOSPITAL, HE/SHE WILL BE ACCOMPANYED BY MSELF OR A STAFF MEMBER AND THE PARENT(S) WILL BE NOTIFIED.
3. EMERGENCY INFORMATION: THE EMERGENCY FORM YOU FILL OUT WITH YOUR ENROLLMENT PAPERS MUST BE KEPT UP TO DATE SO THAT I CAN CONTACT YOU AT ANY TIME. PLEASE KEEP ME INFORMED OF NEW TELEPHONE NUMBERS, ADDRESSES, OR JOB LOCATIONS.
4. FDA FOOD PROGRAM: MY PARTICIPATION IN A FOOD PROGRAM REQUIRES THAT I HAVE YOU FILL OUT CERTAIN FORMS BEFORE I MAY BE PARTIALLY REIMBURSED FOR YOUR CHILD’S MEALS. DEPENDING ON THE ARRIVAL AND DEPARTURE TIMES OF YOUR CHILDREN. THEY WILL BE PROVIDED WITH THE FOLLOWING: BREAKFAST (arrival until 8am), MORNING SNACK (9:30-9:50), LUNCH (11-11:30), AND SUPPER (4-4:30pm).
5. TWO WEEKS NOTICE WILL BE GIVEN IF YOU DECIDE TO WITHDRAW YOUR CHILD(REN), OR WHEN THE CHILD(REN) WILL HAVE AN EXTENDED ABSENCE FOR ANY REASON.
6. PARKING: PLEASE BE CONSIDERATE OF MY NEIGHBORS WHEN PARKING. PLEASE PARK ON MY SIDE OF THE STREET IF POSSIBLE. IF YOU PULL INTO THE DRIVEWAY PLEASE WATCH YOUR SPEED, SOMEONE COULD BE COMING FROM THE CORNER OF THE HOUSE AT ANY TIME.
7. TO BRING YOUR CHILD IN APPROPRIATE CLEAN CLOTHING FOR THE WEATHER. TO PROVIDE US WITH A COMPLETE CHANGE OF CLOTHING AND REPLACE THEM THE NEXT DAY IF CHANGES HAVE TO BE MADE. NOTE: IF YOUR CHILD BECOMES SOILED AND A CHANGE OF CLOTHING HAS NOT BEEN PROVIDED, YOU WILL BE CALLED TO BRING YOUR CHILD A CHANGE. WE ARE EXPERIENCING DIFFICULTY IN THE RETURN OF BORROWED CLOTHING THAT BELONGS TO OTHER CHILDREN; THEREFORE, WE WILL ONLY USE THE CLOTHING THAT YOU PROVIDE FOR YOUR CHILD.

1. TO CLEARLY LABEL YOUR CHILD’S BELONGINGS.
2. TO KNOW I AM NOT RESPONSIBLE FOR LOST OR BROKEN TOYS.
3. TO BRING FORMULA AND/OR BREAST MILK AND CLEAN BOTTLES FOR YOUR INFANT UNDER ONE YEAR OF AGE.
4. TO WORK OUT A PLAN WITH US FOR TOILET TRAINING WHEN ***YOUR CHILD*** IS SHOWNING SIGNS OF READINESS.
5. TO FURNISH DIAPERS (OR SUBSCRIBE TO A DIAPER SERVICE) AND DIAPER WIPES UNTIL YOUR CHILD IS TOILET TRAINED.
6. TO NOTIFY US BY PHONE ***AND*** IN WRITING IF SOMEONE OTHER THAN THOSE ON THE EMERGENCY FORM WILL BE PICKING UP YOUR CHILD.
7. TO SUPPLY ME WITH A COPY OF THE COURT ORDER KEEPING THE NON-CUSTODIAL PARENT OR GUARDIAN AWAY FROM THE CHILD.
8. DURING THE FIRST WEEK OF JANUARY AND THE FIRST WEEK OF JULY EACH PARENT WILL BRING IN THE FOLLOWING SUPPLIES: 3 LARGE BOXES OF KLEENEX, 3 LARGE CAN (OR) CONTAINER OF LYSOL OR CLOREX WIPES (80 count), OR SPRAY AND 3 ROLLS OF PAPER TOWELS.
9. ATTEND PARENT/TEACHER CONFERENCES - IT IS IMPORTANT THAT WE WORK TOGETHER TO SET GOALS FOR YOUR CHILD. PLEASE SIGN-UP AND ARRIVE ON TIME FOR YOUR SCHEDULED APPOINTMENT TIME. ATTEND AT LEAST TWO OF THE SIX BIMONTHLY PARENT MEETINGS SCHEDULED DURING THE YEAR.

***FEES:***

1. HOURS OF OPERATION ARE 6:00 AM THRU 12 AM.
2. DAYS OF OPERATION ARE MONDAY THRU FRIDAYS.
3. LATE FEES ARE CHARGED WHEN YOU ARRIVE AFTER ARRANGED PICK-UP TIME TO PICK UP YOUR CHILD(REN) AND FEES ARE PER CHILD, NOT FAMILY:

***Ex. PARENTS NEED TO ARRIVE AND HAVE YOUR CHILD(REN) OUT THE DOOR BY 6:00PM. IF YOUR WORK SCHEDULE ENDS AT 5. AT 6:00 PM THRU 6:05 PM A LATE FEE OF $10.00 WILL BE CHARGED TO YOU--6:06 PM AND EVERY MINUTE*** THEREAFTER WILL BE $5.00 PER MINUTE ALONG WITH THE $10.00 FOR THE FIRST FIVE MINUTES OF THE HOUR. ***LATE FEES ARE DUE ON THE DAY OF YOUR BEING LATE OR BEFORE YOU RETURN YOUR CHILD FOR CARE.*** PARENTS, IF YOU ARE LATE, AFTER 15 MINUTES WE CALL ALL THE NUMBERS LISTED ON YOUR ENROLLMENT FORM. WE WILL MAKE THESE CALLS AT LEAST TWICE DURING THE HOUR IF YOU HAVE NOT ARRIVED OR WE HAVE NOT HEARD FROM YOU. AFTER ONE HOUR, OUR LOCAL POLICE DEPARTMENT WILL BE NOTIFIED ALONG WITH THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES TO MAKE ARRANGEMENTS FOR YOUR CHILD(REN) TO BE PICKED UP BY THE ABOVED NAMED DEPARTMENTS. LATE FEE FOR NON-PAYMENT OF WEEKLY FEES NOT PAID ON MONDAYS (UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE) WILL BE $10.00 PER DAY, AND MUST BE PAID BEFORE THE NEXT WEEKS FEES ARE DUE. IF WEEKLY FEE ALONG WITH LATE FEES ARE NOT RECEIVED BY THE FOLLOWING MONDAY, YOUR CHILD(REN) WILL NOT BE PERMITTED TO RETURN TO OUR PROGRAM UNTIL ALL MONIES DUE ARE PAID AND IF SPACE IS STILL AVAILABLE.

1. MY HOME CHILDCARE WILL BE CLOSED ON THE FOLLOWING ***PAID*** HOLIDAYS AND VACATION DAYS:

MARTIN LUTHER KING'S BIRTHDAY

PRESIDENTS DAY

GOOD FRIDAY\*\*

MEMORIAL DAY

INDEPENDENCE DAY

LABOR DAY

COLUMBUS DAY

THANKSGIVING DAY AND THE DAY AFTER

CHRISTMAS EVE AND CHRISTMAS DAY

NEW YEARS EVE AND NEW YEARS DAY

TWO TRAINING DAYS DURING THE YEAR (30 DAY NOTICE)

WE ARE CLOSED THE WEEK BETWEEN CHRISTMAS EVE AND NEW YEARS DAY AND TWO WEEKS DURING THE \*\*SUMMER\*\*.

1. SPACE PERMITTING, I WILL ENROLL CHILDREN BETWEEN THE AGES OF 6 WEEKS THRU 12 YEARS.
2. WEEKLY FEES WILL BE DISCUSSED INDIVIDUALLY AND BASED ON THE FOLLOWING:

FULL TIME ATTENDANCE

BEFORE AND AFTER SCHOOL ATTENDANCE

THE AGE OF THE CHILD

IF STATE SUBSIDIZED

1. IF YOU QUALIFY FOR SUBSIDIZED CHILD CARE, YOU WILL

BE CHARGED A PARENT CO-PAYMENT SET BY THE STATE, ALONG WITH AN AMOUNT THAT WILL HAVE YOUR FEES EQUAL TO THAT OF OUR RATES. IT WILL BE YOUR RESPONSIBILITY TO TURN IN YOUR RE-DETERMINATION FORMS TO THE STATE IN A TIMELY FASHION. YOU WILL BE CHARGED, AND WILL BE REQUIRED TO PAY, THE FULL WEEKLY RATE IF YOUR CASE EXPIRES BEFORE YOU ARE AGAIN APPROVED. ANY PAYMENTS MADE BY THE STATE AFTER YOU HAVE BEGUN TO PAY WILL BE USED TOWARDS YOUR CO-PAYMENTS AND ***WILL NOT BE REFUNDED TO YOU IN CASH.***

1. A NON-REFUNDABLE REGISTRATION FEE OF $55.00 WILL BE REQUIRED.
2. ADVANCE DEPOSIT: AN ADVANCE DEPOSIT EQUAL TO THAT OF ONE WEEK WILL BE REQUIRED, ***IF*** FEES ARE CONSISTENTLY PAID LATE. THIS ADVANCE DEPOSIT CAN BE USED FOR THE LAST WEEK YOUR CHILD WILL BE IN ATTENDANCE.

1. FEES WILL BE DUE ON MONDAYS OF THE WEEK OF SERVICE AND CAN BE PAID BY CASH, ZELLE, OR MONEY ORDER. CHECKS ARE NOT ACCEPTIBLE.
2. DUE TO THE FACT WE WILL BE HOLDING SPACE FOR YOUR CHILD(REN) DURING YOUR VACATIONS AND OR THE CHILDS SICK TIME, WE WILL EXPECT TO RECEIVE FEES AMOUNTING TO 100% OF YOUR REGULAR FEES.
3. TRIAL PERIOD: BOTH THE PARENTS AND PROVIDER WILL HAVE A ONE-WEEK TRAIL PERIOD BEFORE THE CHILD IS PERMANENTLY ENROLLED. IF IT IS DECIDED THAT THIS PROGRAM IS NOT A GOOD FIT FOR THE CHILD, NO TWO-WEEK NOTICE OF WITHDRAWAL WILL BE REQUIRED.
4. THE PROVIDER MAY TERMINATE THIS AGREEMENT FOR ANY OF THE REASONS LISTED BELOW AND WILL MAKE NOTIFICATION OF IMMEDIATE REMOVAL FROM OUR PROGRAM.
5. NON-PAYMENT OF FEES
6. UNCOOPERATIVE PARENT OR GUARDIAN
7. FAILURE OF CHILD (REN) TO ATTEND FOR THREE DAYS

WITHOUT NOTIFICATION

1. A SOLE AND UNRESTRICTED DECISION AFTER A ONE-WEEK

TRIAL ENROLLMENT PERIOD AND IT IS DETERMINED THAT

IT IS NOT IN THE BEST INTEREST OF THE PROGRAM TO

CONTINUE THIS ENROLLMENT

I (WE) AGREE TO COOPERATE WITH THE GENERAL POLICIES OF THE HOME DAYCARE AND TO ABIDE BY ITS RULES AND REGULATIONS, WHICH HAVE BEEN GIVEN TO ME. I (WE) ALSO UNDERSTAND CHANGES MAY OCCUR TO THIS CONTRACT AND I (WE) WILL BE INFORMED IN WRITING OF THOSE CHANGES AT THAT TIME. MY (OUR) SIGNATURE(S) BELOW INDICATES THAT I (WE) HAVE READ THIS CONTRACT AND ANYTHING NOT UNDERSTOOD HAS BEEN EXPLAINED TO MY (OUR) SATISFACTION.

PARENT OR GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT OR GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDER SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 07/20/20