This daycare is a City and State licensed daycare home. I meet with safety, health, and nutritional standards. Caring for children is my choice of profession. I enjoy caring for children, watching them grow, and building relationships with the other children in my care. I will treat each child equally and as if they were my own child.
I depend on this income as you depend on your and would prefer to have children that are here on a consistent basis. This also helps me to pay my staff who I use on occasion when it is necessary for me to be gone for short periods of time, or if I become sick. Please understand that you will need to have a back-up daycare provider in case of an emergency and in the event, I am unable to watch your child(ren).

I am a member of a State funded nutrition program. The State can come to my home unannounced about 3-4 times a year check over my paperwork and make sure the children are receiving nutritious meals. Food is offered to your child, but they are not forced to eat it. I will notify you right away if your child is not eating.
I provide breakfast, lunch, snacks, and dinner at no extra charge to you. They are set time, which are limits as to when I can and cannot feed the children. Breakfast is from 8:00-9:00, morning snack 10:00-10:30, lunch is from 12:00-1:00, afternoon snack IS from 3:00-4:00 and dinner is from 6:00-7:00pm. If your child will not be attending during those times, please make sure he/she has had his/her meals. DO NOT let your child bring ANY food unless it is an extra snack on his or her birthday and there is enough for all the children. No gum or hard candy is permitted and will be confiscated. Infants are excluded to the set time for meals.

**Safety

My first concern is for the safety and well-being of the children. I have locked cabinets, safety locks, socket covers, safety gates, smoke detectors, fire extinguisher, and hold regular fire drills with the children. The yard is fenced - please keep the gate locked at all times. This is for the safety of your child(ren) as well as the other children under my care. The children are not allowed outside the fence or outside my front door unless you are in attendance with them. Please do not have your child(ren) go outside the door (not even to your car) without you. For their safety and of other children, no gum, bard candy, small toys, etc. are allowed in my daycare.

**Immunizations

All children are required to take a photocopy of their updated and current shot records. Parents are required to keep their child's immunization records up to date. This is very important because State licensing comes unannounced and regularly reviews all my paperwork to make sure its current.

**Illness

My priority is to maintain a healthy environment for your child and the other children enrolled in my care. The State Law mandates that you provide documentation of your child's immunizations before their start date; NO EXCEPTIONS! Prior to your child's first day of attendance all pertinent paperwork must be completed and returned to the day care provider.
I am not to take in sick or contagious children. A child must stay home if they have a fever of 100 or higher, if he/she is vomiting, has diarrhea, is contagious, or bas any illness which is determined to be harmful to your child or the children in daycare. If I believe a child is contagious or sick the day before they show signs of any illness. If your child becomes sick during the day, 1 will notify you right away and you will be expected to pick them up. It is not fair to the other families, including mine, to have sick children in daycare.
When vour child is absent due to illness a doctor's note will be necessary to return to daycare.

When your child is absent due to illness a doctor's note will be necessary to return to daycare.

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**Care Items

The following items can be left here: diapers, baby wipes, potty training diapers, a blanket for naps , and a change of clothes. Please mark your child's name on all supp lies. Please bring your child appropriately dressed for the day in play cloth.es Please also bring an extra set of clothes for a change in weather. For inf ants, please supply baby wipes, diapers, an extra set of clothing, security item (if needed), and teething toys. *Please do not dress your child in overalls during overalls during potty training time or clothing they cannot undo themselves.

** Supplies

I will provide all the daily supplies for your child' s play and learning activities. There are activity coloring books, games, toys, puzzles, outdoor play equipment, etc. Please do not bring any items from home as it causes chaos amongst the children. My primary concern is the overall safety of the children and am not responsible to keep track of personal items brought from home.

**Rates

My payment cycles occur weekly; you arc charged for the week even if your child is not present all five days. You are also charged for legal holidays that I am closed.
**Payments

Payments are due Mondays of each week, if payment will not be paid on Monday your child can not come until payment is paid. I require two-week notice prior to the removal of your child (three-week notice if more than one child) from daycare for which payment will be made. Please understand that payment is required for the week and includes full rate for holidays, with no credit for sick or absent days. A security payment needs to be paid on the first day of attendance.

**Extra Charges

You will pay for all activities. There is a charge of $20.00 for every ten minutes you are late picking up your child, to be paid the day you're late. A $40.00 fee will be charged on returned checks and only cash will be accepted thereafter. You will be required to pay all my fees if it causes me to have bounced checks. Late payment fee will be $30.00 a week; and accounts that are 2 weeks late will be terminated and will be sent to collections. There will be a yearly evaluation review of all charges and a small rate increase annually due to inflation. I do not intend to work overtime, so if you are late, I will need to charge you an overtime fee.

**Vacations

If you are going to be out for any reason, please let me know ahead of time. If you are going to be out for vacation, please let me know a1 least four weeks in advance. For vacations, I still require payments for the weeks that your child will be absent. Your vacation fee is due prior to your vacation. I usually take 3week vacation per week and sometimes I do not close.
*Please call by 6:30 a.m. if your child will not be attending daycare that day. Please keep me updated on any address employment, phone number, or emergency contact information changes.

*I keep a record of your payments and will give you an end of the year statement.

Please be on time picking up your child. Please remember my day start very early with children.

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My child will be at day care on the following days and times:

Mon _____Tues _____ Wed _____Thurs _____ Fri _____

I agree to pay $ _____ for the above listed days/hours for the care of my child(ren).

Name _____

The parent _____ , understands that $ _____ is a guaranteed rate and includes full pay for the holidays listed below in which daycare will be closed. (Please post-closing holidays on refrigerator)

I am closed most legal holidays: New Year's Day, Martin Luther King Jr. Day, Memorial's Day, Independent Day, Labor Day, Thanksgiving Day, Christmas Day. In the event these holidays for on a Thursday or Sunday, I will be closed the following Friday or Monday.

The first 10 days are probationary period for the provider, parent, and child. This agreement may be terminated at any time during this period.

I, _____ have read and agree to comply with this contract agreement.

Parent Signature: _____

Daycare Provider: _____

First Day of Enrollment: _____ Child's age: _____

I am looking forward to a good working relationship with all my children and their parents. If you have any questions, please feel free to ask me and I will do my best to work with you and make your child's experience in my daycare a happy one.

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Child's Name: _____ Date of Birth: _____

My child _____, has permission to leave the day care program with the following people. I/We understand that my child will not be released to anyone whose name is not included on this list. Staff will ask any person(s) unknown to them for proof of identity.
In case of emergency and I/we cannot be reached, the day care program, has my/our permission to phone the following people to care for my child.
The day care program will not release a child to anyone under the age of 16 years of age or to anyone who does not appear competent.

1. Name: _____
   Relationship: _____
   Home Address: _____
   Home Phone: _____
   Work Address: _____
   Work Phone: _____
   Cell Phone: _____

2. Name: _____
   Relationship: _____
   Home Address: _____
   Home Phone: _____
   Work Address: _____
   Work Phone: _____
   Cell Phone: _____

3. Name: _____
   Relationship: _____
   Home Address: _____
   Home Phone: _____
   Work Address: _____
   Work Phone: _____
   Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

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Day Care Policy Statement

Name of Provider: _____

Parent/Guardian: _____

Name of Child / Children: _____

Fees: _____

Payment Required: _____

Emergency Closing: _____

Supervision: Children will not be left without competent supervision at any time.

Visiting/Visitor Policy: Parents are free to visit during day care hours. All visitors are to sign visitor's control log.

Health Care Policy: Upon enrollment, parents will furnish the "Medical Report of Child Day Care" form, including documentation that the child has received age-appropriate immunizations in accordance with New York State Public Health Law, completed and signed by a health care provider. Daily health checks of each child for any indicators of illness, injury, abuse or maltreatment will be conducted, discussed and documented.

Discipline Policy: Corporal punishment is prohibited. Methods of discipline, interaction or toilet training which frighten, demean or humiliate a child ae prohibited. Withholding or using food, rest or sleep as punishment is prohibited. Any discipline used must relate to the child's action and be handled without prolonged delay on the part of the provider so that the child is aware of the relationship between his/her actions and the consequences of those actions. Where a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or likely to seriously disrupt interaction, the child may be separated briefly from the group (age-appropriate time out), but only for as long as necessary for the child to regain enough self-control to rejoin the group.

Method of Discipline: _____

_____

_____

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Clothing: Parents should supply an extra set clothes, all diapers and outerwear. A special toy, blanket or favorite item from home gives your child a sense of security and helps at naptime. Please update clothing with changes in season and your child growth.

Napping Policy:

_____ cot _____ mat _____ play pin Location/Room: _____

Supervision:_____ Monitoring:_____

Food Supplied by: _____ Parent _____ Parent to supply bagged lunch

_____ Provider (menu will be posted weekly)

Snack to be provided by provider

Contract Cancellation:

PLEASE READ THE ABOVE PROVISIONS CAFEFULLY!

_____ _____

Parent / Guardian Signature Date

_____ _____

Provider's Signature Date

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Permission To Use Sunscreen

My child, _____ , may have sunscreen applied to exposed skin areas when going outside on a warm, sunny day.

I will provide a sunscreen with a sun protection factor (SPF) of 15 more (without PABA is recommended). PABA gives some children blotchy rashes.

I will mark my child's name on his/her sunscreen's plastic container with a permanent marker.

Parent's Signature _____ Date _____

Permission to Use Diaper Cream

My child, _____ , may have diaper cream applied to skin areas.

I will provide diaper cream for my child. I will mark my child's name on his/her diaper cream container with a permanent marker.

Parent's Signature _____ Date _____

Permission to Take Photos

My child, _____ , may have their picture taken for entertainment purposes only. The only people that will view my child's picture are my caregivers and my family.

Parent's Signature _____ Date _____

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I, _____ give permission to my child's day care provider to use the following over-the-counter or external preparations as needed according to the directions for use on the container. Note: If the directions for use are not specific on the container, (such as Tylenol for a child under the age of 2), I will need a physician's note with the appropriate dosage. If your child must use a specific brand of any of the products listed, please indicate the brand name of the product next to the category.

*Denotes items that must be supplied by parents. All must be in the original container clearly labeled with the child's name.

( ) Acetaminophen

( ) Ibuprofen

( ) Benadryl

( ) Burn Cream

( ) Diaper Cream

( ) Bee Sting Pads

( ) Sunscreen

( ) Insect Repellent

( ) Vaseline

( ) Neosporin or similar Ointment

( ) First Aid Spray /Cream

Parent's Signature: _____ Date: _____

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Moving Forward Daycare Notice to All Parents Receiving Childcare Subsidize Assistance...

As per your DSS Childcare Approval, PLEASE DO NOT SEND YOUR CHILD/CHILDREN TO DAYCARE for the following reasons:

- Day Off From Work
- Sick and Not Going to Work
- On Vacation
- Not Attending DOL Work-Site
- Not Performing DOL Job Search
- If You Go to Work and Leave Early For Any Reason, Please Pick-up Right Away
- If You Have A Doctor's Appointment or Any Other Appointment

Any other reasons that may cause you to not stay in compliance with your childcare approval… **THERE WILL BE NO EXCEPTIONS!!!**

Parent Signature: _____

Thank you,
Claudia

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MOVING FORWARD DAYCARE
CLOSING SCHEDULE

JANUARY 15TH - MLK JR. DAY

FEBRUARY 19TH - PRESIDENT'S DAY

MARCH 29TH - GOOD FRIDAY

MAY 27TH - MEMORIAL DAY

MAY 31ST – DAYCARE OPEN – NO AFTERNOON TRANSPORTATION

JUNE 4TH – DAYCARE OPEN – NO TRANSPORTATION

JUNE 19TH – JUNETEENTH

JULY 3RD - HALF DAY

JULY 4TH & 5TH

AUGUST 1ST & 2ND - DAYCARE OPEN - NO TRANSPORTATION

SEPTEMBER 2ND - LABOR DAY

OCTOBER 9,10,11 - DAYCARE OPEN - NO TRANSPORTATION

OCTOBER 14TH - COLUMBUS DAY

NOVEMBER 11TH - VETERAN'S DAY

NOVEMBER 27TH - 29TH - THANKSGIVING

DECEMBER 23RD - JANUARY 6TH - VACATION

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NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)

PROGRAM NAME:	ADDRESS:	PHONE NUMBER: ( ) -

CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:	DATE OF BIRTH: / /	GENDER:

CHILD'S HOME ADDRESS:

NAME OF PERSON ENROLLING CHILD:	RELATIONSHIP TO CHILD: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____ ☐ Other _____

PHONE NUMBER(S) OF PERSON ENROLLING CHILD: ( ) - ☐ ok to text **EMAIL ADDRESS:**	ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):

EMERGENCY INFO

EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
PRIMARY CONTACT:	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text

FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /	***FOR PROGRAM USE ONLY*** DATE OF DISENROLLMENT: / /

CHILD'S FULL NAME:	DATE OF BIRTH: / /

Check boxes below to indicate if your child has any special needs/services: ☐ None

☐ Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy

☐ Allergies (Please list) _____

☐ Other _____

Please provide information here **AND** discuss with your child care provider:

CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:	PHONE NUMBER: ( ) -
PREFERRED HOSPITAL:	PHONE NUMBER: ( ) -
CHILD'S DENTAL CARE:	PHONE NUMBER: ( ) -

Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/

AGREEMENTS

- I consent to emergency medical treatment for my child…… ☐ Yes ☐ No
- I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision…… ☐ Yes ☐ No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips…… ☐ Yes ☐ No
- I provided information on my child's special needs to the program to assist in caring for my child…… ☐ Yes ☐ No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation…… ☐ Yes ☐ No
- I agree to review and update this information whenever a change occurs and at least once every year…… ☐ Yes ☐ No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

OCFS- 6020 (3/2015)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

TRANSPORTATION PLAN

Child Day Care Programs

Provider Name: _____ Facility ID Number: _____

Program Name: _____

Effective Date of Transportation Plan: ***/ /*** _____

This form may be used to document the program's Transportation Plan. The plan is designed to promote the safety of children and inform families of regulatory requirements regarding transportation. The parent will be asked to sign a separate Transportation Consent Form (OCFS 6013).

1. The Program will obtain written consent from the parent(s) for any transportation of their child provided for, or arranged by a caregiver, and will keep the transportation policy and the written parental consent on file at the program, and parents can be given a copy.

2. A child will never be left unattended in any motor vehicle or other form of transportation.

3. Every child will board or leave a vehicle from the curb side of the street.

4. Each child will be secured in safety seats or safety belts as required by law. Safety seats will be supplied by: (who)

   _____

5. Drivers will be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating. All vehicles used to transport children must have a current registration and inspection sticker.

6. The parent(s) will be provided a copy of this plan at enrollment. If the plan changes, the parent(s) will be provided a copy of the amended transportation plan, prior to its start date. The use of cell phones or any other electronic device during transport, including hand-free devices, is prohibited. Necessary calls will be made once the vehicle is parked in a legally permitted position off the road.

7. The Program will display daily transportation schedules at the following locations: (where)

   _____

   _____

8. During the transport of children, the program will adhere to the required ratio of caregivers to children at all times as determined by regulations.

9. When a child is released from the program, the program will verify that the individual approved by the parent(s) to receive the child is present at the designated drop off location. If the approved person is not present as planned the parent(s) will be contacted immediately by the Program.

10. The parent will be able to check the posted daily transportation schedule regarding transportation arrangements for each day a child is in care. Other Comments:

    _____

    _____

OCFS 6013 (2/2015)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

TRANSPORTATION CONSENT FORM

Child Day Care Programs

Provider Name: _____ Facility ID Number: _____

Program Name: _____

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

☐ I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan _____

☐ I give permission for my child *(name)* _____

to be transported by *(caregiver names and/or transportation contractor arranged for by the program)* _____

_____

_____

At the following times *(check all that apply)*:

☐ Only as recorded on the posted transportation schedule for my child

☐ Other *(explain)*

_____

_____

_____

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: **X** _____

Date _____