



CARING HANDS DAYCARE

Weekly Tuition Schedule

	<u>Birth - 16 Months</u>	<u>16 Months - 3 years</u>	<u>3 – 5 years</u>
Full Time	\$130 per Week	\$120 per week	\$115 per week
Drop In	\$30 per day	\$30 per day	\$30 per day

Caring Hands Daycare

2922 Coalmine Rd
Newburgh, IN 47630
812-490-9813

Gail Fields - Director/Owner

Teacher Name _____

Teacher Name _____

Enrollment Checklist

Materials to give to parents (*need to be filled in, signed, and returned to provider before child starts)

- _____ *-contract
- _____ -tuition rates schedule
- _____ -Birth certificate
- _____ -field trip permission form
- _____ *-emergency medical authorization
- _____ *-medication authorization
- _____ *-contact card
- _____ *-enrollment questionnaire
- _____ *-authorization of alternate pick-up

- _____ *First week's tuition payment/enrollment fee from parent

**CARING HANDS
MEDICAL RELEASE FORM**

Child's Name _____

Parent/ Guardian _____

Home Telephone _____ Cell _____

Work (Mother) _____ Employer _____

Work (Father) _____ Employer _____

Emergency Contact (close relative, friend, neighbor)

Name _____ Phone _____

Relationship _____

Physician's _____ Name _____

Physician's Phone _____

Allergies to food, substance or medication _____

Does the child have any Chronic illness or health condition? Explain:

List any and all medications taken on regular basis (include Vitamins and Dosages)

Permission for Medical Treatment

I _____ (name of parent), give permission for personnel under **CARING HANDS** to provide all necessary emergency medical, dental or other care for _____ (name of child), if I am unable to be contacted. This care may be given under whatever conditions are necessary to preserve the life, limb or well being for the child named herein. I understand I will be financially responsible for the cost of such treatment.

The provider is required to try to contact me, the other parent or legal guardian at one of the above listed telephone numbers.

***A photocopy of my child's insurance information is attached.**

Parent/ Guardian signature _____ Date _____

Child Pick-Up Form

The following people HAVE permission to pick-up the child named below from CARING HANDS. It is the parent's responsibility to notify me in writing of any changes.

Child's Name	DOB	Age	Sex
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1. Name: _____ DL #: _____ Relation: _____

Address: _____ Phone: _____

2. Name: _____ DL #: _____ Relation: _____

Address: _____ Phone: _____

3. Name: _____ DL #: _____ Relation: _____

Address: _____ Phone: _____

B. The following people MAY NOT pick-up my child(ren) from CARING HANDS.

1. Name: _____ DL #: _____ Relation: _____

Address: _____ Phone: _____

2. Name: _____ DL #: _____ Relation: _____

Address: _____ Phone: _____

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider name/daycare name	Date

OTC Medication Form

(Over The Counter Medicine Form)

Child's Name: _____ Date _____

I hereby give _____ permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container:

- ☐ Tylenol*
- ☐ Baby Wipes*
- ☐ Band-Aids
- ☐ Neosporin, Bacitricin, or similar ointment
- ☐ Bactine or similar first aid spray
- ☐ Sunscreen*
- ☐ Insect Repellent*
- ☐ Non-Prescription Ointment (Such as A & D, Desitin, Vaseline)*
- ☐ Powder*
- ☐ Baby Lotion*
- ☐ *Other: (please specify) _____

Specify frequency and duration of

use: _____

Special

Instructions: _____

Note: If the instructions for administering the medication, cream, etc. are not printed on the container (such as with Tylenol for children under 2), then I need a form from the child's doctor indicating the appropriate dosage to be given.

I hereby request that _____ administer one or more of the above over the counter medications or external preparations in accordance with the directions on the container as needed. This consent is valid from today until withdraw. I may withdraw this request at any time.

I release _____ from any liability for administering these preparations.

Mother: _____ Date _____

Father _____ Date _____

* Denotes items to be supplied by parents if use is requested.

About Your Child

1. What FOODS does your child especially like? _____
2. Especially DISLIKE? _____
3. Favorite toys, games, activities? _____
4. Is your child TOILET TRAINED? _____ What words does your child use for toilet? _____
5. How does your child express ANGER or frustration? _____
6. Does your child have any special FEARS? _____
Explain _____
7. When your child is upset, what helps to COMFORT him/her? _____
8. How do you DISCIPLINE your child? _____
9. Has your child been taking an afternoon NAP? _____ If so, how long? _____
If not, why? _____
10. Special toy or blanket for NAP? _____
11. Special FAMILY situations? (*such as custody specifications, problems arising from situations, etc.*)

12. Anticipated ADJUSTMENT problems? _____

13. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

14. Previous childcare child has attended: _____
15. Any problems at previous daycares? _____
16. Other COMMENTS? _____

Health History

1. Child's name _____ BirthDate _____
2. Last Physical Examination _____
3. Last VISION Test Date _____ Last HEARING Test Date _____
4. Last DENTIST Visit Date _____

Illnesses: (*please circle*)

Does your child have any problems with any of these?	Has your child had any of these diseases?
Constipation	Asthma
Convulsions	Bronchitis
Diarrhea	Chicken Pox
Fainting Spells	Diabetes
Frequent Colds	Heart Disease
Frequent Ear Infections	Hepatitis
Frequent Sore Throats	Impetigo

Lice	Measles
Ringworm	Mumps
Skin Rash	German Measles
Soiling	Polio
Stomach Upsets	Scarlet Fever
Urinary Problem	Tuberculosis
Worms	Whooping Cough

5. Other ILLNESSES? (*besides above*) _____

6. Has your child been HOSPITALIZED? (*explain*) _____

7. Has your child had INJURIES with fractures or loss of consciousness? (*explain*) _____

8. Any other members of your family with SERIOUS ILLNESS recently? _____

9. Any other members of your family history of: ASTHMA ____ DIABETES ____ EPILEPSY ____

Sponsor ID Number: 10080002100

Name of Facility: _____

Name of **Child**: _____, _____, _____ D.O.B. _____ Grade Level _____

	MON	TUE	WED	THU	FRI	SAT	SUN
Please check the days your child is normally in care							
Please enter the normal hours your child is in care (e.g. 7:30am -5:00pm)							
Please check the meals your child normal receives while in care	Breakfast__	Breakfast__	Breakfast__	Breakfast__	Breakfast__	Breakfast__	Breakfast__
	M1 Snack__	AM Snack__	AM Snack__	AM Snack__	AM Snack__	AM Snack__	AMSna__
	Lunch'__	Lunch__	Lunch__	Lunch__	Lunch__	Lunch__	Lunch__
	PM Snack__	PMSnad<__	PM Snack__	PM Snack__	PM Snack__	PMSnack__	PM Snack__
	Supper__	Supper__	Supper__	Supper__	Supper__	Supper__	Supper__
	Night Snack	Night Snad<	Night Snack	NightSnack	NiQht Snack	Night Snad<	Night Snack

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____ Phone: _____

Home Address: _____ City _____ State _____ Zip _____

Relative:

Provider needs copy: YES NO

CHILD INFORMATION CARD

NAME OF CHILD (LAST, FIRST, MIDDLE)	DATE OF BIRTH	ACCEPTANCE DATE
NAME OF PARENT(S)	ADDRESS	CITY/TIME/ZONE
1.		
2.		
1. EMPLOYEE	WORK PHONE	PHONE
ADDRESS		
2. EMPLOYEE	WORK PHONE	PHONE
ADDRESS		

NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED

1.	
3.	

PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY

	ADDRESS		PHONE
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Emergency Medical Care:

I, _____ the parent (or legal guardian) of _____ who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Field Trips:

I, _____ the parent (or legal guardian) of _____ who is my minor child, hereby give permission for my child to take field trips with his/her caregiver.

Signature of Parent or Guardian _____

Physician Name	Address - Phone	Insurance	Allergies

Center Enrollment Agreement

This is a legal binding contract between CARING HANDS and

this the day _____.

Parent (s) of
(Child's name) on

The information on these forms must be kept current. If there are any changes, parents do hereby agree that they shall notify the provider immediately. The health status forms must be updated and signed by your child's physician on a yearly basis.

Hours:

CARING HANDS hours open at 7:00 AM and close with final pick up no later than 5:30 PM. Staff members work a long day and expect to leave at the center's closing time. Late pick up is not a normal program option and will always be considered an unexpected occurrence. Please allow enough time at the end of the day to arrive at CARING HANDS, pick up your children and depart by closing time. **If you are late, a late fee of \$1.00 per minute per child is payable upon your arrival.**

Initials

It is imperative that consistent hours of business and procedures are established so that **each party knows what is expected.**

You need to establish a standard drop off and pick up time within a 10 hour period. This will allow us to have the necessary staff on hand for proper care for all children. For anytime longer than 10 hours please notify management. This may assess an additional fee if on a regular basis.

Be aware of the teacher's responsibility to give quality care to all children. Please keep your drop off and pick up time to no more than a 10 minute stay. However feel free to inquire about your child's day. If you have concerns or need to talk to your child's caregiver for an extended period of time, please let us know in advance. We will make arrangements to have additional staff on hand.

It is understood CARING HANDS will be closed on all major holidays with payment **due in full for those days.**

Good Friday
Memorial Day
Fourth of July
Labor Day
Thanksgiving
Friday after Thanksgiving
Christmas Eve Christmas
Day
New Years Eve
New Years Day

Sign in and Out:

State law requires parents/guardians to sign in/out. This confirms who has dropped off and picked up your child. " " " " " " " " " "

" " " " " " " " " " _____
Initials

Payment Statement

Payment for the first week will be made at the time of registration. Following payments will be made, in advance, on each Friday. **Payment is considered late after 5:30 PM on Friday.** There will be a \$5.00 per day late fee if payment isn't made on time.

Termination will be considered if payment is consistently late. There will be a \$25.00 fee for all returned checks. After two returned checks CARING HANDS reserves the right to require cash payments. " " " " " " " " " "

" " " " " " " " " " _____
Initials

Vacations

After six months at CARING HANDS, parents will qualify for one (1) week per year unpaid family vacation. The vacation will be scheduled at your convenience. However, an advance notice of two(2) weeks must be given to the start of your vacation time.

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Initials

Illness Policy

Please do not send your child to CARING HANDS sick!

Under no circumstances will parents bring sick children to CARING HANDS. Sick children expose other children, as well as staff, to the spread of their illness and require additional care and attention. Moreover, sick children want care from their parents in the comfort of their own homes. If other children become ill due to exposure to your sick child, either because he/she was returned to child care before full recovery or because he/she was not picked up promptly upon notice of becoming ill, other parents will be unnecessarily inconvenienced. Because this is disruptive to other children and their families, as well as our staff, your cooperation on this issue is extremely important.

If your child is out ill regular fees still apply. CARING HANDS reserves the right to determine when a child should be sent home due to illness. **Children may return to care 24 hours after symptoms of illness end or with written authorization from your doctor stating the name of illness and when child may return to group care.**

If your child is thought to have a communicable disease, you will be notified and asked to pick him/her up. He/she will be isolated from the other children and given special attention and comfort until you arrive. Your child will be accepted back into care when no longer contagious. All other parents will be notified of the possibility of a communicable disease and what symptoms to watch for.

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Initials

The following illness policies will be strictly enforced, for the health, well being and safety of all concerned.

- Fever, defined by the child's age as follows until medical evaluation indicates inclusion:
 - Infants 4 months old and younger – rectal temperature greater than 101° F or auxiliary (armpit) temperature greater than 100° F even if there is no change in their behavior.
 - Infants and children older than 4 months (accompanied by behavior changes or other signs or symptoms of illness) – rectal temperature of 102° F or greater, oral temperature of 101° F or greater, or auxiliary (armpit) temperature of 100° F or greater.
- Signs possible severe illness, including unusual lethargy, irritability, persistent crying, difficult breathing.
- Uncontrolled diarrhea, defined as an increased number of stools compared with the child's normal pattern, with increased stool water and/or decreased form that is not contained by the diaper or toilet use.
- Vomiting two or more times in the previous 24 hours unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration.
- Mouth sores with drooling unless the child's physician or local health department authority states the child is non-infectious.
- Rash with fever or behavior change until a physician has determined the illness not to be a communicable disease.
- Purulent conjunctivitis, defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including a child with eye pain or redness of the eyelids or skin surrounding the eye.
- Infestation (e.g., scabies, head lice), until 24 hours after treatment was begun.
- Tuberculosis, until the child's physician or local health department authority states the child is non-infectious.
- Impetigo, until 24 hours after treatment was begun.
- Streptococcal pharyngitis, until 24 hours after treatment has been initiated, and until the child has been afebrile for 24 hours.
- Ringworm infection (tinea capitis, tinea corporis, tinea cruris, and tinea pedis) until 24 hours after treatment was begun.
- Lice, children will be checked periodically. The child must be nit and bug free to return.
- Shingles, only if the sores cannot be covered by clothing or a dressing, until the sores have crusted.
- Pertussis, which is laboratory confirmed, or suspected based on symptoms of the illness, or suspected because of cough onset with 14 days after having face-to-face contact with a laboratory confirmed case or pertussis in a household or classroom, until 5 days of appropriate chemoprophylaxis (currently, erythromycin) has been completed.
- Mumps, until 9 days after onset of parotid gland swelling.
- Hepatitis A virus infection, until 1 week after onset of illness or until after immune serum globulin has been given to appropriate children and staff in the program, as directed by the responsible health department.
- Measles until 6 days after the rash appears.
- Rubella until 6 days after the rash appears.

If you have any questions or concerns, please contact us PRIOR to bringing your child to day care.

Medications

Both nonprescription and prescription medications, ointments, and creams can be given to your child if needed. Parents are required to fill out the proper forms and to supply all medications in their original containers. All written instructions shall be valid for six months unless a shorter time period is designated by the physician, dentist, or parent. These must be labeled with the child's name. NO EXCEPTIONS! CARING HANDS may not exceed the manufacturer's recommended dosage unless with written physician's instructions when administering nonprescription medication. CARING HANDS may not administer nonprescription oral medication for longer than 3 consecutive days. CARING HANDS may not administer nonprescription topical ointments, creams, or lotions for longer than 14 consecutive days when used for skin irritations.

"	"	"	"	"	"	"	"	"	"	_____
"	"	"	"	"	"	"	"	"	"	Initials

Medical Emergencies

In case of EMERGENCY, CARING HANDS staff has parent/guardian's permission to administer the necessary first aid or obtain emergency medical treatment in the child's best interest. (See Medical Release Form) Cost incurred from treatment of any injury or illness occurring to your child within the program are the responsibility of the parent/guardian. Secondary insurance is provided by CARING HANDS to pay most expenses not paid by family's primary insurance.

"	"	"	"	"	"	"	"	"	"	_____
"	"	"	"	"	"	"	"	"	"	Initials

Termination

CARING HANDS reserves the right to terminate this contract at any time. Reasons for termination include but are not limited to, late payments, constant late pick ups, consistent misbehavior of child, unforeseen problems which may occur with parent or child.

Parent may terminate this contract by providing the proper written notice of such termination. A minimum of two (2) weeks before the effective date of departure. Parents not providing the two (2) week notification shall be liable for termination charges in the amount equal to the difference between the amount paid after the notice of termination is given and the two (2) week normal charges. It is to be understood that the vacation week will not be considered as part of the two (2) week notice.

"	"	"	"	"	"	"	"	"	"	_____
"	"	"	"	"	"	"	"	"	"	Initials

Discipline Policies

We do not use corporal punishment, such as paddling or spanking. We do not use verbal abuse, name calling, humiliating or any other activity that might damage the

child's self esteem. We give warnings then use time out to calm a child down and redirect them. The amount of time that a child spends in time out is a minute per-year the child is old. If there is a chronic behavioral issue that needs attention, Staff will let you know so that you and CARING HANDS are handling it in the same way and your child has continuity in discipline between home and care. These types of behaviors might include such things as biting, use of bad words, chronic hitting, etc. Together, we will try to find a solution. You may be called to remove your child if his/her behavior prevents staff from being able to properly care for the other children. If the problem continues, other arrangements for the care of the child will have to be made, for the safety and well being of all.

CARING HANDS staff have a responsibility by law to recognize and report any evidence of child abuse--physical or emotional-or neglect. This is strictly for the benefit of your child.

"	"	"	"	"	"	"	"	"	"	"	
"	"	"	"	"	"	"	"	"	"	"	Initials

Dress Code

Play is the work of the young child. As such, they tend to get dirty and occasionally damage their clothing. Please send your child in comfortable play clothes. Also, children should have shoes with safe rubber soles. It is important that children play and have fun during the day, without the worry of getting dirty.

Please be sure to label clothing, coats, gloves, swimwear, and anything from home, with the child's name.

"	"	"	"	"	"	"	"	"	"	"	
"	"	"	"	"	"	"	"	"	"	"	Initials

Toilet Training

We will assist children during potty training. Toilet training will be done in a relaxed manner with the cooperation of the family. If potty training is begun when your child is ready, the task is easy and quick. If a parent undertakes the task of potty training when they want it to happen, the task is arduous and painful for all concerned. Thirty months of age is a good rule of thumb to start checking for signs of readiness. When we agree that the time is right for your child and until he/she is totally successful in his/her toileting, he/she should wear clothes that promote their independence. In addition, **your child must have two complete changes of clothes (don't forget the socks!) The best items are shorts and pants with elastic waists, or dresses.** Try to avoid really tight clothing, pants with snaps and zippers and belts, overalls, and onesies. These are difficult for children to remove "in a hurry". Do not bring your child in panties or underwear until he/she has naptime and bedtime control established.

We ask that you begin toilet training at home during a weekend or vacation. We will follow through and encourage your child while in my care. When a child is ready, the process should go quickly. If your child does not have immediate success, he/she will be put back into diapers, and after a respite, the process will be attempted again. The

Your child's readiness is something we can discuss because consistency between home and CARING HANDS will be very important. This is a special time for your child, a sign that he/she is growing up. Toilet training should be a good experience.

Meals

Snack 3:30 PM

Except for special occasions and when requested, please do not send any food, drink (this includes a morning sippy cup), or candy with your child. We believe mealtime should be a pleasant time; therefore, children are always offered food but are not forced to eat it. We do encourage each child to try one or two bites of everything, and they must eat a little of everything before given seconds of anything. Sometimes they are surprised by what they like! If a child refuses to eat their meal, there will be no food served until the next designated meal/snack time. CARING HANDS will not administer a modified diet to your child. ""

Supplies

[illegible]

Daily Schedule

Young children, toddlers and babies enjoy a structured schedule that allows for flexibility. A schedule helps the day to flow more smoothly, allows the children to anticipate coming events, and aids in achieving a variety of goals. CARING HANDS will post a written schedule, keeping in mind that anything can happen when children are involved. There will be times when we have to make adjustments to the schedule.

"	"	"	"	"	"	"	"	"	"	"	_____
"	"	"	"	"	"	"	"	"	"	"	Initials

Naps & Quiet Time

The state of Indiana requires that all children under the age of five (5) lie down for a rest period in the afternoon. All children must nap or rest quietly during this time from 1:00-3:15. Rest time gives everyone a much-needed break during the day. Without rest time, some children are argumentative in the afternoon, short-tempered with others, and not real happy when they go home in the evening.

Nap time is staff opportunity to take a break, clean up after lunch, do paperwork, and do activity planning. CARING HANDS provides cots and child-sized blankets. If your child has a special blanket or stuffed animal that he/she sleeps with, please label and send it along.

It is better if arrivals and departures do not occur during quiet time, but when they do, please take note of the fact that children may be sleeping. Come and go as quietly and quickly as possible. Children who arrive during quiet time will be expected to rest or play quietly until the rest period is over.

Infants nap at varying times and their schedules will be accommodated. Somewhere between 12 and 18 months, children usually drop down to one nap per day. At this time, we will attempt to put them on the scheduled nap/rest period. "

"	"	"	"	"	"	"	"	"	"	"	_____
"	"	"	"	"	"	"	"	"	"	"	Initials

CARING HANDS Responsibilities:

CARING HANDS will provide a safe, loving environment that supports the emotional needs of the children in our care. We will also provide a supervised indoor and outdoor play. If a staff member does something at CARING HANDS that you do not like, disagree with or that we might do differently, please feel free to discuss it with the directors. We are interested in the well being of your child. Please, Communicate! The staff are open to constructive ideas and suggestions.

Picking Up

CARING HANDS will release your child only to you or those you have listed on the Child Release Form. Emergencies may prevent you from picking up your child; therefore, include individuals whom you would authorize in such events. If you want a person who is not identified on the Child Release Form to pick up your child, you must call CARING HANDS staff in advance. Your child will not be released without advance

notice. CARING HANDS will ask any person other than yourself who picks up your child to provide photo identification.

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" " " " " " " " " " Initials

The Law

CARING HANDS can not legally deny access to or release of your child to either parent/guardian unless there is an active restraining order on file or specific schedule of court ordered visitation rights. If the situation is unclear, we ask the family go back to the court to resolve their differences.

" " " " " " " " " " _____
" " " " " " " " " " Initials

Concerns

If the staff has concerns that your needs or your child's developmental needs are not being appropriately met in the daily program, every effort will be made to involve you in the process of identifying the problem and working toward resolution. However, if after reasonable and appropriate interventions have been tried, the staff determines that the program is not in the best interest of your child, CARING HANDS will require you to withdraw your child from the program. Similarly, a child will be withdrawn for any acts of a parent/guardian that the staff believes, in it's sole discretion, are inappropriate or inconsistent with the best interest of CARING HANDS.

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" " " " " " " " " " Initials

Parent responsibilities:

Please do not bring treats or other foods unless you bring enough to share as this causes unhappiness for everyone. We put emphasis on healthy meals and snacks, such as fruits, veggies and cheeses etc., but we will offer treats during special holidays. Please do not let your child bring toys from home. Toys get lost, broken or taken by someone else. Anything that might be brought to the center becomes the responsibility if the parent. We ask for the parents cooperation on this matter.

Should it become necessary to close CARING HANDS early, due to weather, water, or power issues etc. It will be your responsibility to arrange early pick-up for your child.

" " " " " " " " " " _____
" " " " " " " " " " Initials

Problems

State law explicitly requires daycares to report any unexplained bruises or injuries or other evidence of child abuse or neglect. This law will strictly be adhered to.

We reserve the right to make any written changes in the terms of this contract as may be necessary and will provide parents with the new contract.

Failure to comply with the rules of this agreement can result in termination of child from CARING HANDS. In the event that a parent defaults on any payment due CARING HANDS, the parent will be fully responsible for any and all court costs, filing fee and late fees (\$5.00 per day for every day it is late) incurred was a result of the default.

(mother signature)

Date

(father signature)

Date