

Your Child's Home Away from Home

Welcome to Small Step Childcare. We are pleased you are considering us for your childcare needs. Please take a moment to read through this brochure to find out if our program is right for your child. We are happy to assist you in any way we can.

ENROLLMENT INFORMATION Parent's Policies and Procedures

Child Information:

First: _____ MI: _____ Last: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Enrollment Date: _____ Sex: _____
Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Occupation: _____ Occupation: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Primary Physician Name: _____
Address: _____ City: _____
State: _____ Zip: _____
Contact Number: _____

Authorized Visitors:

Name: _____ Relationship: _____
Phone: _____
Name: _____ Relationship: _____
Phone: _____



Formula Option or Food Option

- ☐ Parent Supplies Breast Milk/Formula ☐ Parent supplies food and refuses Provider's Food
☐ Parent accepts Provider-supplied Formula ☐ Provider supplies food when appropriate

Child Attendance:

I anticipate the Days my child will participate will be:

I agree to place _____ in the care of _____

Between the hours of _____ for _____ days a week.

I agree to pay \$_____ per _____ hour, _____ day, _____ week, or _____ month.

Payments are to be made _____ daily, ☐ weekly,

☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

Official holiday's _____ Days will vary

Dropoff time _____:____AM/PM

Pickup Time _____:____AM/PM

I anticipate the meals my child will participate in will be ☐ Breakfast

☐ Lunch ☐ PM Snack

Special Diet ☐ Yes ☐ No. If yes, please explain _____

Allergy Information _____

The following is the daily meal schedule. If you would like to have your child eat breakfast with us, please come within the time frame or they will not receive a meal until lunch.

(In the past I have made exceptions, but it has disrupted subsequent eating times and other activities)

BREAKFAST: 7:30AM to 9:00AM / LUNCH: 11:00 to 12:00PM / SNACK: 3:00PM to 4:00PM

NUTS AND PEANUT BUTTER SHOULD NOT BE BROUGHT TO THE DAYCARE



Parent/Provider Child Care Agreement

Welcome to Small Step Childcare. We are very happy to have you as part of Small Step Childcare and are looking forward to a long and happy relationship. The purpose of this agreement is to define the mutual terms for your child care arrangements. Please let me know of any changes of address or telephone and emergency numbers. Parents are welcome to visit at any time during child care hours.

Annual Operating Schedule:

1. The childcare will operate each day from **7:00 A.M. to 6:00 P.M. Monday through Friday**, except Holidays as indicated below:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- Day after Christmas
- Lunar New Year
- The provider is entitled to take three (3) weeks of vacation per year.
- Two (2) of the three (3) weeks will not require payment.

Note: (Two weeks of tuition will be charged during weeks that include holidays or vacation periods.)

Note: Childcare will also be closed if the Federal government closes for extreme hazardous weather conditions.

If any of the holiday indicated above falls on a Saturday, we will be closed on the Friday. If the holiday falls on a Sunday, we will be closed on a Monday.

* In case of Child's illness while at daycare and Provider should need to notify parents, parents will make arrangements to pick up the child as soon as possible.

* Child may not attend day care with the following: Fever of 100 degrees F or higher, vomiting diarrhea, pink eye, contagious illness, or extreme irritability due from pain. Child must be cleared by doctor with a note that he/she is no longer contagious and may return to daycare. No medication will be administered to the Child.

Child must have current medical/physical and immunization records prior to enrollment and * regularly updated in compliance with State law. Parent/Guardian must also provide copies of all physical examination reports.

* Upon enrollment, parents/guardian must present (i) original passport, birth certificate or hospital letter and (ii) copy of original passport, birth certificate or hospital letter.

All forms must be submitted to childcare provider on the first day of enrollment. *

(Such as: Enrollment, Field Trip, Health immunization, Medication administration, written medication consent forms and Insurance Liability).



- *The Childcare does not provide insurance for the children. Parents have the responsibility to their children's insurance.
- *In case of emergency, the Childcare has parents' permission to administer first aid or to obtain emergency medical treatment in the child's best interest. The cost will be paid by the child's Insurance.
- *The Childcare will only administer dated and labeled prescription medications at mid-day, unless directed otherwise by a physician. All medication policies are subject to State regulations.
- *The Childcare will provide breakfast, lunch, and snacks to child at no additional charge.
- *All belongings (bottles, toys, blankets, lunch bags, etc.) should be labeled with Child's name as per State law.

Financial terms and conditions:

***Summary of Tuition Rates: Full Time**
Care per week: \$300 (16 months and older)

New Born to 16 months: \$315

Part-time week: Minimum 3 days (\$265 per week)

Drop in rate: \$50 / hour

Weekend rate: \$30 / hour

Late pick up: 15 Minute - 1 Hour \$15.00

Late Tuition Fee: \$10.00 per day

Returned Check Fee / (NSF): \$50.00

A onetime non-refundable \$100 registration fee is required for each family. Second child \$85.

*Payment due upon enrollment: Upon enrollment, a payment equivalent to two-week tuition is due upon enrollment. Tuition will be due every week or as otherwise mutually agreed.

*In case of withdrawal from the Childcare, two-week written notice is required. Tuition will be charged for the full two weeks even if child does not attend for whole two weeks. *Parents should notify the Child care two weeks prior to vacation plans.

*Regular weekly tuition fees will be charged regardless of a child's absence due to illness or vacation.

*The Childcare requires a call at least one hour in advance, for early or late pickups. Also a notice one day in advance for early or late arrivals.

*Parents/Guardians are strongly encouraged to limit pick up and drop off times to 15 minutes.

*This agreement is subject to change in whole or part by Childcare with a two-week notice. **ABSENT**

DAYS: FULL-TIME FEES ARE BASED ON A WEEKLY RATE, ABSENT DAYS-

WHEN THE CHILD WILL NOT ATTEND CARE DUE TO ILLNESS, DOCTOR APPOINTMENT, PARENT DAY OFF, ETC. - WILL NOT BE DEDUCTED FROM THE RATE. THE SAME POLICY APPLIES FOR STEADY AND PART-TIME CUSTOMERS.

_____: INITIAL



Parents/Guardian Agreement

I agree to arrange for the necessary medical examination and immunizations for my child prior to enrollment and I will provide updated immunization reports as required thereafter, or I will submit the necessary documentation for medical or religious exemption from these requirements.

I agree to pick up or arrange to have my child picked up as soon as possible when notified that he or she develops symptoms of a communicable disease; an oral temperature of 100 degree (F), or an armpit temperature of 100 degree (F); or recurrent vomiting or diarrhea.

I understand that in case of an emergency due to illness the provider will contact the parent(s) or guardian: if the parent(s) or guardian is not available or cannot be reached, the provider will notify the designated emergency contact to pick up the child.

I authorize the family day provider to obtain immediate medical care for my child if an emergency occurs and I cannot be located immediately.

I have completed, signed, and dated the child's (i) Substitute Provider Form and (ii) Authorization to Give Medication Form included with this Agreement.

I authorize the family day provider to provide or arrange for emergency needs by calling 911, an emergency occurs and I cannot be located immediately.

I understand that the family day care provider may give nonprescription medication only as directed by instructions on the original container and with my written consent.

I understand that family day care provider may give labeled prescription medication only as directed by the authentic prescription label and with my written consent.

I authorize my child to participate in certain community activities listed below and with advance notice:

- Playground next to the daycare.
- Short walk in neighborhood/around the block
- Short drives in car seat to neighborhood locations

I agree to label my child's clothing and other items with his/her name and bring in a storage bag. I agree to supply at least two complete sets of play clothes, outdoor clothing and the following:

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Sheet and Blanket for rest | <input type="checkbox"/> Diapers | <input type="checkbox"/> Diaper Cream |
| <input type="checkbox"/> Sun block lotion | <input type="checkbox"/> Baby wipes | <input type="checkbox"/> Bibs |

_____: INITIAL



Provider Agreement

In addition to caring for this child during the hours specified on page 1, I agree to provide the following services listed below, if any:

I agree to notify the parent(s) or guardian immediately of major injuries and accidents. I will report minor injuries and accidents to the parent(s) or guardian on the day they occur and as outlined in Substitute Provider Form and I agree to obtain immediate medical care for the child if an emergency occurs and the parent(s) or guardian cannot be located immediately.

I agree to provide the parent(s) or guardian with the general daily routine of the family day care home.

I agree to require written permission from the parent(s) or guardian each time before I take the child on a field trip.

I agree that the family day care home has an open-door policy which permits the parent(s) or authorized visitors to visit and pick up the child at any time.

Parent/Provider's Consent Parent / Guardian

I agree to the terms and conditions listed and described on pages 1-4 above, and will submit my payments for the amount discussed above, on the first day of agreed term.

Child care services will begin on (date): _____. Child care services will end on (date): _____ or _____ until receipt of two-week notice cancellation notice.

Name1: _____ Relationship: _____

Signature: _____ Date _____

Name2: _____ Relationship: _____

Signature: _____ Date _____

Provider

I, Le Lam, Permitted by the Loudoun County Department of Office for Children to care for children in my family child care, agree to provide child care for _____ being enrolled on the _____ day of _____, 20____ during the hours specified on page 1 of this Agreement.

Signature: _____

_____ Date _____

_____: INITIAL



EMERGENCY INFORMATION CARD

CHILD NAME _____

CHILD INSURANCE INFO _____

CHILD PHYSICIAN NAME _____

PHYSICIAN CONTACT NUMBER _____

PHYSICIAN ADDRESS _____

EMERGENCY CONTACT NAME (If parent cannot be reached) _____

EMERGENCY CONTACT PHONE NUMBER _____

EMERGENCY CONTACT ADDRESS _____

The Following are Elements of our Weekly Program:

- ☐ Free choice time, inside and outside (Weather permitted)
- ☐ Group time, sharing
- ☐ music and movement, books, number, shape, color, Alphabet
- ☐ Activities, Art, Craft
- ☐ Regular snack and meal times
- ☐ Many other activities

Nap

Naps are taken in the afternoon between 1:00 PM to 3:30 PM. If your child stays at school in the afternoon, please send a Crib size fitted sheet and small blanket with the name of your child on them for naptime. All blankets must be washable. Blanket and sheet will be sent home each Friday. You need to bring them back each Monday or when your child returns to school.

Accidents

Sometimes accidents happen when children have a disagreement with a playmate. Even though our teachers are alert and attentive, accidents can still occur. Minor bumps and bruises will be cared for by the teacher, If a serious injury should occur, you will be notified immediately.

Therefore, up-to-date emergency contact phone numbers must be kept in your records at all times.

_____: INITIAL



Discipline Policy

My philosophy is that you use discipline to teach a child. I achieve this through love, consistency, and firmness. I stress two main patterns of behavior: respect for other people and respect for property. The children are explained the rules of the child care home frequently, so they are all familiar with the guidelines.

Under NO CIRCUMSTANCES will there be any spanking, physical abuse, verbal abuse, name calling or isolation used. Neither food nor sleep will ever be withheld from children as a means of punishment.

Children are never punished for lapses in toilet training or for accidents (spilled milk, for example). In the case of the latter, I will have the child help me clean up, if possible, not for punishment, but to help teach responsibility.

When a child is having a difficult time following direction or treating others or property with respect, developmentally appropriate guidance techniques will be utilized. These techniques include Positive Reinforcement, Active Listening, Forestalling, Redirection and Calm down Time.

Please keep in mind that there WILL be disagreements between children. Young children, especially, who are not adept at communication, have a hard time expressing their feelings. Sometimes they hit or throw toys, etc. Although teaching children appropriate behavior is what I will be doing, remember that this behavior is normal in most cases.

House Rules

Please respect my profession, my home, and me. The respect that you show me, including my home, furnishings, equipment, yard, and other children will communicate itself to your child and will make for a better working relationship. There are three house rules that all children will be taught and expected to follow. In addition, although I realize that I must expect a certain amount of wear and tear where children are concerned, I do not want to have my home "demolished."

The three basic house rules are:

- ☐ You may not hurt yourself.
- ☐ You may not hurt things (furniture, toys, etc.).
- ☐ You may not hurt others. (Hurt can be emotional, not just physical).

_____: INITIAL

Child's Name _____

LIABILITY INSURANCE DECLARATION

THIS FORM COMPLIES WITH THE REQUIREMENTS OF § 63.2-1809.1 OF THE CODE OF VIRGINIA AND MUST BE MAINTAINED ON FILE IN THE FAMILY DAY HOME AT ALL TIMES WHILE THE CHILD IS IN ATTENDANCE AND FOR 12 MONTHS AFTER THE CHILD'S LAST DAY OF ATTENDANCE.

I have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services (\$100,000 per occurrence and \$300,000 aggregate).

☒ Yes ☐ No

I, _____, acknowledge having received the
(Signature of parent or guardian)
above-referenced notification on _____.
(Date)

☐ I no longer have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services effective _____.
(Date)

I, _____, acknowledge having received the
(Signature of parent or guardian)
above-referenced notification on _____.
(Date)