

Parent Checklist for Completing Enrollment

All forms must be completed and returned to the program staff.

Your student **MAY NOT** attend the program until forms are approved by the Program Director.

You will receive a phone call to inform you of the start date for your child.

- ✓ Check when each is completed.
- BLUE CARD (*Medical/Emergency Contact*)
- PROGRAM AGREEMENT FORM
- DAILY ATTENDANCE FORM
- REGISTRATION FORM
- SIGN OUT INFORMATION FORM
- PAYMENT ARRANGEMENT FORM
- SLEEPING ARRANGEMENTS
- INFANT FEEDING SCHEDULE AND AGREEMENT (if applies)
- IMMUNIZATION RECORD (must be kept up to date)

Five Little Monkeys Daycare

Program Agreement

(One per family)

Parent Agreement:

I have read and agree to the terms and conditions in this handbook. I have made my child aware (if possible) of the guidelines for the Five Little Monkeys Daycare and they have verbally agreed (if possible) to these guidelines. I am aware of times and locations for picking up my child as well as rules, regulations, and policies concerning my child's participation in the Five Little Monkeys Daycare.

(Parent/Guardian Signature)

(Date)

Parent Copy

Five Little Monkeys Daycare

Program Agreement

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(Parent/Guardian Signature)

(Date)

Program Copy

Daily Attendance and Time

Child's or Children's

Name(s): _____

Place a check mark after each day your child will be attending: (**minimum of 3 days recommended*)

**Priority will be given to those needing full week service*

M _____ T _____ W _____ TH _____ F _____

Please indicate what will be your approximate drop off time: _____

Please indicate what will be your approximate pick up time: _____

Additional Considerations:

Parent Signature: _____

Five Little Monkeys Daycare

Registration

Family Information:

Last Name: _____

Address: _____

City: _____

Mother's Name: _____

Legal Guardian? Yes/No

Mother's Phone:

Day: _____ Evening: _____ Cell: _____

Email: _____

Employer: _____

Phone: _____

Do you work during Daycare hours? Yes/No

Father's Name: _____

Legal Guardian? Yes/No

Father's Phone:

Day: _____ Evening: _____ Cell: _____

Email: _____

Employer: _____

Phone: _____

Do you work during Daycare hours? Yes/No

Children in Program:

1. Name: _____

Birth Date: _____ Age: _____ Grade: _____ Teacher: _____

2. Name: _____

Birth Date: _____ Age: _____ Grade: _____ Teacher: _____

3. Name: _____

Birth Date: _____ Age: _____ Grade: _____ Teacher: _____

Other Guardians: (Includes step-parents and grandparents)

Name: _____

Relationship: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Employer: _____ Phone: _____

Do you work during Daycare hours? Yes/No

Name: _____

Relationship: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Employer: _____ Phone: _____

Do you work during Daycare hours? Yes/No

I give consent for my child to be in photos/videos for the purposes of publicity, illustration, advertising, and web content. YES NO (circle one)

Please explain any family situations we need to know about (i.e. separation/divorce and any custody issues or proceedings). Court documentation may be required. This information will only be shared with staff members for student pick-up/release information.

Sign-Out Information

Safety is a top priority in the Five Little Monkeys Daycare. Therefore, no child enrolled in the program will be able to leave at the end of the day without a parent/guardian signature or that of one of the individuals listed below along with a photo identification. (Note: the names that appear below must be of someone **18 years or older**. Additional names may be listed on the back of page).

CHILD'S NAME: _____

Authorized Signatures

Name: _____

Phone: _____ Relationship: _____

Address: _____

Name: _____

Phone: _____ Relationship: _____

Address: _____

Name: _____

Phone: _____ Relationship: _____

Address: _____

Name: _____

Phone: _____ Relationship: _____

Address: _____

Tuition Policies:

Absolutely no refunds will be given for any reason.

Infant – 3 years = \$225 per week (day rate is \$48).

3 – 5 years = \$220 per week (day rate is \$45).

Please note: Financial hardship scholarships are being made available. If you want to apply, contact Trisha Heap. Income verification will be required. Scholarship awards will be dependent on available scholarship funds.

Tuition must be paid by Friday of each week for the current week in accordance with your fee agreement. A late payment fee of \$25.00 will apply to past due accounts. Payment must be received each week for service to continue the following week. Your child will not be allowed to attend the center if your account is not current and paid in full. There is a \$10.00 per family weekly discount (two or more children). Payments should be made each week on the last day of service for that week. Families may also pay bi-weekly or monthly, only if done so prior to each respective payment cycle.

Tuition fees are reviewed annually, and any adjustments occur in September. Tuition rates vary according to the age of your child and classroom assignment. Additional fees for special field trips, in-center activities, swimming lessons, dance classes, etc. may apply and are not included in the weekly tuition fee.

Payment Methods:

We accept; cash, check, PayPal, Visa, MasterCard, and money orders.

When you pay in person you will be given a receipt, please keep your receipts for proof of payment.

Any returned checks will result in a \$30.00 additional bank charge fee.

Holiday Closings:

Our centers are officially closed on the following holidays:

- New Year's Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving and day after
- Christmas Eve and Day

Signature

Date

Sleeping Arrangements

As per NYS regulation 418-1.7(o)

Other than for school age children, sleeping and napping arrangements must be made in writing between the parent and the program. Such arrangements shall include: the area of the program where the child will nap; whether the child will nap on a cot, mat, bed or a crib; and how the napping child will be supervised, consistent with the requirements of section 418-1.8 of this Subpart.

Parent/Guardian Name: _____

Name of Child in Care: _____

Child's date of birth: _____

At Five Little Monkeys we have a scheduled nap/quiet time from 1:00 PM to 2:30 PM for the toddler and preschool room (with flexibility if a child is tired outside of the scheduled time.) Infant nap time will be flexible based on the infants needs and parents desires. I understand that infants will nap in a crib in the infant room, toddlers will nap on a cot in the toddler room, and preschoolers will nap on a cot in the preschool room.

I understand that my child will always be supervised while asleep by a competent adult per regulation 418-1.8 which states:

Children cannot be left without competent supervision at any time. Competent supervision includes awareness of and responsibility for the ongoing activity of each child. It requires that all children be within a teacher's range of vision and that the teacher be near enough to respond when redirection or intervention strategies are needed. Competent supervision must take into account the child's age emotional, physical, and cognitive development.

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Infant Feeding Schedule and Agreement

Five Little Monkeys Daycare must obtain a written statement from you (the parent or guardian) of each infant in care setting forth the breast milk, formula and feeding schedule instructions for the infant and must be updated as changes are made.

Name of Infant: _____ Date of Birth: ____/____/____

Date of Agreement: ____/____/____

I _____, want my infant child _____,
to be fed according to the following schedule:

Other Instructions:

I understand that I must provide all breast milk or formula and that all containers or bottles of, breast milk, formula or other individualized food items must be clearly marked with the child's complete name.

1. _____ (initial) I accept the offer of the provider to supply other meal components for my child after solid foods have been introduced by you, the parent or guardian.
2. _____ (initial) I decline the offer of the provider to supply other meal components for my child. I will supply all food for my child.
3. _____ (initial) I accept the offer of the provider to prepare formula for my child.
4. _____ (initial) I decline the offer of the provider to prepare formula for my child and will provide formula for my child that I have prepared.

Signatures on this document imply that both parties understand:

- ✓ Children 6 months of age and under must be held during all bottle feedings (418-1.12(ag))
- ✓ Microwave heating of infant food and formula is prohibited by regulation (418-1.12(ab))
- ✓ The childcare provider must make every effort to accommodate the needs of a child who is breast-fed (418-1.12(af))
- ✓ Child may have: (initial and date)

Peanut butter _____ Honey _____ Whole Milk _____ Eggs _____ Strawberries _____

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /
 Attach lead level statement
Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL Venous Capillary
 2 years / / Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 / / Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

