

Infant /Toddler

ADMISSION AGREEMENT

This agreement complies with Section 101219 of Title XXII.

Child Name: First		Middle	Last	
Tiist		winduic	Last	
arent Name:		S 21 1 11		
First		Middle	Last	
lassroom: Birthday:		Pro	ogram: T	uition:
Daily/Weekly/Bi-Weekly/Monthly			Start Date:	
		CONTRACT HO	URS:	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MONDAY General	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
eneral	TUESDAY be placed in the	Infant Program:		nonths

- My child will be involved in a program of play and learning experiences that are age appropriate. A balance of active and quiet play is provided with individual and group activities geared toward the emotional, social, physical, cognitive, aesthetic, and individual growth of the child. The program has an open door policy, and parent visitation is encouraged at any time. I will notify the center in writing when I do not want my child participate in specific activities.
- The program provides breakfast, lunch, and an afternoon snack. The Infant / Toddler Center participate in the Child Care Food Program and follow all CCFP guidelines.
- If my child is in the infant room, my child will be able to nap throughout the day as needed. If my child is in the toddler room, my child shall be provided with an opportunity to nap between 12:30 p.m. and 2:30 p.m. on a cot provided by the program. Children who do not nap will have quiet activities to choose from.
- At each stage of my child's development I will participate in an Individual Feeding and Toileting plan for my Infant/Toddler with the Director and or Lead Teacher.

- My child shall be given assistance with personal care as needed including routine diaper changes.
- A primary care giving system is used where each child is assigned to one caregiver who is primarily responsible for that child's care in the program.
- I hereby grant permission for my child to leave the school premises properly supervised to on walking field trips within the neighborhood. There will be a consent form for trips with transportation.
- I hereby grant permission for my child to be included in evaluations and developmental assessments. At parent conferences, periodic developmental assessments will be reviewed.
- I understand that school records are confidential. I may inspect and review all school records of my child and may request a copy of materials.

Signing In/Out

- The program shall assume responsibility for my child after I have signed my child in, and my child has been greeted by a teacher. The program shall retain responsibility until my child is signed out by a parent/guardian, or designated representative of my child's parent or guardian.
- I will record the time of arrival and sign my full name in the space provided on the daily attendance sheet before leaving my child at the program and when taking my child from the premises. I understand I am responsible for checking in/out with a teacher upon arrival and departure.
- If I cannot pick up my child myself, I will arrange for another authorized person, at least 18 years old, to sign for and pick up my child. I understand that if I designate a different person to pick up my child other than originally identified on the enrollment forms, I must notify the center in writing. I understand the center will not release a child to individuals unless I have written their names on the release form.

Late Pick-ups

- I understand that the Infant Toddler Care Center closes at 6:30 p.m. I understand that if I have not picked up my child by 6:30 p.m. and the program is unable to contact someone on my child's emergency card, the program will contact The Police to assume responsibility for my child. If feasible, a caregiver will remain with my child until either I, or an adult listed on my child's emergency information sheet arrives to pick up my child.
- I understand if my child is not picked up by his/her contract time I will pay the required late fee (\$1.00 per minute without a prior notice/ \$20.00 per hour with prior consent).

Health Policy

- I understand that if my child requires medication while present at the program, the program must have a prescription from a licensed physician on the physician's prescription pad or letterhead. This includes either prescription or over-the-counter medication. Further, it is my responsibility to bring my child's medication to a staff member in the original container with written instructions. I understand that under no circumstances may my child be in possession of any medication, or administer medication to him or herself.
- I understand that the program shall give appropriate first aid to a hurt child. I shall be contacted if it is in the judgment of the program staff that immediate medical attention is necessary or in the case of an injury

to the head. In the event I cannot be reached and staff judges the injury to be of an emergency nature, my child shall be transported to a medical facility by ambulance. I understand I shall assume full financial responsibility for all treatment.

- I hereby grant permission for the transfer of health and other records (to a new school/ from an old school) of enrollment upon enrollment and/or termination of this childcare program.
- My child will have a health check each day as required by law. In the event that my child must be excluded from the program because of health reasons, I agree to abide by the decision and take responsibility for my child's care. It is expected that an ill child will be picked up from the program within a reasonable length of time and that the child will be isolated until picked up.
- The program will post notice of any suspected exposure to an infectious disease on the parent information board located by the reception area.
- I will notify the program in advance by phone if my child will not be attending the program for any reason on any given day. I will notify the program immediately if my child contracts an infectious disease.
- I will keep the program informed of any new immunizations that my child has received. I understand that a TB clearance (either proof my child has received a negative TB test or a waiver from a doctor stating that my child does not have TB) is required of all children attending the program.
- I understand that staff will report any suspicion of child abuse, neglect, or endangerment of which they become aware to Child Protective Services as required by law.

FORMS

All forms must be completed prior to admission (additional forms may not be listed)

*Ident. and Emergency Information LIC 700

* Child Pre-admission Health History LIC 702

*Physician's Report Child Care Center LIC 701

*Notification of Parents Rights LIC 995

*Consent For Emerg. Med. Treatment LIC 627
*Personal Rights Community Care LIC 613A

*Copy of Immunization

*Admission Agreement

*Registration Form

*Handbook Signature Page

*Infant /Toddler feeding Plan

*Infant/Toddler toileting plan

MONITORING SYSTEM

We have installed a Monitoring System, which has many advantages to both teachers and students:

1. TEACHER EVALUATION

The Director is able to monitor/observe teachers.

2. OBSERVATION OF CHILDREN

Children can be observed by staff to improve teacher/child relationships.

3. TEACHERS TRAINING

Observation of the classroom can benefit student interns from local colleges and universities.

This monitoring system used is intended to ensure quality educational standards and to insure the safety of our children.

This system is not installed in any restroom area of this facility.

Miscellaneous

- I will complete all forms as required for enrollment.
- The program does not provide any optional services.
- I will check my child's bin or cubby, parent pocket and parent bulletin board daily for art, news, and other projects/information.
- I am responsible for providing diapers for my child.
- I will be available for conferences with the members of the staff during regular program hours with advance notice.
- I shall refrain from reprimanding children of other families while on the program premises and respect program decorum. At no time shall an adult in this center physically harm a child, use verbal threats, or speak to a child in a way that is disrespectful and may lower the child's self-esteem. We insist that all adults on our site, whether employees or not, abide by our discipline policy.
- I shall be responsible for reading all contents of the Family Handbook and shall comply with all program policies as described in the handbook.
- I understand that I indemnify and hold harmless Golden City C.D.C., Inc. /The Easter's Nest C.D.C., Inc. its officers, employees and agents, including volunteers, from any and all claims arising out of or in connection with my child's participation in these activities.
- I understand that in the event Golden City C.D.C., Inc. /The Easter's Nest C.D.C., Inc. must retain the services of an attorney to enforce the terms of this contract, the Parent/Guardian of the child or children involved agrees to pay all cost and fees incurred.

Payment Provisions

Fee-Paying Families

- A non-refundable enrollment fee of \$50.00 is due upon notification of space available/Registration.
- My family fee will be \$_____ per month. Payment is due by the 5th of each month. Payment must be made by personal check, cashier's check or money order. Checks should be made payable to Golden City C.D.C., Inc. /The Easters Nest C.D.C., Inc. A late fee of \$15 dollars is charged if payment is not received by the 5th. No tuition credit is given for illnesses, holidays or vacation days. A 30 day written notice will be given for changes in tuition fees. A bounced check charge of \$20.00 will be charged for all return check.
- I will notify the center 2 weeks prior to any changes in schedules child care using the Change of Service Request.
- I understand after three (3) return checks all payments must be made in certified funds only.

•	The fee as set forth herein will be in effect until a new agreement is signed by me. This fee for each child will be paid in advance (billed monthly). I understand that care will not be provided without this advance payment.				
•	will be responsible for paying any child care fees.				
	Print Name Social Security Number				
Subs	idized Families				
•	will be responsible for paying any child care fees.				
	Print Name				
•	I will notify the program administrative staff in writing within 10 days of any changes in my family statusuch as a change in family size, job, family income, student status, or other circumstances that may affect my eligibility and need.				
•	I will notify the center 2 weeks prior to any changes in schedules child care using the Change of Servic Request.				
Tern	nination of the Agreement				
•	In the event of withdrawal of my child from the Infant /Toddler Center, I agree to give advance notice of two weeks in writing. I understand that I will be responsible for all fees incurred during that two week period. Monthly fees paid in advance will be prorated and the appropriate amount refunded.				
•	The Infant/ Toddler Center is reserved for Gain Participants and persons affiliated with DPSS, faculty, and staff. Eligibility for child care ends at the end of employment/program.				
•	The Infant/ Toddler Center reserves the right to dismiss a child from the program if staff feels that the child's individual or developmental needs are not being met and/or if her or his needs or behavior interferes with other children's rights to attend a safe and nurturing program.				
•	Families receiving subsidized child care have the right to appeal any changes made by the program to their services. A written intent to appeal must be filed with the program within 14 days (see Notice of Action for complete appeal process).				
•	The following are also considered grounds for the cancellation of child care services: refusal of the parer to provide essential information pertaining to record keeping and eligibility; excessive late pick-ups of children; excessive unexcused absences (for children who have subsidized Child Care funding); failure to pay fees; failure to comply with policies.				
Pleas	se check each statement after you receive the specific document or policy.				
I HA	AVE RECEIVED COPIES OF				
	Facing the Facts: A Parent's Guide to the Understanding of Child Sexual Abuse				
	Personal Rights - Community Care Facilities				
	Child Care Facilities Parent's Rights				

FAMILY HANDBOOK

	**	which states the program's admission policies, program ns and names, disciplinary practices, name, address and vices and health care procedures.
PERM	MISSION TO USE PHOTOGRAPHS OF MY CH	TILD
	, <u>, </u>	nese pictures in curriculum in the instructional program, pictures, with your permission, in our manuals, displays,
	I give my permission for the Infant /Toddler informational or promotional material.	Center to take photos of my child, and use them in
	I do not give my permission for the Infant /Todd promotional material.	ler Center to use photos of my child in informational or
PERM	MISSION FOR MY CHILD TO BE PLACED IN	THE TODDLERS PROGRAM
	I give my permission for my child to be placed in	the Toddlers Program.
	I do not give my permission for my child to be pl	aced in the Toddler Program.
Other		
Nondi	iscrimination Policy	
•	national origin, gender, religion, age, physical o marital status. The program is committed to makineds. Please call 310-756-0850 if you requi	I Gain and DPSS families without regard to race, color, remental ability, political beliefs, sexual orientation, or ng all reasonable accommodations to meet every child's realternative means for communication of program you need disability-related accommodations to visit us. Ily Handbook.
•	to interview the child and staff, and to inspect ar	XII regulations, Community Care Licensing has the right and audit all records maintained by the program, without has the right at all licensed child care facilities to observe ecuring prior consent.
Agree service	ment. My signature below indicates that I have reades, obligations of parents/guardians, termination properties questions have been satisfactorily answered, and the	form the obligations of parents/guardians set forth in this ad the terms of this Agreement and understand the basic ocedure and payment provisions. It further indicates that hat I have read and understood all contents of the Family
Parent	/Guardian Signature:	Date:
Progra	nm Representative Signature:	Date: