

- 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 Easter's 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.

- I have received a copy of the *Family Handbook* which states the program's admission policies, program philosophy, procedure to obtain staff qualifications and names, disciplinary practices, name, address and phone number of local Department of Social Services and health care procedures.

PERMISSION TO USE PHOTOGRAPHS OF MY CHILD

- We take many pictures at the program. We use these pictures in curriculum in the instructional program, wall displays and newsletters. We also use these pictures, with your permission, in our manuals, displays, audiovisual presentation, brochures and flyers.
- I give my permission for the Infant /Toddler Center to take photos of my child, and use them in informational or promotional material.
- I do not give my permission for the Infant /Toddler Center to use photos of my child in informational or promotional material.

PERMISSION 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 placed in the Toddler Program.

Other

Nondiscrimination Policy

- The Infant /Toddler Center Services is open to all Gain and DPSS families without regard to race, color, national origin, gender, religion, age, physical or mental ability, political beliefs, sexual orientation, or marital status. The program is committed to making all reasonable accommodations to meet every child's needs. Please call 310-756-0850 if you require alternative means for communication of program information (large print, audio tape, etc.) or if you need disability-related accommodations to visit us. Detailed information on this policy is in the Family Handbook.
- Pursuant to sections 101200(b) and (c) of Title XXII regulations, Community Care Licensing has the right to interview the child and staff, and to inspect and audit all records maintained by the program, without securing prior consent. Child Protective Services has the right at all licensed child care facilities to observe and interview children on the premises without securing prior consent.

I agree to abide by the policies of the program and to perform the obligations of parents/guardians set forth in this Agreement. My signature below indicates that I have read the terms of this Agreement and understand the basic services, obligations of parents/guardians, termination procedure and payment provisions. It further indicates that all my questions have been satisfactorily answered, and that I have read and understood all contents of the Family Handbook.

Parent/Guardian Signature: _____ Date: _____

Program Representative Signature: _____ Date: _____