

**1<sup>st</sup> Fine Arts Preschool**

**Application for Enrollment**

Child's name \_\_\_\_\_ DOB \_\_\_\_\_

Desired start date \_\_\_\_\_ Phone number \_\_\_\_\_

Mother's name \_\_\_\_\_ email \_\_\_\_\_

Father's name \_\_\_\_\_ email \_\_\_\_\_

Child lives with: Both    Mother    Father    Other \_\_\_\_\_

Please circle one

Who will typically drop off your child? \_\_\_\_\_ pick-up? \_\_\_\_\_

Please list anyone authorized to pick-up your child:

\_\_\_\_\_  
\_\_\_\_\_

Is your child toilet trained? If no, please explain:

\_\_\_\_\_

Does your child have any special dietary or other needs we should be aware of?

Will this be your child's first experience in a classroom setting? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Is there any other information you would like us to know?

How did you hear about us?

## Enrollment Contract

In order to enroll my child at 1<sup>st</sup> Fine Arts Preschool, I understand that I must:

- \*Complete an application packet
- \*Provide immunization records
- \*Pay a \$50 registration fee, first and last week's tuition

I understand that:

- \*Payments are due each week on the first day my child attends.
- \*My deposit will be applied to the last week of care once two weeks written notice is given of withdrawal.
- \*A late payment fee of \$5 will be added to any late tuition payment and my child will not be allowed to attend if tuition is past due.
- \*A late pick up fee of \$1/minute is due if my child is left at the center after 6 p.m.
- \*I must pay for the days my child is enrolled, even if absent or a holiday.
- \*I am responsible for providing lunch for my child each day
- \*I am required to give 2 weeks written notice to drop enrolled days or withdraw from the program or I will be charged.

I choose to enroll my child from on the following days/times:

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

Fees due:	registration	<u>\$50.00</u>
	First week	\$ _____
	Deposit	\$ _____
	<b>Total Due</b>	<b>\$ _____</b>

Parent's signature \_\_\_\_\_ date \_\_\_\_\_

## CHILD INFORMATION RECORD

### State of Michigan Department of Human Services - Bureau of Children and Adult Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge		
Name of Child (Last, First, Middle Initial)				Child's Date of Birth	
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Father/Legal Guardian's Name		Home Phone ( )	Mother/Legal Guardian's Name		Home Phone ( )
Home Address (if not child's address)		Cell Phone ( )	Home Address (if not child's address)		Cell Phone ( )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ( )	Employer Name		Work Phone ( )
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ( )		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

**See Reverse Side**

<b>Emergency Contact &amp; Release of Child:</b> List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	( )	( )			
2.	( )	( )			
3.	( )	( )			
<b>Release of Child Only:</b> List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	( )	2.	( )		
3.	( )	4.	( )		

I give permission to _____, licensed by the Department of Human Services <div style="text-align: center; font-size: small;">(Provider's Name)</div>	
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

# *1<sup>st</sup> Find Arts Preschool*

## *Daily Schedule*

<i>6:30-8:30</i>	<i>Drop-off / free play</i>
<i>8:30-9</i>	<i>Morning greeting – songs and story</i>
<i>9-9:15</i>	<i>Snack</i>
<i>9:15-9:30</i>	<i>Planning time</i>
<i>9:30-10:15</i>	<i>Small group work time</i>
<i>10:15-11</i>	<i>Fine arts activity</i>
<i>11-11:45</i>	<i>Outdoor play</i>
<i>11:45-12:15</i>	<i>Lunch</i>
<i>12:15-1:45</i>	<i>Quiet Time</i>
<i>1:45-2:15</i>	<i>STEM or art activity</i>
<i>2:15-3</i>	<i>Outdoor play</i>
<i>3-3:15</i>	<i>Snack</i>
<i>3:15-3:45</i>	<i>Large group activity</i>
<i>3:45-4:30</i>	<i>Small group work time</i>
<i>4:30-5:15</i>	<i>Outdoor play</i>
<i>5:15- 6</i>	<i>Free play</i>

## Fee Schedule and Hours of Operation

*1<sup>st</sup> Fine Arts Preschool*

*Open year round M-F 6:30-6 p.m.*

*(Closed on major holidays listed in parent handbook)*

*Preschool age 2 ½ -5: \$185/week*

*\$45/day*

*\$22/ half day 8:45-11:30 a.m. or 1:45-4:30 p.m.*

*Before & After School (Kindergarten – 12 years):*

*Before & After : \$75/week or \$ 15/day*

*\*we transport: Before & After: \$10/morning or afternoon*

*Half days: \$25 Full days: \$35*

*\*There is a two day minimum for enrolled days.*

*\* A sibling discount of 10% is given off the second child.*

# HEALTH APPRAISAL

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

## PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
			MI
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ( )
			MI

## SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	<b>Birth History:</b>  Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:  If yes, list medications:  Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Examiner's Initials:</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			/ /	
			<b>Parent/Guardian Signature</b> _____	
			Date _____	

## SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

### Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	⇒			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				<b>NOTE:</b> Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

### Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

**SECTION III - IMMUNIZATIONS**

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.\*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	4
	2	5		2	4
	3	6			
Tdap	1		Meningococcal (MCV4 / MPSV4)	1	2
Haemophilus Influenzae type b (HIB)	1	3	Human Papillomavirus (HPV4/HPV2)	1	3
	2	4		2	
Polio (IPV/OPV)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
				2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3		
	2	4			
Rotavirus (RV1/RV5)	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
	2		*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
	2				
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____			_____		____/____/____
Health Professional's Signature			Title		Date

**SECTION IV - RECOMMENDATIONS**

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

**SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)**

I have examined \_\_\_\_\_'s teeth. As a result of this examination, my recommendation for treatment is: \_\_\_\_\_

child's name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Dentist's Signature Date

**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Examiner's Name (Print or Type)

\_\_\_\_\_  
Degree or License

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

MI \_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Telephone

Information required for:

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

\*\*\*\*\*

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

## PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I have read the above statement issued by \_\_\_\_\_  
Name of Child Care Center

Child(ren)'s Name(s) \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



## WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Human Services  
Bureau of Children and Adult Licensing

Child(ren)'s Name(s) (Last, First)	Center Name
------------------------------------	-------------

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
  - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
  - The licensing notebook is available to parents during regular business hours.
  - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).
- Other \_\_\_\_\_

I certify that I received all of the above items.

\_\_\_\_\_  
Parent/Guardian Signature

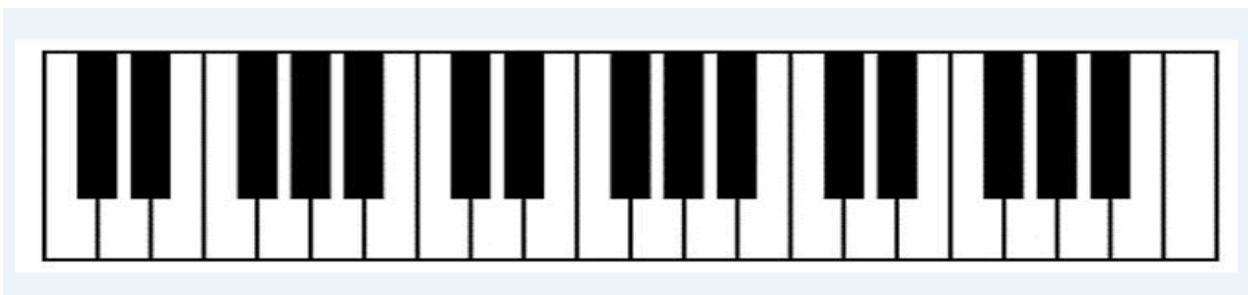
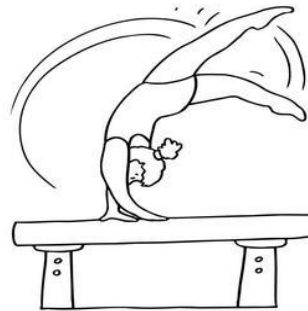
\_\_\_\_\_  
Date

**Note:** A single BCAL-4340 form may be used for all children in the same family.

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*1<sup>st</sup> Fine Arts Preschool*

*Parent Handbook*



## **Welcome**

*Welcome to 1<sup>st</sup> Fine Arts Preschool, the only preschool in the area to offer martial arts, dance, gymnastics and music lessons as part of the curriculum.*

*This handbook contains the policies and procedures of 1<sup>st</sup> Fine Arts Preschool in outline form. Please take the time to read it thoroughly and keep as a reference. It is not meant to cover every aspect of the childcare program or every situation which may arise. Parents should feel free to contact the Director with questions concerning the contents of the handbook.*

*Throughout the handbook the term "parent" will be used to refer to the parents or guardians of the child in care. The term "provider" will be used to refer to 1<sup>st</sup> Fine Arts Preschool.*

## **Changes to Handbook**

*The provider reserves the unilateral right to add, delete, modify or amend the policies and procedures described in the handbook upon thirty days written notice to parents. Changes to policies and/or procedures described in the handbook are effective only if set forth in writing and signed by Provider.*

## **Philosophy of Childcare Program**

*We believe every child is unique and deserves the opportunity to learn through meaningful experiences. Using the High Scope curriculum and STEM, teachers focus on building a child's self-esteem and confidence through a child centered, hands-on learning environment. In addition to the regular preschool academics, we offer a one-of-a-kind Fine Arts program that you will not find anywhere else.*

## **Nondiscrimination Policy**

*The provider will maintain and conduct all practices relating to enrollment, discipline, and all other terms and benefits of child care services provided in a manner which does not discriminate against any child, parent or family on the basis of race, color, religion, national origin, sex, or handicap.*

## **Admission Requirements/Care Schedule**

*The program is open to children ages 2 ½ -12 years.*

*Children may attend on a full or part time basis. Upon admission, parent will be required to establish a set weekly schedule for care. Additional care or schedule changes will be accepted on a space available basis.*

## **Daily Activities and Program Schedule**

*Daily activities vary by classroom. Each class promotes play and structured activities which encourage small and large muscle development, sensory and discovery exploration, and the development of social relationships. We provide creative experiences through art, music, and literature.*

### ***Hours of Operation***

*The facility operates Monday-Friday 6:30 a.m.- 6 p.m., subject to the holiday schedule listed below. No child may arrive before 6:30 a.m. or stay after 6 p.m. There is a late pick up fee of \$1/minute past closing.*

### ***Holidays***

*The program is closed on the following holidays:*

*New Year's Day*

*Good Friday*

*Memorial Day*

*Independence Day*

*Labor Day*

*Thanksgiving and the day after*

*Christmas Eve*

*Christmas day*

*When a holiday falls on a Saturday or Sunday, the program will close in observance of that holiday either the preceding Friday or the following Monday.*

*The fixed child care rate will not be adjusted for holiday closures. If a holiday falls on a child's regularly scheduled day or care, child care fees must be paid for the holiday.*

### ***Confidential Information***

*All information pertaining to the children in the program, including all reports, records, and data are confidential and used for internal purposes only. Information pertaining the children enrolled in the program will not be released to third parties without the express written permission of Parent, unless required by statute, court order or licensing mandate.*

### ***Parent Participation and Communication***

*Parents are welcomed at the program any time to observe or spend time with their child. Parents who wish to volunteer at the center must first provide documentation from the Department of Human Services that he or she has not been named in a central registry case as the perpetrator of child abuse or child neglect.*

### ***Required Forms***

*The forms listed below must be fully completed before the child can be enrolled in the program. Parent is solely responsible for ensuring the accuracy of the information contained within those forms and for keeping all such*

information current. Provider assumes no responsibility for keeping forms updated. Parent will be required to review and update forms annually in September.

- a. Child Information Record
- b. Enrollment contract
- c. Health appraisal form/ immunization records
- d. Sunscreen permission slip
- e. Notification of licensing notebook/written documents

### **Registration Fee**

Upon enrollment, Parent is required to submit a nonrefundable enrollment fee of \$50. The fee is used to offset the administrative expenses incurred in processing enrollment applications.

### **Security Deposit**

Upon enrollment, Parent is required to submit a security deposit in an amount equal to one week of child care fees. While the child care contract is in effect, the security deposit may not be used to offset the cost of child care fees. The security deposit is refundable only if proper notice (2 weeks written notice) or withdrawal is given and all other outstanding childcare fees have been paid in full. Alternatively, the security deposit may be applied to the fees charged for the final week of care.

### **Child Care Fee Schedule**

Preschool Age 2 ½ -5:      \$45/day                      \$22/half day (8:45-11:30 a.m. or 1:45- 4:30 p.m.)

Before & After School (Kindergarten – 12 years)

Before & After: \$75/week or \$15/day

\*we transport: after care \$10/day

Half days: \$25    Full days: \$35

There is a 2 day minimum for enrolled days. Sibling discount is 10% off the 2<sup>nd</sup> child

### **Fee Changes**

Provider expressly reserves the right to change the child care fee schedule or other fees upon thirty day's written notice to Parent.

### **No Fee adjustment for absences**

*The full fixed rate as listed above is due regardless of absences, with the exception of four weeks vacation time pursuant to proper notification of and provisions regarding use vacation time.*

### ***Due Date for Fees***

*Tuition must be paid in full on or before Friday for the upcoming week. A failure to pay child care fees when due will result in a 5% late payment fee of the total due. If tuition is more than two days past due, the student will not be able to attend and may lose his/her spot at the program.*

### ***Types of payments accepted***

*Parent may pay child care fees with cash, check, money order, credit or debit card.*

*Where a check is returned to the Provider for insufficient funds or for the reason that there is no account, the provider will issue a written demand to the parent for immediate payment of the check, plus a processing fee of \$25.00. The total outstanding balance must be paid by cash or money order before the child may return to school. After two returned checks, the provider will no longer accept checks as a form of payment for that child's tuition.*

### ***Late drop-off or pick up***

*Parent is expected to abide by the care schedule, including drop off and pick up times set for in the enrollment contract. Parent is expected to notify Provider as soon as it becomes apparent that these times will change*

*A late pick up fee of \$1/minute will be assessed for all late pick-ups past 6 p.m. This fee is due immediately when the child is picked up.*

*If a child remains at the center after 6 p.m. and Parent has not called to notify the Provider that he/she will be late, Provider will attempt to contact persons listed as emergency contacts to pick up the child. If Provider is not able to arrange for an authorized pick up by 7 p.m., the police will be contacted for further instructions.*

### ***Absences***

*With the exception of 4 weeks of vacation time, Parent is required to pay for all time which the child is regularly scheduled to attend the program, regardless of whether the child attends. This policy includes days missed for illness, funerals, doctor's appointments, or holidays.*

### ***Child's Vacation***

*Parent/Child is allowed 4 weeks of vacation time per year, meaning that no child care fees will be assessed during this period provided the rules set forth in this section are complied with. Vacation time may be taken any time during the year, provided the parent gives the Director 2 week's written notice of using a vacation week. Vacation time must be taken in full week increments and cannot be used as a partial week.*

*Vacation time is based on the January-December calendar and un-used weeks do not carry over to the new year. Vacation time is allotted as follows:*

*Start date: Jan1-30: child receives all 4 weeks for the year*

*Start date: Feb. 1- April 15: child receives 3 weeks for the year*

*Start date: April 15 –July 30 child receives 2 vacation weeks for year*

*Start date: September 1 – November15 child receives 1 week for year*

*On January 1<sup>st</sup>, vacation time is reset and every child currently enrolled will receive 4 full weeks for the new calendar year.*

### ***Business Interruption***

*The program may close due to loss of electricity, fire damage, communicable disease outbreaks, snow emergencies. If the closing is an act of God or beyond the Center's control, the Parent will still pay normal tuition fees. If the center is closed for more than 2 consecutive business days the parent is relieved of any financial obligation to pay for those days in excess of two business days. Parent further agrees to resume use of the program as soon as it resumes operation. Nothing in this provision alters the contractual provisions relating to the required length of notice for termination of the child care contract.*

### ***When to keep a child home***

*Provider will report to parent any accidents, suspected illnesses, or other changes observed in the health of a child. Provider will notify parent where the child is exposed to a communicable disease while in care so that Parent may monitor the child for symptoms. When a child becomes ill while at the program the provider will comfortably isolate the child in an area where the child can be supervised and will immediately contact parent, who will be required to pick up the child within one hour of notification.*

### ***Contagious Illnesses and Diseases***

*Provider will take the necessary precautions to contain and prevent the spread of contagious illnesses or diseases. However the provider cannot guarantee that the contagious illness will be completely contained or will not be spread to other children. Parent must recognize that while in care, it is possible that a child may be exposed to a contagious illness or disease.*

### ***Medication Policy***

*When a parent requests that the center administer medication, the following provisions apply:*

- a. Prescription medication will be given only with prior written permission from Parent. No over the counter medication shall be given unless it is prescribed by a physician. Medication shall have the pharmacy label indicating physicians name, child's name, instructions, name and strength of medication and shall be given in accordance with those instructions.*
- b. Provider will maintain a record as to the time and amount of any medication given.*

- c. *The medication shall be in the original container, stored according to the instructions, and clearly labeled for the specific child. The provider will keep the medication out of the reach of children and will return it to the parent or destroy it when no longer needed.*

### ***Outdoor Play***

*As part of our program and required by Michigan licensing, we take the children outside daily. The only exceptions are when temperatures are dangerously high or low. We will even go out in a light drizzle. It is a common misconception that your child gets sick from being outdoors. It is our general rule that if your child is well enough to attend school they are well enough to go outside and play. Please do not request that your child be kept inside.*

### ***Sunscreen***

*The program strives to take the children outdoors every day. Children are particularly sensitive to sun exposure. Parents must either: (1) provide sunscreen to the provider and consent to the provider's application of sunscreen to their child;; or (2) give written permission for their child to play outdoors without sunscreen.*

### ***Emergency medical care***

*Parent gives permission to Provider to call 911 in the event of a serious emergency. Any costs or charges incurred for 911 or medical treatment are the sole responsibility of the parent.*

### ***Special Needs Care***

*Provider will accept and care for children with special needs if they can be reasonably accommodated and not interfere with the care, safety, and supervision of the other children. Each child's needs will be evaluated individually.*

### ***Child Abuse Reporting***

*As a licensed childcare provider, Provider and its employees are required by law to report any instances of suspected child abuse and neglect to the appropriate authorities. We must also report any instance in which a reasonable suspicion that abuse or neglect may have occurred.*

### ***Discipline***

*Provider and staff will use positive methods of discipline. Such methods encourage self control, self esteem, and cooperation among children. Our discipline policy is:*

1. *Emphasize and praise appropriate behavior*
2. *Guidance and redirection of negative behavior*
3. *Time-out used as last resort*
4. *Phone call home if behavior continues*
5. *If child repeatedly harms another or himself, they will be sent home from school.*



### ***Disruptive behavior***

*When a child's behavior is disruptive, (biting, hitting, hurting, putting others in danger, or using bad language), parents will be notified. If behavior persists, the child will be sent home and a parent conference will be required before the child returns. If a reasonable solution cannot be reached the child will be disenrolled from the program with two weeks notice given. If continued participation in the program creates a direct threat to the safety of the child, other children or staff two week's notice will not be given.*

### ***Food***

*The provider will serve a mid-morning and afternoon snack. A snack menu will be posted and is subject to change. Any changes or substitutions will be noted on the menu that day. Parent will provide a healthy lunch for their child if they attend a full day. Please do not pack frozen meals. Lunches shall be in a lunch box labeled with the child's first and last name.*

### ***Private duty by employees***

*Staff is permitted to accept private offers such as babysitting for children enrolled in the program. If an employee accepts private duty from a parent, a form must be signed by both the parent and employee, recognizing that the employee is NOT acting on behalf of the Provider and the Provider is NOT responsible or liable if the child is injured.*

### ***No Transportation Service by Employees***

*Parent shall refrain from asking staff to transport children either before or after the child's attendance at the program, as employees are prohibited from doing so and may be subject to discipline if they do so.*

### ***Field Trips***

*Classes will occasionally plan field trips. Prior to each field trip, Parent will be required to fill out a permission slip. Where Parent does not give permission for the child to go on the field trip, Parent will be responsible for making alternate child care arrangements during that time.*

### ***Personal items from home***

*Provider discourages Parent from allowing children to bring personal items from home to the center, with the exception of a small nap time blanket and cuddle toy, if necessary. Where a child does bring personal items, Provider is not responsible for loss or damage to that item.*

*In the event a personal belonging comes up missing, we will take appropriate measures to help locate the item (hats, gloves, jackets, lunch containers, etc.). Usually we find another parent mistakenly took the item home or*

*the child or teacher put it in the wrong place. The items are usually located and returned quickly. However, Provider is NOT responsible for any items which cannot be located.*

### ***Clothing***

*Due to the nature of some of the activities the program offers, Parent must recognize that clothing may occasionally become soiled or damaged, although Provider takes appropriate steps to prevent this from occurring. Parents should therefore bring children dressed in “play” clothes which they do not mind getting dirty. Provider assumes no responsibility for damage to a child’s clothing.*

*The program strives to bring the children outdoors daily. As such, Parent must be certain that the child is dressed appropriately according to weather conditions.*

### ***Supplies***

*Parents are responsible for providing the following items: lunches, one change of clothing to be kept at the center at all times, and a small blanket and/or pillow for quiet time. In addition, the Lead teacher will send home small list of basic school supplies that you will need to purchase for your student.*

### ***Termination***

*Either Parent or Provider may terminate the child care agreement upon two week’s written notice to the other party. Where Parent does not provide notice, they are still required to pay for the final two weeks of care following notice of termination, whether or not the child attends.*

*Provider reserves the right to terminate the child care agreement immediately, without notice to the Parent if: (1) child care fees or other fees are not paid when due, (2) the child’s continued participation in the program creates a direct threat of harm to the child, other children, or staff, or (3) Parent engages in inappropriate parent conduct as defined below.*

### ***Inappropriate Parent Conduct***

*The following actions are grounds for immediate dismissal (please note that this is not an exhaustive list of inappropriate behaviors):*

- *Acts of violence, including assault and battery*
- *Harassment of or threats against the staff, other parents or children*
- *Possession of illegal substances or firearms*
- *Verbal or physical abuse of another*
- *Indecent exposure*
- *Using profanity*

### ***Arrival and Departure Procedure***

*All children must be brought into the building and signed in by the person dropping off. The child must be taken directly to their class or a teacher to ensure we are aware they have arrived. At the end of the day, only a parent or authorized pick-up person may sign the child out. The pick-up person must notify the teacher that they are signing the student out and taking them home. At times, a person may be asked to show ID to verify that they are an authorized pick up person. If the person is not on the child's paperwork, then we will call the parent or guardian to confirm before we release the child.*

### ***Photographs***

*From time to time Provider will take pictures of the children participating in activities or field trips. The photos may be posted in the center or sent to parents throughout the week electronically. A media release form must be on file for your child in order for us to post and send you pictures.*