

# OKOLONA CHILD CARE

## HOURS OF OPERATION:

MONDAY—FRIDAY

6:30 a.m.—6:00 p.m.

# PARENT HANDBOOK



Revised 12-29-21

## **NO FAMILY WILL BE DENIED SERVICES DUE TO RACE, CREED, SEX, OR NATIONAL ORIGIN**

### **PHILOSOPHY:**

Our program is built around the concept that children are born ready to learn. As caregivers, we strive to create a learning environment that is safe, stimulating and encouraging. Okolona Child Care strives to provide a quality Early Childhood Education Program filled with carefully chosen staff members, filled with love and compassion for children. We believe that children are our most important resource and that their early childhood experiences are crucial in the development of their future. Our staff members strive to offer an environment that is high in quality and stimulates the child's senses and where warmth and friendship are abundant to meet the needs of the total development of the child. The program we pursue is geared toward helping the child develop habits of observation, questioning and listening while building positive self-esteem. Our staff members are partners with our parents working together to meet both the needs of the children and their families.

Okolona Child Care succeeds by delivering outstanding performance and customer service.

### **MEALS:**

Meals are planned in conjunction with the School and Community Food Service Program of the State Department for Education. The Child and Adult Care Food Program (CACFP) is a healthful program designed to meet the nutritional needs for children. *Parents will be required to complete an Income Application for free and reduced meals for each child enrolled.* These income applications are for our use only. Confidentiality is a must. We are reimbursed accordingly, through the State Department, for the number of children in the free, reduced and paid categories. Our reimbursement is based on these applications. With the income applications we are able to give your children better quality meals while maintaining reasonable tuition rates.

### **DISCIPLINE:**

We follow the Kentucky law guidelines in carrying out disciplinary methods. The law states: "Disciplinary methods shall be designed and implemented through positive guidance to help the individual child develop self-control and assume responsibility for his/her acts." Our disciplinary methods include the following:

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1. Establish simple and consistent rules, for both the children and the staff, who set the limits of behaviors.

2. Do not subject children to harsh mental or physical discipline, nor shall any method of discipline be used that is humiliating, threatening, shamming, or frightening.
3. Profane or abusive language shall not be used.
4. No association of discipline with rest, toileting, or food.
5. “Redirection” shall be used before any other form of discipline is used.
6. “Time-out” is a discipline technique of having a child sit in a chair away from the other children. It is the rate of one minute for each year of age. *For example, a child four years of age shall sit for a time-out period of four minutes for misconduct.* “Time-out” will be used only if the child is demonstrating constant misbehavior and will be used as a last resort.
7. Parents may be asked to withdraw their child from the center for the following reasons:
  - a. Excessive biting. (See biting policy)
  - b. Discipline and/or behavioral problems. (Director’s discretion)
  - c. Daycare fees not paid on time weekly.
  - d. Parents not complying with company rules. All withdrawals are ultimately decided by our management staff.
  - e. Children not being able to conform to a childcare atmosphere. Adequate time will be given to try to work with the child, but the Director reserves the right to ultimately decide if the child/children will be terminated from the center. We reserve the right to terminate enrollment for any reason.

#### **PROCEDURES:**

1. **SICK CHILDREN:** According to State Regulation 922 KAR 2:120/sec. 2: “A child showing signs of an illness that may be communicable to others in a daycare setting shall not be admitted to the regular childcare program. If a child becomes ill during the day, he/she shall be placed in a supervised area isolated from the rest of the children. The parent or designated person shall be contacted immediately and arrangements shall be made to remove the child from the facility.”

**IF A CHILD HAS ANY OF THE FOLLOWING SYMPTOMS WHILE UNDER OUR CARE:**

- a) Actual temperature of 100.4°F or above (101.4°F if taken under armpit).
- b) Undiagnosed skin rashes.
- c) Vomiting (one time).
- d) Diarrhea (This means more than one loose stool. If a child has just one loose stool, the child will be observed for additional loose stools or other symptoms).
- e) Head lice.
- f) Other symptoms of acute illness.

**THE FOLLOWING STEPS MUST BE TAKEN:**

- a) The teacher in the classroom will inform the director, manager, or administrator immediately.
- b) The director, manager, or administrator will determine when or if to notify the parents.
- c) A child with acute illness shall be isolated in the office from all other children while waiting for parents/guardian to arrive.
- d) The child/children will not return to the center until he/she are symptom-free for 24 hours.
- e) The director will make the final decision whether a child may return to the center.
- f) Medicine that is to be taken must be logged-in on the medicine record form and any prescription medicine must be in the original container with the doctor's instructions on the label. *ALL MEDICATION MUST BE TURNED INTO THE DIRECTOR UPON ARRIVAL AT THE CENTER AND TAKEN HOME DAILY.* If you have any questions about filling out the medicine sheets, please ask the director.

## **2. ENROLLMENT**

Please complete, sign and return the attached enrollment papers **ON OR BEFORE** the **FIRST DAY** your child attends the center. These enrollment papers will authorize us to have your child/children treated in case of an emergency. Please remember to update your enrollment papers when phone numbers or any other information changes. This will be your responsibility. Remember the enrollment papers are the lifeline between the center and the parent. If any emergency occurs, we need to have current information and phone numbers to reach you. If severe weather is present, the children will be taken to the pre-designated safety location and will be placed under sturdy protection.

*Immunization certificates must be submitted to the center before the child can start.*

## **3. REST TIME**

Kentucky law regarding daycare states: “The children in attendance shall have sufficient supervised rest for their ages and for the number of hours spent at the facility.” Rest time is usually between 12:00 pm – 2:00 pm.

## **4. MEALS**

All meals served to the children under the Child and Adult Care Food Program are served free regardless of race, color, sex, age, disability, or national origin. There is to be no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted in writing to the Secretary of Agriculture, Washington, C.C. 20250. We provide breakfast, lunch, and afternoon snack. We furnish baby food and juices, but parents have a choice to provide already prepared formula for infants or allow the center to provide their formula of choice. Menus will be posted weekly.

If your child is allergic to certain foods, or cannot eat certain foods due to religious restrictions, a Food Modification form must be completed by the parent so we may make a substitution in foods. It is the parents’ responsibility to notify us of any such food restrictions.

We participate in the Childcare Food Program, which is sponsored by the Kentucky Department of Education and the Department of Agriculture. The Child and Adult Food Program (CACFP) provides reimbursement for nutritious meals served to

children. The goal of the program is to promote high standards of nutrition in the daycare centers and pre-school programs in Louisville and Jefferson County areas. Through this program, we receive the services of a registered dietitian who monitors food served to the children including special diets. This program also provides nutrition education to the staff through consultation on menu planning and food buying.

**\*\*\*PLEASE NOTE: NO OUTSIDE FOOD IS ALLOWED IN THE CENTER\*\*\***

## **5. DEPARTURE & CUSTODY**

*Parents and/or designated persons are responsible for escorting EACH child into the building and checking EACH child IN and OUT EVERY DAY with NO EXCEPTIONS. If someone besides a parent will be picking up child/children, the parent/guardian must provide written notification to the Site Director or Manager on duty of whom will be picking up the child/children. An emergency pickup form is provided in this handbook and can be faxed to the center when needed. If check-in/out terminal is down and a pre-typed list is provided, sign for each child individually. If a blank form is provided, write each child's full name on a separate line, and sign for each child. Sign your name. DO NOT sign using monikers such as "Mom," "grandmother," or "Aunt," etc. . . . At the time of enrollment, parents must list any and all persons who are permitted (or specifically not permitted) to pick up child/children. It is the parents' responsibility to update the enrollment card when any information changes. THE PICK-UP PERSON MUST SHOW PICTURE I.D.*

If there is any problem regarding the custody of child/children, parents must provide the center with a copy of a legal document, verifying custody. The parent with legal custody must notify the Site Director in advance when the non-custodial parent will drop-off or pick-up child/children. We reserve the right to refuse the release of child/children to any person under any circumstance.

## **6. CHILD ABUSE**

If we suspect that a child is being abused or neglected, we are obligated under Kentucky Law, code KRS600.020, to report any and all such suspicions to the proper authorities.

- "Abused" or "Neglected" child means a child whose health or welfare is harmed or threatened with harm when his/her parent, guardian, or other person exercising custodial control or supervision of the child:

1. Inflicts or allows to be inflicted upon the child, physical or emotional injury by other than accidental means;

2. **Creates or allows to be created a risk of physical or emotional injury to the child by other than accidental means;**
  3. **Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including but not limited to, parental incapacity due to alcohol and other drug abuse as described on KRS 222.005(12);**
  4. **Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;**
  5. **Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;**
  6. **Abandons or exploits the child;**
  7. **Does not provide the child with adequate care, supervision, food, clothing, shelter, education, or the medical care necessary for the child's well being. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child.**
- **Child Abuse Hotline: (502) 595-4550**
  - **Kentucky law requires criminal record checks to be completed and kept on-site for all employees before employment in daycare centers and homes. We will not hire any persons who have been found guilty of any abuse or neglect.**

## **7. EMERGENCY AID**

**In case of an emergency, accident, or severe illness, we will immediately call the Emergency Medical Service (EMS) at 911 or 502-636-3530. These organizations are equipped to reach us as quickly as possible and to administer aid upon arrival. Parents will be notified immediately after EMS is contacted. We have at least one staff member on duty at all times who is certified in infant and child CPR and First Aid.**

## **8. NATURAL DISASTER/FIRE**

**In the event of a natural or man-made disaster, we will evacuate the children as quickly as possible according to the evacuation plan and then promptly notify the parents.**

### **a) Fire**

- (1) The children will be taken out by the predetermined exits and the evacuation plan will be followed as quickly and as orderly as possible.**
- (2) Fire drills and disaster drills are conducted monthly and are posted on the main entrance bulletin board.**
- (3) Emergency lighting and smoke alarms are checked weekly and recorded monthly.**

### **b) Tornado or Severe Storm**

- (1) Storms will be monitored and if the need arises, children will be evacuated.**

### **c) Snow and/or Ice**

- (1) We will always try to have management and caregiver staff here regardless of weather.**
- (2) If our schedule changes due to inclement weather, we will try to notify you as soon as possible.**
- (3) Closings and delays will be listed on Fox 41 (cable channel 9).**

## **9. COMPLAINTS**

**If you have trouble or concerns with your child/children's care, please talk to the Site Director or Owner to work on resolving the issue. The children's health and peace of mind are why we are here. We want you to feel comfortable in leaving your child/children with us while you are away.**



**PARENT/CHILD RIGHTS: KRS 199.898**

- 1) All children receiving child-care services in a day-care center licensed pursuant to KRS 199.896, a family child-care home certified pursuant to KRS 199.8982, or from a provider or program receiving public funds shall have the following rights:**
  - a) The right to be free from physical or mental abuse;**
  - b) The right not to be subjected to abusive language or abusive punishment; and**
  - c) The right to be in the care of adults who shall meet their health, safety, and developmental needs.**
- 2) Parents, custodians or guardians of children specified in subsection (1) of this section shall have the following rights:**
  - a) The right to have access to their children at all times the child is in care and access to the provider caring for their children during normal hours of provider operation and whenever the children are in the care of the provider;**
  - b) The right to be provided with information about child-care regulatory standards, if applicable; where to direct questions about regulatory standards; and how to file a complaint;**
  - c) The right to file a complaint against a child-care provider without any retribution against the parent, custodian, guardian or child' The right to obtain information from the cabinet regarding any type of licensure denial, suspension, or revocation of an operator, and cabinet reports that have found abuse or neglect by any child-care provider or any employee of a child-care provider; Identifying information regarding children and their families shall remain confidential;**
  - d) The right to obtain information from the cabinet regarding the inspections and plans of correction of the day-care center, the family child care home, or the provider or program receiving public funds with in the past year; and**
  - e) The right to review and discuss with the provider any state reports and deficiencies revealed by such reports.**

## **PARENT RESPONSIBILITIES**

- 1) Please label all clothing such as coats, hats, diapers, bags, pacifiers, bottles, etc ... with your child's name. We are not responsible for lost or stolen items and will not refund parents for any lost or stolen items.
- 2) Send your child/children in clothing that is practical and easy to wash. All children need to have one change of clothing because of art & floor activities and emergencies.
- 3) Parents of children not toilet trained will be expected to have enough diapers or pull-ups to last a full day with some extra (usually 5 or 6 diapers will be sufficient). We do not furnish diapers or pull-ups. If a sufficient amount of diapers or pull-ups are not supplied, your child will not be allowed to attend the center that day. We will work with your child on potty-training only if we get cooperation from you, the parent.
- 4) Medicine Sheets **MUST** be filled-out daily for all medications you want your child to receive. All medications must be in the original packaging with the Doctor's instructions and turned into the Site Director/Manager upon arrival. All medications must be taken home daily. **NO OVER-THE-COUNTER MEDICATION CAN BE ADMINISTERED WITHOUT A DOCTOR'S STATEMENT.**
- 5) Converse with your child/children's teacher when arriving at the center and tell the teacher if there are any problems or concerns with your child. Discuss medications, etc . . . . with the teacher upon entering and before leaving the daycare. Check for infant sheets or daily reports, and make sure you have knowledge on how you child/children's day was at the center.
- 6) Parents of children who are bottle-fed **MUST** have bottles already made and labeled with the children's names. **STAFF MEMBERS ARE NOT ALLOWED TO MAKE BOTTLES.**
- 7) Parents are responsible for making sure there are no medications left inside their children's diaper bags. It is against State Regulations.

## **DAYCARE FEES/HOLIDAYS/VACATIONS/and WITHDRAWL**

- 1) There will be a registration fee of \$50.00 per year. This fee will be used for classroom equipment, craft supplies, etc. . . . This fee is due the first day that your child attends the center for that particular year and then the first of the year for every year thereafter.

- 2) Drop-ins may be accepted if current enrollment and staffing permit. Please call the center to determine if a drop in for any particular day is possible. Established fees (see page 3) per child must be paid **BEFORE** services are rendered. Due to State Regulations regarding classroom ratios, drop-ins are not guaranteed placement in the center on any day.
- 3) Your weekly tuition or co-pay is **due on each Monday** for that week. **PAYMENT MUST BE MADE BEFORE SERVICES ARE RENDERED.** There will be a returned check or auto payment fee of \$35.00 for each returned payment, and it will be collected with the weekly tuition.
- 4) **To secure your child's full-time placement, you will be charged the weekly fee whether or not your child actually attends the daycare that particular week. No refunds shall be made for days your child does not attend the center.**
- 5) For families who receive tuition subsidies from the Child Care Council of Kentucky (3C's), **are responsible for any amount exceeding the total daily payment (overage charges) and for days the children are absent from care which are not payable by the cabinet according to the provisions of 922 KAR 2:160.**
- 6) If your child/children are not picked up by the agreed-upon time which is documented on your Enrollment Packet, which will be signed and witnessed at the time of enrollment, an additional fee of \$20.00 per hour will be charged, in addition to your weekly fee. These late fees will be due the day they are incurred. **THIS PERTAINS TO ALL FAMILIES, INCLUDING SUBSIDIZED FAMILIES.**
- 7) If your child/children are not picked up by closing time, you will be assessed a late fee of \$1.00 per child for every 1-minute after closing time. **THIS PERTAINS TO ALL FAMILIES, INCLUDING SUBSIDIZED FAMILIES.**
- 8) Sick Days: If your child is sick and misses up to one week, you will be charged for the whole week in order to hold your child's enrollment.
- 9) Holidays: We will be closed for the following holidays, but parents are still responsible for their weekly fee. We reserve the right to close for any other days, with notice to parents to be posted at least 2 weeks in advance, or as soon as possible:
  - a) New Years Eve (Closing Early)
  - b) New Year's Day
  - c) Memorial Day
  - d) Juneteenth
  - e) Independence Day (4<sup>th</sup> of July)
  - f) Labor Day

- g) Thanksgiving Day**
- h) Day after Thanksgiving**
- i) Christmas Eve (Closing Early)**
- j) Christmas Day**
- k) Day after Christmas**
- l) Martin Luther King Day**

**9) Vacation:**

- a) Parents will be entitled to one week of vacation time away from the childcare center with no weekly fee charged, after six months of enrollment and without jeopardizing their child's enrollment.**
- b) Parents will be entitled to two weeks per year of vacation time away from the childcare center with no weekly fee charged, after one year of enrollment and without jeopardizing their child's enrollment.**
- c) Vacation time is NOT cumulative. At the end of the year, all vacation time must be used or lost.**
- d) Your child/children must be out of the center during your entire vacation week/weeks to qualify for no weekly fee charged.**

**10) Withdrawing Your Child:**

- a) When withdrawing your child, you are required to give a minimum two-week, written notice. IF NO WRITTEN TWO-WEEK NOTICE IS GIVEN, you will be charged and responsible to pay your regular rate for the two weeks following withdraw from the center whether or not your child/children attend.**
- b) Example: Child's last day at the center was January 1<sup>st</sup>—no written 2-week notice was given—parent is responsible for the 2-week period of January 2<sup>nd</sup> through 15<sup>th</sup> at the regular weekly rate.**

# **BITING POLICY**

**As childcare providers, we must provide comfort and safety to all of the children in our care.**

**Biting is a very serious situation which must be addressed appropriately.**

**Our policy regarding biting is as follows:**

- **If a child bites anyone, the parent of that child will be called and a note will be sent home with the parent acknowledging the fact that their child did bite that day.**
- **If a child bites three (3) times in a two-week period, the child will be suspended for three (3) days.**
- **Upon return, if the child bites again, the child will be suspended for one week.**
- **Upon return, if the child bites again, childcare services will be discontinued.**

# **EMERGENCY PICK-UP PERSON FORM**

**Okolona Child Care**

**fax: (502) 964-0067**

*This form must be completed by a parent/guardian when a parent or guardian requests someone who is not on the authorized person pick-up list to pick-up their child or children.*

## **Parent, Child, and Pick-up Person Information**

**Date:** \_\_\_\_\_

**Name of child/children to be picked-up:** \_\_\_\_\_

**Name of parent/guardian authorizing pick-up:** \_\_\_\_\_  
(Print Name)

**Name of pick-up person:** \_\_\_\_\_  
(Print Name)

**Approximate time pick-up will occur:** \_\_\_\_\_

**Parent/Guardian Signature: X** \_\_\_\_\_

**\*\*\*Person MUST show Picture ID or the child/children will not be released\*\*\***

OFFICE USE ONLY

## **Pick-up Information**

**Pick-up Person's ID Number:** \_\_\_\_\_

**Name of staff member checking ID:** \_\_\_\_\_  
(Print Name)

**Staff member's Signature: X** \_\_\_\_\_

**Date and Time of Actual Pick-up:** \_\_\_\_\_

**Pick-up Person's Name:** \_\_\_\_\_  
(Print Name)

**Pickup Person's Signature: X** \_\_\_\_\_

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**ATTENTION:**

**THE FOLLOWING ENROLLMENT  
PACKET MUST BE COMPLETED,  
SIGNED AND RETURNED TO THE  
SITE DIRECTOR ALONG WITH THE  
REGISTRATION FEE, AND CHILD'S  
IMMUNIZATION CERTIFICATE OR  
WAIVER ON OR BEFORE THE FIRST  
DAY OF YOUR CHILD'S  
ATTENDANCE**

**THANK YOU**

# PARENT ACKNOWLEDGEMENT

LATE FEES:

\$20.00 per hour past agreed upon hours

\$1.00 per child/per every 1 minute past closing time

**\*\*\*\*PARENTS COMPLETE AND RETURN TO SITE DIRECTOR ON OR BEFORE CHILD'S FIRST DAY:**

**By signing this form, I acknowledge that I have received the Parent Handbook, and fully understand its contents. This Parent Handbook revised and effective August 1, 2018.**

**Date Received:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Your Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

OFFICE USE ONLY

FULL=TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ BEFORE SCHOOL \_\_\_\_\_ AFTER SCHOOL \_\_\_\_\_

(MON-FRI: 10 hr/day) (MON-FRI: 5h hr/day) BEFORE & AFTER SCHOOL \_\_\_\_\_ SUMMER CAMP \_\_\_\_\_

ADDITIONAL HRS. \_\_\_\_\_

ADDITIONAL RATE: \_\_\_\_\_ per week

WEEKLY RATE: \_\_\_\_\_

SUBSIDY PROGRAM: \_\_\_\_\_

SUBSIDY WORKER NAME & TELEPHONE NUMBER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# ENROLLMENT REGISTRATION INFORMATION

*Pages 1, 2, 3, and 5 must be updated once a year.*

<b>Parent Updates</b> _____ (Signature) (Date)
<b>Parent Updates</b> _____ (Signature) (Date)
<b>Parent Updates</b> _____ (Signature) (Date)

Date of Registration: \_\_\_\_\_

Date of Termination Status: \_\_\_\_\_

## CHILD INFORMATION

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Primary Residence: ☐ Mother ☐ Father ☐ Both ☐ Guardian \_\_\_\_\_

List the family members your child lives with—include names and ages of siblings: \_\_\_\_\_

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

PM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

## SCHOOL-AGE INFORMATION

Does your child attend school? ☐ Yes ☐ No School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_

School Transportation provided by: ☐ Elementary School ☐ Parent/Guardian ☐ Other \_\_\_\_\_

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

PM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

## PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up.

### Mandatory:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

☐ Emergency Contact & Release ☐ Release Only

### Optional:

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

☐ Emergency Contact & Release ☐ Release Only

### Optional:

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

☐ Emergency Contact & Release ☐ Release Only

Your child will not be released to anyone not listed on this "Emergency Contact and Release Person" form. You may updated, change, or add additional forms as often as you need to.

**KENTUCKY STATE REGULATIONS** for childcare **require every child to be signed-in and signed-out every day they are in attendance.** It is the **parents' responsibility** to sign **each of your children** in and out at the **attendance terminal** when you drop them off and when you pick them up **everyday your children attends.** If your child is still at the center after closing time, per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

**Parent/Guardian Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT AGREEMENT

Name of Child (Last, First, MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### **SECTION 1: TUITION AND FEES** *Type your initials by each section*

\_\_\_\_\_**REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$50 shall be paid in advance to enroll my child. In the event I receive 3C's assistance, I understand that I am solely responsible for the registration fee

\_\_\_\_\_**TUITION and MODIFICATIONS CONDITIONS:** \$\_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice, as conditions require. The center follows state specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s):

☐ FT (MON-FRI: 10 hr/day) ☐ PT (MON-FRI: 5 hr/day) ☐ Before School ☐ After School ☐ Before and After School

☐ Summer Camp ( FT PT ) ☐ Drop In SUBSIDY PROGRAM: \_\_\_\_\_ CO-PAY: \_\_\_\_\_ per week

Days: (check all that apply) ☐ M ☐ T ☐ W ☐ TH ☐ F From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

\_\_\_\_\_**PAYMENT OF TUITION:** I understand that tuition is due and payable on Mondays whether or not my child is in attendance. The only acceptable deviation from this due date is if my account is on auto pay.

\_\_\_\_\_**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$25 per week that tuition is not received. All late fees are subject to change with reasonable notice. The center follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than two weeks, I may be asked to withdraw my child until my account is made current. The center cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_**AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly log attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

\_\_\_\_\_**CHARGES AND PROCEDURE FOR LATE PICK-UP:** The center is open from 6:30am to 6:00pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by their scheduled time, I will be charged a late fee of \$20 per hour past agreed upon hours, and \$1.00 per child/per minute past closing time, until the child is picked up.

\_\_\_\_\_**ADDITIONAL FEES:** All age groups may be subject to Activity Fees. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult the Director for details.

\_\_\_\_\_**DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a 5% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance per month. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

Name of Child \_\_\_\_\_ Date: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

\_\_\_\_\_ **RETURNED CHECKS:** I understand that a processing fee of \$35 will be charged to my account for all returned payments for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. If my center accepts checks, and more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period.

## SECTION 2: DAILY PROCEDURE

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the center's attendance procedure. If I neglect to do so, I may be charged maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the center to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. I agree to complete the required computer and manual sign-in and sign-out procedures.

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the center and I understand that my child will be re-admitted according to the re-admission criteria in the Parent Handbook.

\_\_\_\_\_ **MODEL RELEASE:** The center, its agents, affiliates, and licensees, ☐ may ☐ may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

\_\_\_\_\_ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_\_ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

## SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

\_\_\_\_\_ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Day, Day after Christmas, as well as Martin Luther King, Jr. Day. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_ **ABSENCES/VACATIONS:** I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). My regularly contracted tuition is due on Mondays before services are rendered for all weeks when my child attends any part of the week or not at all. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return. Our family will be given one week of tuition free vacation after 6 months and two weeks of tuition fee vacation after 1 year without penalty per calendar year. See Parent Handbook for more information.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

\_\_\_\_\_ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

## **SECTION 4: STATE LICENSING AND OUR POLICIES**

\_\_\_\_\_ **ALL POLICIES & STATE REGULATIONS:** I understand that these policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgment of, and agreement to abide by, all Policies and state regulations.

\_\_\_\_\_ **PARENT HANDBOOK:** I have received a copy of the Parent Handbook. I have read and understand its contents and policies and agree to be bound by same.

\_\_\_\_\_ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

**These policies have been reviewed with me by center management. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook. The policies in this contract will supersede all other previous documents.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## MEDICAL INFORMATION

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Emergency Contact (name and phone number)  
\_\_\_\_\_

### AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_.

I (we), \_\_\_\_\_ authorize, for emergency purposes only, a center-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Kentucky.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider and Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_

Last Tetanus/Diphtheria Booster: \_\_\_\_\_

Allergies to drugs, foods or other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Appeared before me and produced \_\_\_\_\_ as identification. Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

I (we) also authorize the center to evacuate in case of emergency. I understand that the evacuation site is posted in the center and listed in the Parent Handbook.

# ENROLLMENT REGISTRATION INFORMATION

## MEDICAL HISTORY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Medication that will be administered regularly at the school: \_\_\_\_\_  
\_\_\_\_\_

2. Special Dietary Needs:

3. Is your child able to walk? ☐ Yes ☐ No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs? ☐ Yes ☐ No Explain: \_\_\_\_\_

5. Is your child toilet trained? ☐ Yes ☐ No

Please provide special instructions concerning any other illnesses, as necessary: \_\_\_\_\_  
\_\_\_\_\_

Allergies (please check and list all that apply)

☐ Medications Reaction: \_\_\_\_\_

☐ Food Reaction: \_\_\_\_\_

☐ Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening? ☐ Yes ☐ No If yes, please provide special instructions:

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

***Per state regulations, a written statement is required for waiver of immunization requirements.***

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information packet and Parent Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

### OBTAIN SIGNED FORMS FROM FAMILY

- ☐ Completed Enrollment Registration Information Packet
- ☐ Parent Handbook Acknowledgment
- ☐ ACH or Credit Card Authorization Forms
- ☐ Child Enrollment Income Application
- ☐ Other State or Federal required forms: \_\_\_\_\_

### REVIEW WITH FAMILY

- |  |  |
|--|--|
| <input type="checkbox"/> The child's first day   | <input type="checkbox"/> Annual registration fee                                     |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy)                     | <input type="checkbox"/> Late fees   |
| <input type="checkbox"/> Tuition payment schedule, amounts and due dates                                 | <input type="checkbox"/> Vacation policy   |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Special needs   |
| <input type="checkbox"/> Process and Procedures of Security Access                                       | <input type="checkbox"/> Absenteeism policy  |
| <input type="checkbox"/> Authorized pickup, late pickup policy and emergency controls                    | <input type="checkbox"/> Sick policy   |
| <input type="checkbox"/> Child Custody Documents ( <i>if applicable</i> )                                | <input type="checkbox"/> Meals   |
| <input type="checkbox"/> Clothing and other items to bring (labeled)                                     | <input type="checkbox"/> Allergies   |
| <input type="checkbox"/> Check in/check out registration (My Procure)                                    | <input type="checkbox"/> Security deposit ( <i>if applicable</i> )                   |
| <input type="checkbox"/> Any pickup restrictions   | <input type="checkbox"/> Medication policy   |
| <input type="checkbox"/> Any photo restrictions  | <input type="checkbox"/> Relevant curriculum features for child's age group          |
| <input type="checkbox"/> Immunization/Health information   | <input type="checkbox"/> Infant/Toddler Needs Services Plan ( <i>if applicable</i> ) |
|  | <input type="checkbox"/> Review Disaster Plans                                       |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Okolona Child Care's policies.

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

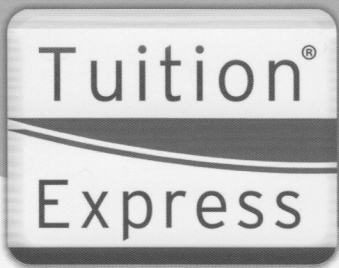
Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Director: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_





## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) Okolona Child Care to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

##### SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____	Attach Voided Check Here	\$ _____
Deposit slips not accepted		Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number

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