

COLUMBIA FAMILY DAYCARE CENTER

RULES AGREEMENT

Dear Parents:

Please read and sign the following agreement:

I hereby agree to comply with the rules and regulations of the Columbia Family Daycare Center regarding fees, attendance, health policy and other items specified in the guidelines. I am aware of the schedule of holidays specified in the guidelines.

I hereby agree to notify the Center at least two weeks in advance of withdrawal from the program or tuition will be forfeited.

Thank you.

Signed:

.....
Mother/father

.....
Witness

Date:

COLUMBIA GROUP FAMILY DAYCARE CENTER

GUIDELINES

SCHEDULE: 8:30 A. M. TO 5:30 PM

MONDAY TO FRIDAY

FEES: \$450 PER WEEK (FULL TIME)

\$15 PER HOUR (PART TIME)

(TWO/THREE DAYS A WEEK)

(15 HOURS MINIMUM)

TRANSITION PERIOD:

In order to ensure smooth adjustment for you and your child into the center, we have designated the first week of the enrollment to be a transition period. We know that adapting to new surroundings may be difficult for some than others, so this transition period may be shorter or longer than one week. We expect that you will work with us in planning the most appropriate transition schedule for your child.

In the past, we have found that children adjust quicker and easier when they gradually increase the amount of time spent in the Day Care. For this reason, we suggest that on the first day, you plan to stay with your child for about an hour without leaving your child. Some children may need parents to stay with them for several days before they are ready to remain in the Center. We recommend that when parents leave their children in the center for the first time, they remain in touch so that they are easily accessible to their child at all the time. Initially, when parents leave the center, they must leave a telephone number where they can be reached in case your child is having a difficult time and needs to be picked up early.

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As your child becomes more familiar with us, you will be able to leave the child for increasing lengths of time. Your child will determine how rapid or how slow this transition period is to proceed.

We understand that it may be difficult for some parents to take time off work to assist their child in transition. We will try our best to coordinate this transition period around your work schedule. However, we do require all parents to spend significant period of time with their child to ensure a positive adjustment.

FOOD: We will offer a snack to all children twice a day but Lunch and dinner will be at a parents' request at \$2 per meal. This will be an additional charge to the monthly fee.

Parents are responsible for bringing their infant's formula.

CLOTHING: The following will be needed:

A complete change of comfortable play clothing.

A sheet and blanket

Diapers and wipes, if needed

Bibs, if needed

For infants, some cream may be necessary for preventing diaper rash.

All of your child's possessions must be labeled. The Center is not responsible for lost or broken items.

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HEALTH POLICY : The health policy of Columbia Family Daycare Center adheres To the requirements of the NYC Dept. of Health. Children From 2 months to 2 years old of age must be examined by a Physician within 30 days prior to admission. Children over 2 years of age must be examined within 90 days prior to Admission. The Physician will fill out a medical report which must be submitted to the Director before or after admission. Your child's immunizations must be up to date. Listed below Are the required immunizations:

AGE	TYPE OF IMMUNIZATION	
2 MONTHS	DPT	TOPU
4 MONTHS	DPT	TOPU
6 MONTHS	DPT	
12 MONTHS	TUBERCULIN	TEST
15 MONTHS	MMR	
18 MONTHS	DPT	TOPU
2 YEARS	HIB	
3 YEARS	TUBERCULIN	TEST

In order to protect all the children of the Center from the spread of the germs and disease, we insist that your child does not come to the center when ill. While minor colds are acceptable, the following conditions necessitate your child's absence from the center:

- A fever of 100 within the past 24 hours
- Diarrhea or vomiting within the past 24 hours
- A rash or blistering
- Persistent cough
- Conjunctivitis (pink eye)
- Chicken Pox, Mumps, Measles to any other contagious illness.

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Please call the center if your child will be not be attending due to illness and inform us if your child has contracted a communicable illness.

Prescription medication may be administered by us with written authorization by parents.

LATE POLICY: Please be advised that the Center closes promptly at 5:30 P. M. If you cannot get to the Center by 5:30 P.M., please call as early as possible. Any time you arrive after 5:30 P.M., you will be charged a fee of \$10 for every 30 minutes or part thereof past contracted time.

COMMUNICATION: **Parents should be free to discuss their child with me at any time as long as the children are not present.** These matters could be discussed over the phone between 8 A.M. and after 10 P.M. Please inform us about any important family change in daily routine. All school holidays on calendar are observed the Center. Written permission is required for your child to leave the Center with anyone other than the child's parents and names supplied in the Authorization Form. You will be credited for the unforeseeable closure of the Center.

SECUTIRY DEPOSIT: The Security Deposit of two weeks' fee will be applied to the child's last two weeks in the program as specified in the Financial Agreement.

COLUMBIA GROUP DAYCARE CENTER
ENROLLMENT CONTRACT

Date:.....

..... will be attending the Columbia Group Daycare Center

Beginning
(Day of the week)

.....
(DATE)

From:.....(time) TO:(Time) for monthly fee of
\$.....

Payable in advance, DUE ON THE FIRST DAY OF THE EACH MONTH

Number of days enrolled :

Days for which enrolled – (Mon) (Tues)(Wed)(Thurs)(Fri)
(Delete whichever in not applicable)

Payment due upon enrollment:

\$.....Deposit equal to two week's of tuition which will be applied to your child's last two weeks
in the center provided two week's notice is given.

\$..... Tuition for one month

\$..... Deposit (equal 2weeks tuition)

\$..... Total payment

Address:.....

.....

.....

Parent's signature:.....
.....

Telephone #:

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PERMISSION FORM

I hereby grant permission for my child To use all of the play equipment' and to participate in all of the activities of Columbia Family Daycare Center.

I hereby grant permission for my child to leave the premises of the Columbia Family Daycare Center under the supervision of the Director and her Assistant for neighborhood walks.

I hereby grant permission to Columbia Family Daycare Center to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact parent or guardian
2. Attempt to contact child's physician
3. Attempt to contact you through any of the persons listed on the medical Authorization form
4. If we cannot contact you or your child's physician we will do any or all of the following:
 - (A) Call our daycare physician
 - (B) Call an ambulance
 - (C) Take your child to an emergency room of a hospital.

The Center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed:
(Parent or Legal Guardian)

Witness :
Date :

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FINANCIAL AGREEMENT

I agree to enroll my child in Columbia Group Family Daycare

For the period of.....20... To20...

I have received and read all the attached information, guidelines and agree to comply with all the rules and responsibilities stated in them. I agree to pay the fee of \$..... in advance on Mondays as follows:

Every Four weeks for hours From: A.M. To: And/or.....Hours

On the Following days of the week.

Mon. () Tues. () Wed. () Thurs. () Fri. () (Check applicable)

I also agree to pay deposit of \$..... Equivalent to two weeks' fees based on the enclosed fee schedule and contracted time. The amount will be applied to the last two weeks' fees. I understand that MBUMWAE SUBA-SMITH IS THE DIRECTOR OF THE SAID DAYCARE AND THAT SHE WILL HAVE AN ASSISTANT.

I UNDERSTAND THAT EITHER PARTY MAY CANCEL THIS AGREEMENT WITH TWO WEEKS' WRITTEN NOTICE AND FEE PAID TO DATE IS NOT REFUNDABLE.

Parents are requested to call if they will be late. There will be an Overtime charge of \$10 for anytime past contracted hours in excess of 30 minutes. (Refer to rules and regulations).

PAYMENT OBLIGATION IS BASED ON THE HOURS YOU CONTRACTED TO USE THE CENTER AND NOT THE ACTUAL HOURS OF ATTENDANCE. PAYMENT IS DUE WHEN YOU HAVE AGREED TO USE A CERTAIN PERIOD OF TIME WHETHER OR NOT YOUR CHILD ACTUALLY ATTEND DURING THOSE DAYS.

.....
Parent's signature

.....
Provider's signature

Date:.....

Discipline Policy Statement

The following practices violate regulatory standards for appropriate discipline and are therefore prohibited:

- * The use of corporal punishment is prohibited. Corporal punishment means punishment inflicted directly on the body including, but not limited:
 - * Shaking, slapping, twisting, or squeezing;
 - * demanding excessive physical exercise, excessive rest or strenuous or Bizarre postures; and
 - * compelling a child to eat or have in his/her mouth soap, food, spices or Foreign substance.
- * The use of isolation is prohibited. No child can be isolated in an adjacent room, hallway, closet, darkened area, play area or any other area where a child cannot be seen or supervised.
- * Food cannot be used or withheld as a punishment or reward.
- * Toilet training methods that punish, demean or humiliate a child are prohibited.
- * Any abuse or maltreatment of a child, either as a n incident of discipline or otherwise, Is absolutely prohibited. Any child care program must not tolerate, or in any manner condone, an act of abuse or neglect of a child by an employee, volunteer, any person under the provider's control or an individual residing in the home.

I The parent agree to the terms of this document/statement above.

Signature : Date: