

COLUMBIA GROUP 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: _____

Parent/Legal guardian

Parent/Legal guardian

Witness

Date: _____

COLUMBIA GROUP FAMILY DAYCARE CENTER

FEES/TRANSITION PERIOD/GUIDELINES

SCHEDULE: 8:30 AM to 5:30 PM

Monday to Friday

FEES: \$475 per week (Full time)

\$18 per hour (Part time)

Two/three days a week minimum enrollment. No half days.

TRANSITION PERIOD:

In order to ensure a smooth adjustment for you and your child into the center, we have designated the first week of enrollment to be a transition period. We know that adapting to the new surroundings may be more difficult for some children 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 more easily when they gradually increase the amount of time spent in the Day Care. For this reason, we suggest that you plan to stay with your child for about an hour on the first day before leaving. 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. 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 adjusting and needs to be picked up early.

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 rapidly 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 with this transition. We will try our best to coordinate this transition period around your work schedule. However, we require all parents spend a significant period of time with their child to ensure a positive adjustment.

COLUMBIA GROUP FAMILY DAYCARE

FEES/TRANSITION PERIOD/GUIDELINES CONT'D.

FOOD: We offer a snack to all children twice a day, but lunch and dinner will be provided at 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 or breast milk.

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

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

COMMUNICATION: **Parents should feel free to discuss their child with me at any time provided the children are not present.** These matters can be discussed over the phone between 8 AM and start of daycare, or after 10 PM. Please inform us about any important family change in daily routine. All school holidays on calendar are observed by the Center. Written permission is required for your child to leave the Center with anyone other than the child's parent(s) or legal guardian. Names for alternative approved contacts may be supplied in the Authorization Form. In the unlikely event of Center closure, you will be credited for unused time.

SECURITY DEPOSIT: The security deposit of two week's fee will be applied to the child's last two weeks in the program as specified in the Financial Agreement.

COLUMBIA GROUP FAMILY DAYCARE CENTER

HEALTH POLICY

HEALTH POLICY: Columbia Group Family Daycare Center adheres to the health policy requirements of the NYC Department of Health. Children from 2 months to 2 years 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 child's physician is required to submit a medical report to the Director prior to admission.

Your child's immunizations must be up to date. Listed below are 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 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:

- Fever of 100°F or greater within the past 24 hours
- Diarrhea or vomiting within the past 24 hours
- Rash or blistering
- Persistent cough
- Conjunctivitis (pink eye)
- Chicken pox, mumps, measles, or any other contagious illness

Please call the center if your child will 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 and explicit instructions for us provided by parents and child's physician.

COLUMBIA GROUP FAMILY DAYCARE

ENROLLMENT CONTRACT

Date: _____

_____ will be attending the Columbia Group Family Daycare

Center beginning _____
(Day of the week) (Date)

From: _____ (time) To: _____ (time)

for the monthly fee of: \$_____
Payable in advance, DUE ON THE FIRST DAY OF EACH MONTH.

Number of days/week enrolled: _____

Days enrolled*: (Mon) (Tues) (Weds) (Thurs) (Fri)
**If child is attending part time circle only weekdays child will attend.*

Payment due upon enrollment:

- Deposit equal to two weeks of tuition which will be applied to your child's last two weeks in the center provided two weeks' notice is given.
- Tuition for one month

\$_____ Tuition for one month

\$_____ Deposit (equal 2 weeks tuition)

\$_____ TOTAL PAYMENT

Address:
.....
.....

Signature of parent(s)/legal guardian(s):

Telephone #:

.....
.....

COLUMBIA GROUP FAMILY DAYCARE

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 the Columbia Group Family Daycare Center.

I hereby grant permission for my child to leave the premises of the Columbia Group Family Day Center under the supervision of the Director and her assistant(s) for neighborhood walks.

I hereby grant permission to Columbia Group 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 of guardian
- 2) Attempt to contact child's physician
- 3) Attempt to contact you through any of the persons listed on the Medical Authorization Form

If we cannot contact you or your child's physician we will do any or all of the following:

- 1) Call our daycare physician
- 2) Call an ambulance
- 3) Take your child to a hospital emergency room

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: _____

COLUMBIA GROUP FAMILY DAYCARE

FINANCIAL AGREEMENT

I agree to enroll my child _____ in Columbia Group Family Daycare for the period of _____ to _____.

I have received and read all of the attached information and guidelines and agree to comply with all of the rules and responsibilities stated in them.

I agree to pay the monthly fee of \$_____ in advance of attendance each month.

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

I UNDERSTAND THAT EITHER PARTY MAY CANCEL THIS AGREEMENT WITH TWO WEEK'S 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 ATTENDED DURING THOSE DAYS.

(Signature of parent/legal guardian)

(Director's Signature)

Date

COLUMBIA GROUP FAMILY DAYCARE

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 to, the following:
 - Shaking, slapping, twisting or squeezing
 - Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures
 - Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances
- 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 an incident of discipline or otherwise, is absolutely prohibited. Any childcare 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 statement.

Signature of parent: _____

Date: _____