



PARENT CONTRACT & Forms

Island Kids Child Care Center Parent Contract

This agreement is between Island Kids Child Care Center and

Parent/Guardian:

Address:

Home Phone: _____ Cell Phone: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Name and Age of each child/children attending **Island Kids Child Care Center:**

Child's name: _____ Date of Birth: _____

Child's name: _____ Date of Birth: _____

Agreed rate: \$ _____ Days enrolled: _____

Payments are due the week before care.

Hours of Operation

Island Kids Child Care Center's hours are from 6:00 AM until 6:00 PM, Monday through Friday. Hours of care will be contracted from child to child. Childcare will not be provided on Saturdays, Sundays or on the following holidays:

Labor Day	New Year's Day
Thanksgiving	Memorial Day
Christmas Day	Independence Day (July 4 th)

Early Closings:

Christmas Eve, 3:00pm
New Year's Eve, 3:00pm

Please note: Children must be dropped off by 10:00am unless other arrangements have been made with the director.

The above are paid holidays if they fall on a contracted day for your child. In addition, please have a backup childcare provider for these occasions.

Payment Procedures

Rates:

Full Time, Monday through Friday

Infant: \$245.00

Waddler: \$245.00

Toddler: \$225.00

Preschool: \$220.00

Before and After School: \$150.00

Part Time, minimum of 2 days per week

Daily rate:

- **Infant: \$59.50**
- **Waddler: \$59.50**
- **Toddler: \$58.50**
- **Preschool and Pre-K: \$57.50**

Before school: \$15.00

After school: \$15.00

Half Day, 5 hours or less, minimum of 3 days per week

Rate: \$45.00

Half Day of school for school age children:

Rate: \$45.00, 6 hours or less

School Camp:

Day off of school, ie: school closing, holiday, snow day:

Rate: \$56.50

Weekly rate of School Camp: \$220.00

Summer Camp: \$220.00 per week, minimum of 2 days per week

Daily rate: \$56.50 per day

Half day: \$45.00, 5 hours or less

Fees:

Late Payment Fee: \$10.00 per day that payment is not received
\$50.00 NON-REFUNDABLE registration fee per child

Late Arrival fee: \$3.00 per minute. Island Kids Child Care Center closes at 6:00pm. If you are late, the fee will be assessed on your billing invoice. If you arrive at 6:00pm, the teacher, the office staff, and building maintenance are detained.

If you are stuck in bridge traffic, or have an emergency, please call to inform the office that you are going to be late.

Definitions:

Full Time: Childcare contracted on a set scheduled time slot 5 - 12 hours per day or 5 days per week. It is necessary for us to have a set schedule so that we can have our staff ready for arrival and have your child ready for departure. If you are going to pick up your child after your scheduled pick up time, please call and notify the center so we can have your child prepared for departure at a later time. There is no charge for late pick up.

Absences: If your child will not be attending, a one-hour notice of absence is required.

Payments:

All payments are due by pick up or by 6:00 PM on Friday prior to childcare services being provided. After 6:00 PM, the late fee of \$10.00 per day will be assessed. If payment is not made within 7 days, your child will not be accepted into care until payment, including all late fees, is made. If a period of 2 weeks passes without payment received, the contract will be terminated, and the position filled.

Childcare fees are due regardless of whether or not your child attends. You are paying for a position, as well as a service. A position will be considered open until the first weeks' fees are received. Payments will be due regardless of vacations, illness, and the six holidays the center is closed. Grace days will be provided as per contracted days (Please see Grace Day Policy).

All childcare services will be contracted. The contract is a legal document obligating *Island Kids Child Care Center* to provide a service for you and obligating you to pay *Island Kids Child Care Center* for that service. There are other requirements in the contract. *Island Kids Child Care Center* urges you to thoroughly read the contract and realize that it is legal and you will be held liable for each item of the contract. By signing it, you are accepting it in all its terms.

- Regardless of your child's absence, your contracted tuition must be paid for that week due to the fixed overhead costs
- We will close at 3:00pm on Christmas Eve and New Year's Eve
- For your convenience the center accepts cash and checks
- A bounced check fee of \$35.00 will be charged for any bounced checks

If your child only attends the center part time (more than two days per week) and needs to be in care for an additional day or more, approval from the director is needed. Each child has a minimum of two days a week that they must attend.

Drop Off/Pick Up:

Children must be dropped off by 10:00am. If your child is going to be later, please call or email to inform Island Kids.

Please do not leave your car running and unattended in the driveway. Please do not allow your child to play near the vehicles at any time.

No child will be allowed to leave with anyone except the parent, unless indicated on the alternate pickup list, without written permission from the parent. Telephone permission is not allowed.

Anyone unfamiliar to *Island Kids Child Care Center* will be required to show proof of identification. Please make the alternate pick up person aware of the requirements.

It is normal for your child to cry on arrival, especially for the first few weeks. Please make your goodbye brief and tell your child exactly when you will be returning. The crying usually stops within seconds of your departure. Please do not leave without telling your child goodbye.

Please be in control of your child during drop off and pick up times. This is a time of testing when two different authority figures are present, parent and provider, and this situation will be tested at one time or another to see if the rules still apply. The caregiver will remind your child if inappropriate behaviors are being displayed.

Children of all ages adjust to transitions from one activity to another differently. Most do not like to be rushed and most do not like to wait too long once they are ready to depart.

Enrollment/Disenrollment Requirements:

Children are accepted for enrollment from the ages of 6 weeks to 12 years old. The center requires the following to be submitted to the director prior to enrollment:

- You will be required to sign a form that indicates you have read, understand, and agree to ALL the Policies as outlined.
- A complete NYS medical form (completed by child's physician) for your child must be on file. This form must not be dated earlier than 6 months prior to admission. The medical report will be valid for one year, except that subsequent examinations for school age children will be in accordance with the School Code. Please be sure to give updated proof of immunizations as they occur, as your child cannot attend if he/she does not have the appropriate immunizations up to date and on file. If your child is school age, you may supply *Island Kids Child Care Center* with a copy of the most recent physical obtained for school.

- A completed Office of Children and Family Services “blue” information card
- First weeks tuition
- A one-time, per child registration fee of \$50.00 for each child
- All appropriate forms must be filled out, signed, and on file PRIOR to admission. All necessary forms/consents will be given to you in your admission package.

The center reserves the right to ask parents to make alternative arrangements for care of a child enrolled at the center if a situation occurs, ie reoccurring behavior problem.

Upon enrollment, your child will be placed in a group based upon his or her chronological age.

Two week notice needs to be given to the director when services are no longer needed.

Termination of Care:

After a TWO-WEEK TRIAL PERIOD, either party can only terminate care with notice. *Island Kids Child Care Center* reserves the right to immediately end care for non-payment, behavior of the child, which is harmful to the physical or emotional well-being of the other children, or failure to abide by *Island Kids Child Care Center* policies. If you terminate care without giving two weeks’ notice, you will be responsible for payment of the final 2 weeks of care whether or not your child attends. Please be advised that you will be charged your scheduled rate until you notify *Island Kids Child Care Center* that your child will not be returning. Two week notice needs to be given to the director when services are no longer needed.

This agreement may be terminated by either party with two weeks’ written notice to the other party.

Parent/Guardian: _____ Date: _____

Director/Assistant Director: _____ Date: _____

Island Kids Child Care Center

Child Care Emergency Contact Information

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent or Guardian: _____

Telephone Numbers:

Home: _____ Work: _____

Cell Phone/Pager: _____ E-mail Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

Contact person at work (who usually knows your whereabouts):

Phone Number: _____

Parent or Guardian: _____

Telephone Numbers: Home: _____ Work: _____

Cell Phone/Pager: _____ E-mail Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

Emergency Contacts (when attempts to reach parents are not successful and who may pick child up)

#1) Name: _____

Telephone Numbers: Home: _____ Work: _____

#2) Name: _____

Telephone Numbers: Home: _____ Work: _____

Person's authorized to pick child up

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Child's Usual Source of Medical Care

Physician's Name: _____ Phone #: _____

Address: _____

Hospital to take child in case of an emergency: _____

Child's Health Insurance

Name of Insurance Plan: _____

Certificate Number (or ID) #: _____ Group#: _____

Policy Holder's Name: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Island Kids Child Care Center

Infant Feeding Schedule/Parent Agreement

Name of child:

Date of Birth:

Name of Parent or Guardian:

My child drinks: Breast Milk _____ Formula _____ If your child uses formula please indicate the kind, and how much formula per ounces of water.

- Parent is responsible for supplying formula
- If powder form, staff will add the correct amount of water specified to the bottle when preparing to feed
- If in liquid form, staff will store bottles in the refrigerator located in the classroom
- If supplying breast milk, you may supply a daily supply, or monthly labeled with your child's full name and date

Please list your child's feeding schedule below and any other pertinent feeding information:

*Please use attached sheet for more feeding instructions.

I have read and understand the above statement and have read the attached regulations set forth by New York State, and will abide by the statements listed above. If there are any changes to my child's schedule or introduction of new foods, I will inform Island Kids Child Care Center. In addition, Island Kids Child Care Center agrees to abide by the Parent/Guardian's instructions and all New York State regulations.

Parent/Guardian signature: _____ Date: _____

Director's signature: _____ Date: _____

Island Kids Child Care Center

Holiday Party & Photography Agreement

“Island kids” has to have parent/guardian permission for the following items below. Please complete the form, sign, date, and return with the Child Care packet.

Holiday Parties:

For your child to be able to participate in any special holiday events and activities we must have

permission from a parent/guardian. Below, please complete the appropriate section for your child.

I give my child, _____, permission to participate in all holiday events.

I do not give my child, _____, permission to participate in any holiday event.

My child can only participate in the following holiday events. Please list below:

Child Photo Permission form:

I give my child, _____, permission to be photographed at school.

Note: your child’s photo will not be found anywhere outside of the center. It will strictly be used for center events, classroom celebrations, ect.

I do not give my child, _____, permission to be photographed.

Parent/Guardian signature: _____ Date: _____

Director’s signature: _____ Date: _____

Island Kids Child Care Center

Diaper Cream and Sunscreen Form/Parent Agreement

Name of child: _____

Date of Birth: _____

Name of child: _____

Date of Birth: _____

Name of child: _____

Date of Birth: _____

Name of Parent or Guardian: _____

- Island Kids will store your child's supplies in your child's cubby, we will label with your child's name.
- Parents are responsible for sunscreen & diaper cream.

I have read and understand the above statements and give permission to Island Kids Child Care Center to use the above ointments on my child.

Parent/Guardian signature: _____ Date: _____

Director's signature: _____ Date: _____

Island Kids Child Care Center

Napping Agreement

All parents must sign a "Napping Agreement" (NYS OCFS Regulation). This agreement states where your child will rest during their time at Island Kids Child Care.

Please check the appropriate line for the class your child attends, sign, and date.

My child is in:

PreK: _____ your child will rest on a mat, rest time: 1:00-3:00

Preschool: _____ your child will rest on a mat, rest time: 1:00-3:00

Toddler: _____ your child will rest on a mat, rest time: 12:30-2:30

Waddler: _____ your child will rest in a crib, as per child's schedule

Infant: _____ your child will rest in a crib, as per child's schedule

Parent/Guardian signature: _____ Date: _____

Director's signature: _____ Date: _____