

# Robin's Nest Parent Check List

## **I need these things the day you start at Robin's Nest:**

Please take the time to go over this check list & check off the items you turned in to Robin's Nest at the time of enrollment.

- Deposit for 1 weeks tuition: Can divide over 5 weeks if need to.
- Orientation check list
- Read over & sign contract.
- Signed rate sheet.
- Contract agreement: Fill in time & days!
- Enrollment record
- Birth Certificate within 30 days \_\_\_\_\_ Reminder \_\_\_\_\_ State notified \_\_\_\_\_
- Parent consents form ( DCFS)
- DCFS verification form
- Emergency Medical consent form.
- Sick policy.
- Authorization to pick up form.
- CCR paperwork
- Food paperwork
- Infant feeding agreement
- Health form: on state form.
- Shot records: a copy will be fine.

I understand by signing this form that I will provide the above needed paperwork within 30 days of the date of this form to avoid the 35.00 per month administration fee. These are forms required by the state for compliance.

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Robin's Nest Sick Policy**

Robin's Nest understands that children will have stuffy noses & coughs. Some children have allergies and constantly have runny noses. We do ask that if you child has had any of the following symptoms, please keep your child home. This is the best way to keep the staff healthy to care for your child & keep other children from getting sick. **If your child comes to daycare & we call you to pick up your child, you have 1 hour to make arrangements. After 1 hour, there is a 2.50 per 15 minutes.** Please help us keep sickness down at Robin's Nest.

*Please do not bring your child to the center with any of these symptoms or illnesses listed here:*

- **Fever of 101 or more**
- Ring Worm
- Head Lice
- Impetigo
- Chicken Pox
- Pink Eye
- Strep Throat
- Discharge from eyes
- Severe cough: sound croupy or whooping.
- Difficulty in breathing:
- Bacterial Meningitis
- Sore throat/trouble with swallowing.
- Spots/rashes on body.
- Vomiting\*\*\* this is a big one. If your child was throwing the night before:  
Please do not bring your child!
- Severe head aches.

Here is a good rule of thumb: If your child needs tylenol or cold medication, they should probably be at home with you. **We can not give your child medications without a signed medical form from your physician.**

\*\*If your child needs a prescription, ask your pharmacist to spilt the medication into two labeled bottles. One for home & one for daycare. This will help in leaving medications at school & your child not getting the medications as prescribed by your doctor.

**Please be sure to sign in your child's medication daily to be given at school. We can not give medication if it has not been signed in by you and permission to be given by both you and your doctor. Please see attached form.**

**Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Robin's Nest Authorization to Pick up Form**

*Please list any family member, friend, co-worker that may be picking up your child. If there is a parent that is not allowed to pick up the child be sure to note that also. (Please highlight)*

*Child's name* \_\_\_\_\_  
*Mom's name* \_\_\_\_\_ *Dad's name* \_\_\_\_\_  
*4 Digit Code for parents* \_\_\_\_\_

*4 Digit code to be used by any of the following people I have authorized to pick up my child.* \_\_\_\_\_

*I authorize the following to pick up my child/children:*

<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Phone</u></b>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

This person can pick up my child on certain days according to court ordered parenting time: \_\_\_\_\_

Times/days allowed:

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**Robin's Nest Emergency Medical Release**

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_ give my consent for emergency medical and surgical treatment of this minor by a licensed physician should his/her condition so require it in my absence. I understand that in such a case reasonable attempts would first be made to contact me, time & condition permitting. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards or medical practice for the particular type of injury or illness involved. I impose no specific limitations or prohibitions regarding treatment other than those that follow:

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My child is allergic to these medications: \_\_\_\_\_

My child takes these medications on a regular basis:

\_\_\_\_\_

Mom's name: \_\_\_\_\_ Dad's: \_\_\_\_\_

Home address: \_\_\_\_\_

Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

Pager/cell: \_\_\_\_\_

Work address: \_\_\_\_\_

Other Emergency contact Name: \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

*I also understand children play & do sometimes get hurt by tripping, falling off play equipment & other various activities. I/we will not hold Robin's Nest responsible for medical attention needed in such a case unless the licensing finds the center negligent.*

***I do not have medical Insurance*** \_\_\_\_\_

***I have medical Insurance*** \_\_\_\_\_ ***please provide a copy of your card or print out insurance information.***

*Hospital Coverage information/choice:* \_\_\_\_\_

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

*Dentist Coverage information/choice:* \_\_\_\_\_

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

Doctor coverage information/choice \_\_\_\_\_

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

Parents signature \_\_\_\_\_ Date \_\_\_\_\_

### **Robin's Nest Contract Agreement**

**This form allows Robin's Nest staff to be prepared for your child's day by planning for the proper number of staff, food & academic materials. The times noted here are very important and need to be carefully considered when you fill out and sign this agreement.**

Date filled out \_\_\_\_\_

Date contract becomes effective \_\_\_\_\_ (starts the Monday after receipt)

I agree that my child/children \_\_\_\_\_ will be enrolled at Robin's Nest Learning Center for \_\_\_\_\_ days per week. The days I have reserved are \_\_\_\_\_. (varied or drop in ) circle if applicable. Any other days not noted here will be billed at drop in rate of \_\_\_\_\_

The hours of care I need are \_\_\_\_\_ - \_\_\_\_\_. I understand anything outside these hours will add an additional fee as outlined in our drop in rates.

My weekly tuition is \_\_\_\_\_ due the first day my child attends Robin's Nest to avoid the 20.00 per week late fee. Tuition per day is \_\_\_\_\_. My transportation fee is \_\_\_\_\_. The total weekly amount due on Monday is \_\_\_\_\_. In the event there is no school and your child is school aged, you would add \_\_\_\_\_ to the weekly amount on the Monday of the week the full day is used.

Any variance of the scheduled times and days needed as outlined in this contract need to be submitted two-weeks in advance in writing in the tuition box to avoid drop in fees. This would include: switching days, vacation requests, termination of contracts, change of days or times & transportation needs outside of agreed school runs. *Please note these requests are based on staff availability and current ratios. Robin's Nest is very full and we do our best to accommodate schedule requests with proper planning.*

**A two-week notice is required to change and or terminate care.** If no notice is given, the deposit of \_\_\_\_\_ will be forfeited and any outstanding balance is subject to the weekly late fee until balance is paid or a written payment plan is signed. In the event this account goes to collections, there is a \$150.00 collection fee that will be added and the account will go to collections and court for

resolution. This is a last ditch effort. We will work with you. The deposit left here will be you last week of tuition with a two-week written notice. **All notices, changes take effect the Monday they are received. We only open our box on Monday nights after closing.**

If this form has been signed as a means to hold a spot, a deposit of the total weekly amount is required and is not refundable.

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

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

# ***Robin's Nest Learning Center Inc.***

***Nationally Accredited Learning Center through NAC***

***A Quality Star 3 rated program***

***Robinsnestlearningcenter.com***

*Ages 6 weeks-12 years of age*

*Open at 6:00 am-Close at 12:00pm*

*Updated Copy Summer 2011*

*Robin's Nest welcomes all children of all race, religion and background to be loved, understood and educated in our program with no discriminations of any sort.*

*Dear Family,*

*We want to welcome you to our classroom community. Our school philosophy is one that places a great deal of value on the formation of parent-teacher partnerships. As a staff at Robin's Nest we define our family with the following definition borrowed from Boston Children's Museum:*

## ***Families:***

- We may be related by birth or adoption or invitation.*
- We may belong to the same race or we may be of different races.*
- We may look like each other or different from each other.*
- The important thing to remember is **we belong to each other.***
- We care for each other.*
- We agree, disagree, love, fight, work together.*
- We belong to each other.*

*Please share your family with us so that we can include, validate and celebrate each child's family relationship as part of our ongoing interactions with your child and all of our children. We welcome you all and look forward to developing a rich and supportive relationship with you and your child and to learn from and with each other throughout the year!*

*Welcome to Robin's Nest, you are now invited to be a part of our family!*

*Robin & Lori*

## **What I need to start care for your child:**

### **( Please refer to check List )**

- Child enrollment packet . The packet must include the 35.00 file fee to hold a spot and be entered into our computerized system & web cam.
- Current immunizations and medical form on state form that has been provided in this packet. The form can be faxed to 618-996-2515.
- Certified birth certificate.
- **A non-refundable deposit of one week's pay, which will be your last week of tuition with a two-week notice.**
- **If you are CCR subsidized the deposit will be the amount of your parental co-pay.**
- **Potty training agreement if enrolling in that classroom with the needed items outlined in that document.**
- **A change of clothing for your child in a zip lock bag with your child's name on it.**

### **Personal Items:**

**Robin's Nest is not responsible for any personal items brought into the center. Please leave that special toy in the car!** Please do not bring ANYTHING valuable into the center that could be lost or taken home by mistake. (money, game systems, ipods...) Please be sure all coats, clothing, shoes are labeled with your child's name on it many look alike. Please label everything! We have over 400 people coming in & out of our building daily. Mistakes happen, but if things are labeled well, less likely to be taken by the wrong family.

### **Robin's Nest License**

Robin's Nest boasts the largest infant toddler center in Southern Illinois! We take great pride in our program and love to share it! We have 36 infant spots and 27 toddler spots. Please share the excitement with friends!

Robin's Nest is licensed for 163 children, with a ratio of 1-4 for our infants, 1-5 for our toddlers, 1-8 ( potty training 2 yr olds) 1-10 ( Ages 3 & 4) and 1-20 ( school aged kids )

Robin's Nest take special needs children on an individual basis. If your child has special needs we can address those before the enrollment process has begun. Please have all special needs written and signed by your attending physician for us at the time we go over orientation, so there is no misunderstanding of what is required of us here at Robin's Nest.

## **Parent Volunteers:**

**Robin's Nest encourages parent support, input and guidance while providing care for your child to provide the ultimate level of care expected from a nationally accredited center like Robin's Nest. All parent & family members are welcome to participate in our classrooms as helpers, party coordinators, guest speakers and a field trip volunteers. Upon request you can view your child via internet on our secure web cam system with a secured password and ask that you limit that time to 10 minutes per visit. We ask all of parents to share praise, concerns, and suggestions at anytime. There is a 24 hour number you can call or leave an anonymous note in our locked tuition box. Robin's Nest participates in formal evaluations of our program in the fall and spring and we ask you to take the time to fill the evaluations out and give us your very important input. It is with this information that was structure the following year's goals for the center which include improvements, staff changes or curriculum development. It is your participation in our program that will enrich your child's pre-school experience and allow us to exceed your expectations.**

## **Parent Resource Center:**

Do you have questions about recent recalls, list of sexual predators in Williamson County, childhood illnesses, challenging behaviors, potty training, community resources, and family resources? Check out our Parent Resource Center located in the office. There are informational handouts available. There is also a list of **parent education classes with dates and locations!** Check it out! It's a great resource.

## **Robin's Nest Academic Program & Evaluations**

Many of our families have skills that we can put to work in our program. Please note on the contract any activities, services, equipment that you may have to offer the center. We love our parent volunteers! **Please note that if you plan to work in the center more than twice a year we will need you to obtain a back ground check. Please ask the director to provide you the form to obtain this clearance at no cost to you.**

***Handwriting without Tears*** Curriculum is introduced in our two-year old class and pre-school classes. For more information go to **[Handwritingwithouttears.com](http://Handwritingwithouttears.com)**

All of our classes are based on my favorite children's books, which convey a love for reading we promote here at Robin's Nest.

Look at calendars posted at the front door as you enter the center and by the classroom door. This calendar will inform you what theme is being taught, book of the week & the song of the month.

Robin's Nest evaluates each child in our center on a daily basis through ongoing observations and assessments. Robin's Nest uses "Pocket" to evaluate infants and toddlers and "Work Sampling" to evaluate Pre-school aged children. Robin's Nest provides ongoing parental feed back through "we thought you should know sheets, daily communication weekly curriculum and semi-annual evaluation folders.

We also look for information on each family's child rearing practices; religious/traditions shared in the culture and your child's strengths to better meet the needs of our family's. Please take the time to fill out our information sheet.

Robin's Nest also hosts a quarterly "Open House" This is a great opportunity for parents and teachers to talk about concerns, set goals and sees the fun things the kids have been doing.

May/November we have our annual parent teacher conferences and encourage all parents to be involved in these various opportunities to communicate about your child's academic progress in our program.

Robin's Nest offers annual hearing and vision assessments. Look at parent board for times available.

Robin's Nest does developmental screening of all children birth to age five. By signing the back page of this contract you give us permission to do these screenings. If you do not want your child to be screen just check "no" and we will follow your directive.

**At Robin's Nest our goal is have one staff on the floor interacting with the children at all times in our infant & toddler rooms. With this direct supervision, we have found there fewer accidents, bites and more one on one interaction between your child and the teacher. Robin's Nest company policy requires a teacher to be seen on the web cam at all times to ensure that direct supervision and peace of mind. Pre-School-School aged kids have direct supervision with some distance to provide privacy and quiet play. These age groups are directly supervised by a teacher, but not in as close of a proximity as the younger age groups. A teacher can be seen by the doorway of each classroom and 80% of the time through the web cam. Potty facilities cannot be seen via web cam.**

- Our program is very academic and socially rich. Support from our families is imperative to nurture that growth. We separate our classroom based on **SKILL** rather than age.
- School aged kids have a program that runs during the summer & all in-service days. The program offers math skills, reading & social studies. Last year we learned about land marks & states/countries they were located in.
- Pre-school kids are between the ages of 2-4. We focus on self help skills like potty training, getting dressed, snaps, and putting coats/shoes on. The class time activities are: Circle time, songs, stories, alphabet, letters in their name, numbers 1-10, cutting skills & writing their name.
- Pre-K kids are between the ages of 4-6. These kids will learn the alphabet by recognition upper and lower case, numbers 1-100, number concepts such as more or less, counting objects out and adding them together, sounds of letters, pre-reading 100 words using phonics, following 5 step directions, operating in a classroom as a school aged child, fine motor skills, first and last name and many science related lesson themes with a strong literature base.

### **Complaints, Concerns, Questions**

Robin's Nest takes parent questions, concerns or complaints very serious. Please **do NOT** hesitate to call us anytime. The issue is discussed with ALL of the staff and we use the concern to "learn from each other's mistakes." We address the parental concern in writing; we outline proper procedures, and licensing standards that apply for complete compliance. After the staff has all read the concern, they sign acknowledging the proper procedures and the parent is given a copy of the written documentation. A copy is placed in the child's file, a copy in the staff's file and a copy is forwarded to licensing as required.

### **Staff of Robin's Nest & Company Policy**

Robin's Nest takes great pride in hiring quality staff and provide education & training to further employment advancement in Early Childhood Education field. Per our company policy that our teachers sign at the time of employment **Robin's Nest prohibits staff to provide childcare services outside of our center and is NOT liable for any services provided outside what has been agreed upon on the contract agreement. Robin's Nest charges a 1500.00 finder's fee for any staff person who leaves our center for a job opportunity that is initiate by a parent of our center.**

**Robin's Nest prohibits staff/parent relationships. Please do not ask our staff out for a love type of relationship date.** I have found over the years the relationships don't work out, there is someone who is hurt, and I lose a staff member or a family. Please help us keep our center professional.

Robin's Nest discourages after hour relationships on facebook, myspace, and other public forums that have resulted in concerns and complaints by parents who are viewing these sites. Please do not request teachers as "friends" in these public forums. Inappropriate conversations, jokes, pictures have resulted in termination of staff. Please help us maintain a level of professionalism that is lacking in these public forums. **E-mail types of communication are secure and an acceptable way to communicate day to day information.** If you ever have a concern, please come in and talk directly with the teacher or the director. Too many times words that are typed are misconstrued and taken out of context.

## **Discipline Policy**

- We teach consideration, good manners and appropriate behavior. We use positive reinforcement for good behaviors and time out and redirection for not-so appropriate behaviors. We use the stop light in our class. Red is 3 redirections and a note home. Yellow is 2 redirections no note home. Green is a good day. When you pick up your child you will be able to look at our stop light and see what kind of day your child had. We aim to work through behavior problems together. We will address your concerns and hopefully provide insight, understanding, and mutual consent in what we are doing with your children.
- Robin's Nest kids are expected to treat the staff with respect and may never use profanity or aggression toward a teacher. If this event occurs, we will call the parent to help us. If my staff feels threatened, or physically assaulted by a child Robin's Nest; services may be terminated with no notice and deposit will be forfeited.
- If a child runs from the daycare and we cannot restrain the child with reasonable attempts, we will call the parents and police if the child has left the center.
- Our goal is to work through behavior problems, but we need parental support and a written behavior modification plan in place. This is a social service regulation. Behavior plans would include but would not be limited to: biting, aggressive play, hitting, kicking of other children/teachers and foul language.
- A behavior modification plan would also be used if a child vandalizes Robin's Nest property, vans, buses or any other person personal property located at Robin's Nest. Vandalism could also result in termination of field trip rights for 1 or more days with no refund.
- There is no age limit associated with a behavior modification plan. Biting would be another place we would put a behavior modification in place. This is

an agreement between parents, child and teachers at Robin's Nest and is all written to change the behavior.

- Robin's Nest has a no tolerance policy for corporal punishment.

## **Contract agreement & Scheduling**

When I receive your contract agreement, we enter that schedule for your child to participate in our program. This schedule enables us to plan meals, curriculum and our staff schedule. If you vary from your agreed schedule we could potentially be out of ratio, especially early in the morning. If you need to change your hours, just ask for another contract agreement. That contract will take effect 2 weeks after the Monday we receive it.

Contracts expire December of each year and will be renewed January 31<sup>st</sup>. Your signature is not required to maintain a current contract and its changes. The new contract is located at parent information board.

## **Authorization to Pick Up Forms & Visitors**

**All visitors are required to show identification and sign in at our visitor's log. A copy of the identification is made and kept on file.**

- At the time of enrollment, you are given a form called the "Authorization to Pick Up". This form will be filled out by you with individuals who can pick up your child and their address and phone number. We will release your child to these people without proper identification.
- If you need someone to pick up your child who is NOT on the list, we will need to make a photo copy of their identification to add to our book and have your verbal authorization.
- If you send someone with no identification, we will not release your child. We are sorry for any inconvenience this may cause you.
- We love to show off our school, but please notify us in advance to when visitors are coming. All visitors must sign in & out show identification, and explain the reason for their visit.
- Please do not leave your children unattended in the center. **Please walk your child to their class.** Please do not leave your children in the car, let them walk to the car by themselves or leave your car unlocked. These are licensing violations and the parent could be cited.

\*\*If your child has not been picked up by 6:00pm there is an additional

\$ 1 per minute after 6:00 per child fee assessed to your account. We will try to call you and let you know that your child is still here at Robin's Nest.

We will then go through the emergency contact information to have someone pick up your child. If we cannot get a hold of you, Robin's Nest staff may opt to take your child home with them leaving a map on the door. Robin's Nest staff is listed first on authorization to pick up forms for this reason.

## **Attendance & Emergencies**

- Please be sure to sign your child in and out every day. You will be issued a family code to sign your child in. Anyone outside your family will need to have another code for identification purposes.
- We do hourly head counts and match these counts to our computerized sign in & out counts. Each staff person knows how many kids and who is in their classroom based on a manual attendance list for emergency purposes. Please be sure to sign in/out your child and walk them to their classroom. This procedure is essential for accurate and expedited emergency evacuations.
- At Robin's Nest we take great pride in our friendly staff. Each person who enters our building should be greeted and children should be welcomed into their classroom by their teacher to make that transition easier. We will ask your name and hopefully get to know each of you personally. Our goal is to be a family, not another "number".
- *When you enter the building: we ask you sign in your child and walk them to their class. Please do NOT let your child walk themselves. Per licensing standards someone must directly supervise the children at all times. Please walk your children to their class.*
- Please set your time to the Robin's Nest computer to ensure out times match. Robin's Nest has the clocks set to the schools time. All billing is based on Robin's Nest time clock.
- We are computerized and will a day end report to be sure all children have been signed out. Failing to sign out your child will result in a 7:59pm sign out by the computer automatically.

## **Payments & Fees**

**Your rates are based on the current rate sheet. Please see rate sheet for specific rates as they apply.**

- **Payment is made by the evening of the first day your child attends.** If you have special circumstances, please talk to me. We can add to the contract agreement to allow for special payment arrangements if needed. **All special arrangements need to be written on contract agreement to be valid.**
- There is a 20.00 per week late fee assessed. Late fees will accrue every week after that at 30.00 per week until a signed payment agreement has been turned in, tuition is paid in full or a collection account has been filed with Capital collection agency adding an additional collection fee of 150.00.
- There is a 5.00 rebill for accounts that have a balance under and a 50.00. Invoices will be printed bi-weekly and placed in your child's file folder.
- **We ask that all payments are made by check.** Please label your check for amounts paid outside your normal rate. Guessing is dangerous and **NO CREDIT WILL BE GIVEN FOR UNLABELED CHECKS OR CASH. Put your child's name in the memo area for better accounting.**
- I do my book keeping on Monday evenings. Payments received after Monday at 6:00pm will be applied to that following week of book keeping. Receipts follow Monday dates.
- *Robin's Nest is not responsible for any lost payment. We accept cashier's checks, & checks. This is for your protection and Robin's Nest cannot be liable for cash of any sort.*

### **Potty Training:**

See potty training agreement when your child is ready for this adventure!  
 There is a 5.00 per week potty fee for carpet cleaning etc...  
 Consistency is the most important aspect of potty training!

### **Holidays & Vacation Time**

- The holidays in which Robin's Nest is closed and do not provide care are: Christmas day, New years day, Labor day, Memorial day, Fourth of July, Thanksgiving and we close early on Christmas Eve ( 4:00pm) New Years Eve ( 4:00) & Halloween at 5:00pm. There will be written notice of closures on the monthly calendar and posted at the front doors. If contracted daycare falls on any of these holidays, *full payment* is still due. Thank you in advance. If there is ever a problem, call me and let me know...I have others that can help fill in when needed with a week notice.
- Vacation time is available after 3 months of care with a written two week notice placed in the tuition box and your account has a zero balance.

- Vacation is eligible yearly based on date of enrollment.
- Vacation time is defined as time your child is not at the center; it is not a vacation from payment.
- Vacation time is determined by the contract agreement that has been place for the previous three months of the vacation time.

### **Vacation time as outlined in Robin's Nest policies:**

*A vacation week is defined by how many days are on your contract agreement. The vacation time then can be used as follows:*

1. Discounted two weeks of vacation at half pay
2. One free contracted week.
3. Separate these days over time also for example: you are full time and Have 5 days that can be used anytime with proper notice.
4. Sick days do not need a notice but are eligible only at half rate credit.

**Sick days need to be submitted in writing the week being used that was missed.**

- We ask that you let us know two weeks in advance in writing when your child will be on vacation. Just drop the note in the tuition box and I will log your time in the computer.
- **Please do not tell a staff member to write it down.** I keep your notes on file for future reference of vacation time used.
- ***All other subsequent vacations, full payment is due to maintain your child's place.***
- Vacation time requested cannot be a part of a two-week notice.
- Vacation credit cannot be requested when there is an outstanding balance due.

### **Tax information & Monthly Receipts**

- Monthly receipts can be requested, just ask at the office.
- Tax information will be available to you at the center by January 31thru April 30th. After April 30 all tax information is archived to close up the tax year and will only be available through our book keeper. There is a 25.00 fee to obtain tax information after April 30. Please note that your signature & tax information will be required to get a copy of this form. If you terminate care before that time, a tax form needs to be filled out and signed by the family receiving the tax credit and Robin's Nest.
- No tax information will be given over **the phone.**
- **There is a 25.00 copy fee for all lost tax information that needs to be redone by the book keeper.**

### **Collections & Unpaid Balances**

#### **Returned Checks**

- There is a 40.00 return check fee. The \$20 per week late fee will apply on top of the return check fee if the check is not paid within 24 after it has been returned

to me and I have notified you. I will provide you with a copy of the check for your reference.

- After the second returned check, cashier's checks will be needed to continue care.
- If your check has been returned to me and you do not return to daycare, face value of the check, weekly late fees, a two-week notice, and the return check fee will be assessed to your account.
- Post dated checks are considered late and are assessed the 20.00 per week late fee. ( if there is a problem, let me know, I try to work with you.)

*After two-weeks of nonpayment for child care services, your child care will terminate. A payment plan maybe signed allotting for an extra payment on top of that current weeks child care to continue care and stop late fees. However, failure to pay as agreed in payment plan will result in a 30.00 per week late fee and terminate care.*

- All collection costs will be assessed to account at a minimum charge of 150.00 dollars when turned over to collections.
- Robin's Nest uses Capital Collections to follow up on collection accounts. This collection company does report to all credit companies.

## **Health and Safety Issues:**

### **Hand washing & Sanitization**

Proper hand washing is essential to keep illness down in any school. We teach the children to start washing hands at infancy. Infants have their hands washed after diapering and before meals. Pre-school aged kids start learning the hand washing song and wash hands after potty, playing outside, petting animals, before taking medication, after sneezing/coughing, before meals and any other time hands look dirty. **The staff at Robin's Nest have taken additional training in proper health and sanitization procedures and Universal Precautions before entering a classroom.**

All toys, play surfaces, tables, chairs, window sills, etc...are bleached daily to cut down germs. All bedding is washed weekly or anytime moisture is found on a sheet in all classrooms.

The children in our center are taught how to cough & sneeze in the bend of their arms to avoid the spreading of germs on hands. We wipe noses, clean faces and teach self help skills in the classroom. Runny noses are our greatest challenge. **Due to DCFS standards we can not use hand sanitizer. Research has shown that hand sanitizer is killing the good bacteria on our hands and could be more harmful than helpful.**

### **Diapering**

Robin's Nest diapers infants every other hour and toddlers every two hours or as needed in the case of a bowel movement. If you would like your child's diaper

changed more, please provide the teacher your requests for your child and we will meet those needs.

Please remove all diapers from children that are potty training. We use cloth underwear for potty training.

### **Mandated Reporters**

We are mandated reporters. If we suspect child abuse & neglect we are required by law to file a report with the state. If your child falls or gets hurt at home, please inform the staff person what happen so a note can be made and no presumptions are made. Kids get hurt, we know that. They will get hurt at Robin's Nest. That is a part of kids being kids.

We strive to have the healthiest, learning environment for children. This can only be done through constructive criticism and parental feedback. Please talk to us before calling the Department of Human Services and we do the same.

### **Accident, injury & We Thought You Should Know Sheets ( WTYSKS)**

If your child is hurt and requires medical attention, the parent will be notified immediately. If the parent cannot be contacted, the child's doctor will be called and medical treatment will be handled by that doctor's recommendation.

- All other accidents are documented on a "We Thought You Should Know" sheets or an " Ouch Report". This would include skinned knees, bumped heads, minors abrasions & behavior issues. If your child has any head injury we will call you and suggest medical attention. Head wounds could take a turn for the worse without any warning.
- Please check your child's file folder located at the sign in/out board for daily events that would include documentation of accidents, behavioral issues, medication given and daily curriculum. This includes school aged kids.
- If you have any concerns about any accident, note, or anything at the center, please call Lori at 618-922-8445 or Robin at 303-358-6725. A simple explanation is better than a night of sleepless questions. Please do not hesitate to call us. We are here for you.

### **Sick policy: Please see separate sick policy**

### **Medications given at School:**

**Please do not bring in personal purses or leave diaper bags into the classroom or out in the hallway.** Medications and other hazardous items can be found in our purses, coat pockets and even diaper bags. A pill can fall out of your purse and onto the floor for a child to pick up thinking it is candy.

- If your child needs medication, please give the pharmacy note/doctor note & the medication to the staff in charge in the office. Be sure to sign in medication DAILY by the sign in & out clock.
- **We are required to have a doctor's note for any medication that is given to children under the age of 2. Please refer to bottle instructions "consult a physician" in most cases.**
- All medications are stored in a locked cabinet located in the office or in locked boxes in the classroom. Refrigerated medications are located in a separate container within the refrigerator.
- Please do NOT put medications in a diaper bag. All medications need to be handed to a staff person to be dropped off in the center and picked up daily.
- In the case of a medication that needs to stay in the center, we are required to get an emergency action plan to keep the medication on the premise. Otherwise all medication are required to go home daily per licensing standards.

### **Food & Meal times**

We have death allergies in our center. Please do not bring outside food inside the center with your child.

Robin's Nest takes great pride in serving hot nutritious meal that meet 2/3 of a child's daily guidelines set by the state food program. You will be required to fill out state food paperwork that has personal information. This is confidential and stored in a safe place and is NOT in your child's file.

There is a menu posted at the sign in & out screen for the current week's meals. There is a clip board posted in the Parent Resource Area for the past month's meals. We have a 6 week rotating menu that offers a large variety of yummy fruits, vegetables and whole grains.

Robin's Nest has a policy of "healthy choices" that we teach the children every day and set the example by not allowing soda, outside fast food or fast food cups in the classrooms. The staff eat lunch with the children in our lunch room getting them ready for the elementary cafeteria process they will need to learn when they enter school.

- **Please do not send your child in with candy, gum, or chapstick.**

**We serve all meals free of charge to all children who attend Robin's Nest.**

- Breakfast is served from 7:15-7:45
- Lunch is served from 11:00-12:30

- Snack is served from 2:00 until all schools get back to the center.  
*\*\*\*If you are running late and need a meal saved, please call us. We let the children eat until all of the food is gone, so extras may not be available if you come in outside these times.*

Robin's Nest has an open door policy at any time you can come in and see your child. We ask that no one drops off during our quiet time which is observed 11:30-1:30. It is very hard on the teachers to get a *child to take* a nap or not be disruptive when the other kids are sleeping when they arrive late in the day. Please help us.

### **Weather and Outdoor Play**

- In the event of a major snow storm and we have to close our daycare, you will be able to get that information from our phone system 24 hours a day. We will give an additional vacation day for days you are scheduled to be here and the center was closed. This vacation time will be issued in the form of a voucher and will be given only to families who were scheduled to be at the center. The voucher will be turned in with a written 2 week notice to use vacation time to be credited.
- Fire drills are done once a month. We evacuate the building and line up behind the school. Tornado drills are done every monthly and we move into the main hallway. Our school is the neighborhoods storm shelter. Robin's Nest is actually a very safe building.

### **Emergency Evacuation Plan Away from Robin's Nest**

In the event that Robin's Nest was damaged in a storm or fire and was inhabitable for the children we care for, we would use our vans and buses to evacuate to the STEEL HORSE SALOON in Carterville on Division going toward Colp. We own that property out there and would move the children there until parent contact could be made and pick up could be arranged. The vehicles are equipped with all emergency contact information for every child in our care and first aid kits. We have cell phones that we would have on us to contact parents immediately in the event of an emergency.

- In the event of extreme weather conditions, we may limit the amount of time spent outside with the children. Extreme weather would include 32 degrees or below and 95 degrees and above. We always look at the well being of the kids first, if they are hot and sweaty, we come in.
- Please be sure your children have proper clothing and sunscreen on when they come to daycare.
- Please apply sunscreen on children **before** they come to daycare and before all summer field trips.
- Absolutely, NO FLIP FLOPS. We will call you to bring new shoes for your child. There have been many injuries with unsafe footwear.

- Please be sure your children have shoes everyday at school. This would include all walking children. We go outside and use the gym daily.
- We play outside a lot and encourage kids who like to stay inside to play at least 30 minutes per day out doors.

### **Activity Payments**

- Please pay for all field trips separately from tuition.
- If payment is not made by due date, we will not take your child on the field trip.
- Year end receipts reflect tuition payments that are tax deductible.
- Activity fees need to be paid for by due date or Robin's Nest will be unable to send your child on the outing.
- There is a 50.00 summer camp fee for all school aged children. This fee pays for arts, crafts, some field trips, cooking, summer end party and other fun things the kids do.

### **Field Trips , Transportation & Parent Involvement**

- We do take the kids on field trips. We use our bus, vans and personal vehicles depending on where we are going, what we are doing and how many kids.
- If you would like to check our driving records you have the right to ask for our information at anytime.
- Robin's Nest staff are required to obtain: CPR, Universal Precaution & First Aide trained. Additionally, each staff that drives our vehicles goes through additional training of procedures and safety in our vehicles. There is a signed check list when completed in their file.
- Parents are welcome to join our safety classes, look for sign ups at parent board.
- There are many classroom parties & events we welcome our families to participate in. Watch for events in your monthly calendar. If there is ever a day you just want to come in and play...talk to the teacher and we will arrange for some fun!
- We welcome parent helpers on all of our trips. Just let us know! We notify parents of field trips on monthly calendar update and at the front sign in/out board. There are extra fees associated with these field trips and the due date is noted on the front board. Again please read over your monthly sheets & sign in board to be well informed.

### **Please look at specific field trip sign up for ages and requirements.**

- Robin's Nest staff reserves the right to request parental supervision on field trips if we feel the child poses a safety issue while on the outing. In the event the parent cannot attend, Robin's Nest reserves the right to serve the best interest of the group and not take that child on a field trip.

- Before we leave the center, role is taken from the field trip list generated from the parents who gave written permission for Robin's Nest to take their child on that outing. A copy of that list is left at the center of who went on that field trip. That same list is used to do attendance of the children on that field trip periodically and also BEFORE returning on the bus. The director on the floor then checks in the children upon return by matching face with name and taking field trips shirt from the child to be washed. **Please be patient when we are checking kids back into the center. Do not take a child from the teachers until all children are accounted for to avoid confusion.**
- Robin's Nest staff understands and is trained in safety for the children during these field trips. There is great exposure on field trips and we need the children to act appropriately on these excursions. Failure to comply with Robin's Nest safety procedures may result parental attendance for future field trips.
- Robin's Nest reserves the right to decline going on a field trip, route, or anything that may pose a danger to the children or staff.
- State law does not require car seats or seat belts in school buses, however all children must remain seated and keep their hands etc... inside the bus at all times. The bus rules are gone over before every field trip with the group leaving that day.
- There are no refunds on excursion fees or ANY REASON. We will reschedule the trip or do something else if a field trip does not work out for whatever reason. Robin's Nest reserves the right to change any field trip at anytime for any reason.
- Robin's Nest requests that no money be sent on field trips or brought into the daycare by the children. Robin's Nest is not responsible for any lost money or personal belongings.
- Please be sure to put your child's name on anything brought into the daycare. **This includes car seats.**
- Robin's Nest does the best they can to be back by the times noted. Please understand if we are late. You can call to see if the staff person I charge has left. The staff has been trained to call when all the children are accounted for and are leaving the field trip and are in route to the daycare.
- In case of an emergency, we carry medical information on each child and emergency phone numbers. We follow the same emergency procedures on field trips as we do in the daycare with the exception that we may opt to return the child/children to the daycare if not life threatening. Parent phone calls will be made then.
- Please be sure to update emergency medical forms yearly for accurate information. This is very important in case of an emergency.

- If you are late making it to school on the day we have an excursion planned you can call us and meet us at our destination.

### **School Runs & Transportation**

\*\* There is a transportation fee for all schools \$2.00 per day per child.

- Robin's Nest expects that children behave on the bus/van/personal vehicles and remain seated with their seat belts on. If a child poses a danger to themselves or the other children, the parent will be notified in writing. The third time we may opt not to pick up that child from school.

### **Very Important\*\*\***

- If we go to pick up your child at school & we cannot find them because ***someone forgot to call us & tell us, or we need to send a staff back to get your child there is a \$10.00 fee.*** When a staff is looking for a child, we need to send a second staff out to finish the school run in order for us to be on time. Please instruct your child to go directly to the van.
- The van driver will leave if we cannot find your child within 10 minutes. The van driver will call the school and then back to the staff person in charge at the center to make phone calls to home & work.
- The van driver needs to get to the next school to stay on time. If your child was held back in class or late getting to the van we will send someone back to get your child and we will charge the 10.00 for the extra staff needed.

### **School Aged Programs**

- When there is no school there is full day care available with reservations. Please look at monthly calendars and sign in/out board for deadlines. If you sign up for care, full payment is needed even if you change your mind. I do my staffing based on these full day reservation sheets.
- If you forget to sign up or things change and you need care, you can call and see if we have room. You will be charged at the drop in rate if and there is no guarantee that we will have a spot.
- There are daily field trips on no school days. Please look at sign in and out board for more info.

Violation of any part of this contract gives Robin's Nest Learning Center the right to terminate daycare immediately resulting in the forfeiture of your deposit. If you have any questions or concerns about the contract, please ask me. I'll be happy to explain or change with requests that are reasonable.

Robin's Nest parental paper work can change with a month notice that does not affect rates. No additional parental signatures are required. Look at parent board for the most recent contract.

**Please sign all the lines below & date. Please return all signature pages & I will provide you with a copy of the contract agreement for your reference.**

Thank you for choosing Robin's Nest, we look forward to exceeding your expectations,  
Robin & Lori

These are the highlights of the contract. If you would like additional copies of the contract please let us know. There is a copy of the contract posted at the parent board for your reference.

Child's Name \_\_\_\_\_

I was given a parent orientation to procedures, policies and how the program works on a day to day basis. I have signed the parent orientation check list and I have no questions. If you have questions, special contractual needs I need to note those here:  
\_\_\_\_\_

If my child is ill or is not coming to the center I will call and let RN know. \_\_\_\_\_

I have been shown where the tuition box is located and will put all medical forms, CCR paperwork, vacation requests, termination of child care, questions, evaluation forms, food paperwork, missing file info or anything I do not want to get misplaced put inside the tuition box. \_\_\_\_\_

Robin's Nest showed me the location of the schools menus and the lunch room.  
\_\_\_\_\_

I understand the meal times at Robin's Nest and will bring in only packaged food for parties. All allergies are posted in each classroom, lunch room and office. \_\_\_\_\_

I understand there is a quiet time at RN that is 11:30-1:30 in all of the rooms except the infant room. I will not drop off my child during these times without advanced arrangements made. \_\_\_\_\_

I understand that all accident reports and other pertinent information is located in my file folder and it is my responsibility to check that file folder daily. \_\_\_\_\_

I understand there is a posted contract at the information board. I understand that a one month notice is needed to change my written contract and I will be informed of that change in writing. I also understand that I do not need to sign anything to enforce that contract as long as it does not affect my rate. \_\_\_\_\_

I have been walked through the sign in/out procedures, file location, manual sign in/out board, tuition box, parent information board and have been given a guided tour of the center. \_\_\_\_\_

I understand the importance of signing in & out at Robin's Nest. If I forget to sign in or out, Robin's Nest computer will sign in my child at 12:00am or sign my child out at 7:59pm. There is a 15.00 fee for not signing in/out. \_\_\_\_\_

This is a state regulation and only an adult of 16 years or older can sign my child out and accept responsibility of my children/child. Robin's Nest staff cannot sign in/out your child. **Please do not let kids sign in or out or pick up paperwork from file folder.** \_\_\_\_\_

I relieve Robin's Nest of any responsibility of the care, supervision, or liability after I have signed my child out. I understand the kids come back to Robin's Nest and play at the park and the staff at Robin's Nest supervises on a commitment level only. The children who are signed out are not a part of our ratio or liability insurance. \_\_\_\_\_

I will walk my child to and from their class to ensure safety and supervision of child in the center. \_\_\_\_\_

I understand that Robin's Nest cannot give ANY medication without signing that medication in daily, **providing a doctor note to give the medication** and provided to RN in the original bottle. \_\_\_\_\_

I give Robin's Nest staff permission to give my child Tylenol in the case of a high fever or Bendrayl in case of a bad allergic reaction. In both cases the parent will be called to pick up the child to continue further medical attention as needed. \_\_\_\_\_

I understand the sick policy. \_\_\_\_\_

I give Robin's Nest staff permission to apply whatever brand sunscreen we have on hand to my child as needed. If my child has an allergy I will provide sunscreen to the center.

**I also agree to apply sunscreen on my child before they come to daycare.**

I have been given a copy of Robin's Nest discipline policies and I understand the Behavior modification plan. \_\_\_\_\_

I give Robin's Nest permission to take pictures of my child, display on the web site those pictures and put their hand print up on the daycare wall. I also understand that there is a live web cam at RN that I can participate in \_\_\_\_\_

I give Robin's Nest permission to take my child outside the gate, on walks in our buggies and use the parks within walking distance. \_\_\_\_\_

I agree to send my child in proper foot wear and NEVER flip flops. \_\_\_\_\_  
I also agree that I will come and bring my child shoes if I forget within one hour. Robin's Nest suggests tennis shoes & socks as the safest foot wear for your child.  
\_\_\_\_\_

I have been invited to contribute in my child's educational experience here at Robin's Nest through volunteering in the classroom, providing services that I have to offer the community, be a guest speaker, attend parties/events and any other contribution that the director and I can arrange that meets the needs of the class/center. \_\_\_\_\_

Robin's Nest provides screening of all children enrolled in our program from ages birth to five. I give Robin's Nest permission to do these screenings \_\_\_\_\_  
I do not want my child screened. \_\_\_\_\_

I have the opportunity as a parent to attend various conferences, workshops, and "Meet the Staff" quarterly open houses that help me as a parent better understand my child's development, progress in class and how evaluation's of my child are being done. \_\_\_\_\_

I understand the importance of evaluations and parent conferences and will participate in the program as much as my work schedule allows. Formal conferences are held May & November \_\_\_\_\_

I understand that Robin's Nest has an open door policy to discuss concerns, needs, or issues I maybe having. There is an opportunity to evaluate the center annually in October. \_\_\_\_\_

There is a comment box located in the office for any suggestions I may have that I do not feel comfortable discussing. \_\_\_\_\_

I understand the television/media policy and give my child permission to participate.

\_\_\_\_\_

I understand the diapering policy for Robin's Nest. Infants will be changed every other hour or as needed. Toddlers will be changed every two hours or as needed. When you come to pick up your child, a Robin's Nest staff will check your child before you leave to ensure a clean diaper as you leave. \_\_\_\_\_

I understand there is a potty training agreement to be signed in order to start the potty training at Robin's Nest. Please fill out potty training agreement, pay \$5 per week potty fee and provide 5 separate outfits in individual zip lock bags labeled with your child's name. I agree to pay \$1 for each ziplock provided by the center in the event I forgot. \_\_\_\_\_

I agree to remove any diaper or pull up from my potty training child before bringing them to the class. There is a changing table in the hallway bathroom. \_\_\_\_\_

I understand that my child naps on nap cots ( if under 15 months in a crib) and RN provides all nap essentials. RN is responsible for washing and all bedding is washed weekly or as needed if soiled. \_\_\_\_\_

I have read and understand Robin's Nest contract. I am leaving a non-refundable 35.00 administrative fee to have my child's file and web cam information entered into a computerized system. \_\_\_\_\_

I have no questions about payment requirements. ***Payment is due the first day of drop off. After that time a 20.00 late fee will be assessed. After the second week of non-payment the late fee is 30.00 per week and will be assessed every week thereafter until a payment plan has been received with a payment. Please checks & money orders only.***

I am enclosing my contract agreement which specifies days and times that my child will be attending RN and the private pay rates for that schedule \_\_\_\_\_

I have left a nonrefundable deposit that will be applied to my last week of a two-week notice. \_\_\_\_\_

I understand that Robin's Nest is not responsible for any cash brought into the center. Please pay all tuition, field trips and co-pays by check or cashier's check in case lost or misplaced. \_\_\_\_\_

I understand there is a 5.00 supply fee due the first of the month for each child enrolled. This money is spent on activities, supplies, holiday gift for parents, party supplies anything extra the teacher in that class needs for that month. Receipts are provided monthly and posted at the parent board. If this additional fee creates a

financial hardship for your family, please put a written request to have this fee waived.

\_\_\_\_\_

I understand the importance of signing in & out and failure to do so will result in a billing fee of 15.00 per day. If the time clock is not working I will sign in/out on clip board by time clock. \_\_\_\_\_

I understand that Robin's Nest clock is the time that we are billed at and I will set my clock to reflect that time for no misunderstandings. \_\_\_\_\_

I understand that book keeping is done Monday nights at closing and payments received after that time will be considered late. All bookkeeping is done Monday to Monday. \_\_\_\_\_

Copies of receipts/yearend tax forms that were lost & are needed for yearend will be charged at 25.00 after May of that tax year. Tax forms are available Jan 31-April 30 at no charge\_\_\_\_\_

A copy of file items can be obtained for \$1.00 per page. RN is required to maintain a file for 3 years. \_\_\_\_\_

I have been given a copy of this contract & understand that failure to give a two-week notice will forfeit my deposit & will make me liable for 2 weeks of tuition plus collection costs starting at 150.00 plus attorney & court costs.

\_\_\_\_\_

I understand that I must provide Robin's Nest a copy of my child's birth certificate to be in compliance with the Missing & Exploited Act of 2010. Failure to provide that birth certificate could result in action from the state. \_\_\_\_\_

I understand that my rate will never change as long as I have a valid contract. If I need to change my hours, number of kids, or days it may change my rate. There needs to be a written request placed in Robin's tuition box for that notice to be valid. At that time Robin will fill out another contract agreement and give to me for my signature to start a new contract. Phone calls or a note written on parent sheet is NOT a written notice. \_\_\_\_\_ All notices pertaining to my contract will be put in the tuition box for proper credit.

I understand Vacation time used needs to be submitted in writing two weeks in advance & put in the tuition box to get vacation credit. Vacation time cannot be used as part of a two-week notice and it is time that my child will not be in attendance at RN. Vacation time is good 3 months after my child starts and annually based on enrollment date\_\_\_\_\_

A two week-notice and contract changes starts the Monday after notice was received. Please put all notices in tuition box. Both need two weeks and will be verified in writing by myself. \_\_\_\_\_

I understand that drop in care needs to be paid for when reserved. If my child ends up not coming, I understand I will pay for that time reserved. Robin's Nest keeps one spot open in each class for drop in care. Drop in care is due the day care was used to avoid the 20.00 per week late fee assessed. \_\_\_\_\_

I understand that if I am part time and would like to switch my days, I can do so as long as the notice is put in writing two weeks in advance and in RN tuition box and is based on availability. If I do not give proper notice, drop in rate will apply. \_\_\_\_\_

I understand all holidays noted in contract are paid in lieu of my free week of vacation or two half weeks. \_\_\_\_\_

I give Robin's Nest permission to take my child on any field trip that I have signed my child up for. I will pay for my activity fees separately so there is no confusion. If I do not pay for my child to go on that field trip, my child could be removed from the list to go. \_\_\_\_\_

I understand there are no refunds on excursions. \_\_\_\_\_

I agree to pay for all extracurricular activities such as swim lessons, field trips, haircuts, etc... on a separate check and will label it. I understand no credit will be given for unlabeled checks. \_\_\_\_\_

There is a 40.00 return check fee. I will pay the face value of the check plus return check fee within 48 hours or pay the 20.00 per week late fee on top of that total. Post dated checks are considered late. \_\_\_\_\_

I understand RN closes at 6:00pm and there is a 1.00 dollar per minute per child late fee assessed for late pickups. If I am running late I will call the center to let them know. \_\_\_\_\_

I understand that my school aged child will need to place a 50.00 summer deposit to ensure a spot for the summer. Those fees are applied to science projects, year-end party, art projects, cooking and so much more! \_\_\_\_\_

**I understand there is a 10.00 fee if we go to pick up your child from any school & the child was not called in absent to Robin's Nest by 10:00 am pickups; 2:00 pm pickups. Please be sure to call & let us know if your child was picked up from school early or did not attend at all. VERY IMPORTANT! Robin's Nest will ALWAYS pick up your child unless that call is made. \_\_\_\_\_**

I understand that Robin's Nest and staff are not responsible for any lost money, toys, or other personal items brought into the daycare. I will put my child's name on all personal belonging for easier identification. \_\_\_\_\_

I understand that is my child participates in the Child Care Assistance Program CCAP that I will pay my parent fee by the first of every month or I can pay my co-pay divided into 4 weeks due on Mondays. I understand that if I don't pay by the agreed time, my account will accrue a 20.00 per week late fee. I have signed a contract that outlines my payment responsibilities in the event that CCR does not pay for my child care. I understand that CCR is a bonus payment, not a guaranteed payment and I will pay for childcare at the private rates that I signed at the time of enrollment for any care not paid for by CCR. \_\_\_\_\_

I understand that I have needed paperwork for CCR to receive CCAP for my child. I will turn these in to RN in the tuition box for proper tracking. \_\_\_\_\_

CCR approvals have termination dates that are located on certificates of approval. I agree to submit required paperwork **2 weeks prior to termination date to avoid cancellation.** In the event that I do not have approval by termination date I agree to pay private pay rates until approved. \_\_\_\_\_

I will pay 25.00 per week until CCR has approved my childcare with a complete application and the last 2 pay stubs required for CCR approval. \_\_\_\_\_

After two-weeks of no approval from CCAP you will be billed at private pay rates and a payment plan will be needed to continue care. If CCAP pays, the amount of the check paid will be applied to your account. Applying for CCAP is not a guarantee for payment from the state a certificate from the state is. \_\_\_\_\_

Robin's Nest highly recommends that all CCR paperwork be turned in to us at the center, so we can follow up on it daily. \_\_\_\_\_

I understand that I need to give a 2 week notice even as a CCR/CCAP client. I will provide that in writing. I understand that I will notify CCR of my termination on child care services after that 2 weeks or I may be charged at private pay rates \_\_\_\_\_

I understand that is I have CCAP/CCR that I will notify Robin's Nest of any changes immediately. \_\_\_\_\_

I understand there is a behavior code at Robin's Nest that needs to be followed to ensure the safety of the other children and staff. I understand if a behavior continues to escalate, I will be contacted to pick up my child. At this point a behavior modification agreement must be signed by Robin's Nest and the parent's of the child

to continue care. If any staff person feels threatened, physically harmed by a child, child care could be terminated immediately with no refund on deposit or childcare that was pre-paid. Behaviors such as: profanity, vandalism, physical or verbal threats and running away from teachers in charge can result in behavior modification or termination. I agree to work with Robin's Nest Staff & the local public school in any way to help my child succeed. \_\_\_\_\_

I agree to Robin's Nest professionalism policy with staff and understand that Robin's Nest prohibits staff to be "friends" in public forums to preserve the confidentiality of children, families & our school. There have been many complaints and hurt feelings in the past. \_\_\_\_\_

I will not approach a staff of Robin's Nest for a love (date type) relationship or employment opportunities. I understand this is a violation of the Robin's Nest employment policies and the staff involved could lose their job. \_\_\_\_\_

Where did you hear about Robin's Nest? \_\_\_\_\_

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

Questions, comments, additions to contract needed for family:

What was your opinion of the orientation process? Do you have any unanswered questions?

What are some of your child's strengths?

Where is your child developmentally?

Can you share your family's child rearing practices? Is there anything we can do at

Robin's Nest to be an extension of those practices?

How do you discipline your child/children?

Is there any behaviors we may need to know about?

Are there any techniques to defusing situations before they happen?

Would you be interested in helping out in the classroom?



# Robins Nest Rate Sheet

Monthly room fee of \$5.00 per child is assessed for supplies, crafts, gifts, cooking, treasure box, pictures etc...

## **Infants: 6 weeks - 15 months (1-4 ratio)**

Contracted daily rate \$40.00

Contracted weekly rate \$170.00

Drop in rate \$45.00 per day (no contract)

Hourly rate is \$7.50 per hour up to 4 hours

## **Movers: 16 months - 2 years (1-5 ratio)**

Contracted daily rate \$40.00

Contracted weekly rate \$160.00

Drop in rate \$40.00 (no contract)

Hourly rate \$7.50 per hour up to 4 hours

## **Potty Training Class: 2&3 Years (based on skills) \$5.00 per week potty fee**

Contracted daily rate \$35.00

Contracted weekly rate \$150.00

Drop in rate \$35.00 (no contract)

Hourly rate \$6.50 per hour up to 4 hours

## **Pre-K & Pre-School class (1-10) Fully Potty Trained**

Contracted daily rate \$30.00

Contracted weekly rate \$125.00

Drop in rate \$30.00 (no contract)

Hourly rate \$6.50 per hour up to 4 hours

## **School Age B/A & full day program**

Flat rate B/A \$11.50

Contracted daily rate of \$25.00

Weekly contracted rate of \$120.00

Drop in rate \$30.00 per day

Transportation fee \$2.00 per day

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

## Robin's Nests Feeding Agreement

Robin's Nest participates in the state food program. Robin's Nest provides formula (milk based/soy *Good start*) and all bottles, solid food, and cereals. There are no additional fees or requirements from the parents to participate in this program.

Robin's Nest is an extension of your family and will vary from this procedure to fit any parent's needs for their children that meet the basic requirements for care in our facility based on DCFS rules and regulations.

If you want your child fed outside of the food program requirements outlined above, we need you to provide the needed items on a daily basis.

1. We need enough bottles to feed your child every 3 hours or as you have prescribed here in this form.
  - a. The bottles need to be labeled with your child's name on them.
  - b. Be filled with formula or formula powder ready to serve.
  - c. Will be sent home daily after we have rinsed them. We will not wash them at the center because we don't want to mix them up with the hundred bottles/nipples we have here.
2. If you want your child fed with a specific bottle, we will need you to provide the bottles prepared as outlined above.
3. We will need a can of the formula you are using to mix for cereal meals as needed. When we have used it, we will send home the empty can so you know we need more.
4. When you drop off bottles daily, please place on the counter in a zip lock bag and we will put in your child's feeding bucket.
5. When you pick up, we will place all used bottles in the zip lock bag and return to you each evening. Please replace the next day your child will be attending our school.
6. If you forget to bring formula/ food, we will call you and let you know. If we do not have what we need by the time your child needs to eat, we will feed your child what we serve based on the food program.

Please let us know in writing as your child's feedings change as they grow. There is a form in the classroom on the door to change feeding schedules and add new things to your child's diet. Drop that form in the tuition box and the director will follow up with the infant staff that following week to meet the upcoming changes.

Welcome to Robin's Nest. If you have ANY concern that has gone unaddressed by the staff in your child's classroom, please talk to Robin or Lori so we can resolve whatever the issues

maybe. We want your experience here at Robin's Nest to be a great one and hope to have a long relationship with your child and your family!

## PARENT INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD ELIGIBILITY APPLICATION

Once properly approved for meal benefits, a child's Household Eligibility Application will remain in effect for 12 months.

Complete the Household Eligibility Application for one of the following areas:

- If anyone (child or adult) in your household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits, follow **Instructions A** below.
- If you have a foster child who remains the legal responsibility of the Department of Children and Family Services (DCFS) or the court, follow **Instructions B** below.
- If you receive income, follow **Instructions C** below.

### **Instructions A—Households Receiving SNAP or TANF Benefits**

If any member (child or adult) of your household receives benefits from SNAP or TANF, provide the following information:

- **Number 1**—List the names of ALL people in your household (such as grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the child care center.
- **Number 3**—Record a valid SNAP or TANF case number for any member (child or adult) of this household. Do not list your Illinois LINK card number. You may find your SNAP or TANF case number on your medical card or letter of eligibility for benefits.
- **Number 4 (OPTIONAL)**—*Illinois All Kids Health Insurance Program*.
- **Number 6**—Provide a signature of an adult household member and date the application.
- Your application is complete.

**Instructions B—Application for a Foster Child(ren).** A **foster child** remains the legal responsibility of DCFS or the court.

- 1) If you have a legal document from DCFS or the court for your foster child, please provide a copy; you do not need to complete this application. If you don't have a legal document, follow Step 2 or 3 below.
- 2) If all children in your household (who attend this center) are foster children provide the following information:
  - **Number 1**—List the name(s) and age(s) of your foster child(ren) attending this center.
  - **Number 2**—Check the box(es) indicating a foster child(ren).
  - **Number 4 (OPTIONAL)**— *Illinois All Kids Health Insurance Program*.
  - **Number 6**—Provide a signature of an adult household member and date the application.
  - Your application is complete.
- 3) If you have a foster child(ren) along with other children attending this center, please provide the following information:
  - **Number 1**— List the names of ALL household members, including the foster child(ren), and the age(s) of the child(ren) attending the child care center.
  - **Number 2**—Check the box(es) identifying the foster child(ren).
  - **Number 4 (OPTIONAL)**— *Illinois All Kids Health Insurance Program*.
  - **Next Go to Instruction C—Households Reporting Income** below and complete Numbers 5 and 6.

### **Instructions C—Households Reporting Income**

It is not necessary to complete income information if you provided SNAP or TANF information in Number 3. However, if no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information:

- **Number 1**— List the names of ALL household members and the age(s) of the child(ren) attending the child care center.
- **Number 4 (OPTIONAL)**— *Illinois All Kids Health Insurance Program*.
- **Number 5**—List total gross income (before deductions), not your take-home pay; and the frequency, how often the money is received, for each household member for last month. If the income last month was not the usual amount you normally receive, you may provide a projected amount that better represents your gross income.
  - For ONLY the self-employed, list income after expenses. This is for your business, farm, or rental property.
  - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- **Number 6**—Provide a signature of an adult household member and date the application. Also, provide the last four digits of the social security number for the adult signing the application. If you refuse to provide the last four digits of the social security number, the application cannot be approved. If the adult does not have a social security number, mark the box, *I do not have a social security number*.
- Your application is complete.

**CHILD AND ADULT CARE FOOD PROGRAM – HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS**

<p><b>1 LIST EVERYONE IN HOUSEHOLD</b> (Children and Adults)</p> <p style="text-align: center;">NAME (First, Middle and Last)</p>	<p>Ages of Children at Center</p>	<p><b>2 FOSTER CHILD</b> Check box for all foster children that are a legal responsibility of DCFS or the court. If all children are foster children, <b>skip to Number 6</b></p>	<p><b>3 SNAP or TANF CASE NUMBER</b> <b>Skip if foster child.</b> Provide one SNAP or TANF case number for any child or adult in your household. Do NOT use LINK card number. If completed, <b>skip to Number 6.</b> <b>Name of Child or Adult:</b></p> <hr/> <p><b>Case Number:</b></p> <p>_____ - _____ - _____</p>
		<input type="checkbox"/>	<p><b>4 OPTIONAL—SHARING INFORMATION WITH ALL KIDS INSURANCE PROGRAM</b> May we share your information on this application with the <i>All Kids Insurance Program</i>, the complete health insurance program for every child in Illinois? If yes, do not sign below.</p> <p>No, I do not want my information from this application shared with the <i>All Kids Insurance Program</i>.</p> <p>Sign here: _____</p>
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

**5 HOUSEHOLD MEMBERS WITH INCOME**—List only the names of individuals living in the household, their gross income, and how often it is received (Example: \$100/month). If a person has a second job, list that income in the last column. After completing, **go to Number 6.**

NAMES (List only individuals with income)	Earnings from Work (Gross before Deductions)		Income from Welfare, Child Support, Alimony		Income from Retirement, Pensions, SSI, Social Security		Income Received From Savings, Investments, Trust Accounts, and Other Resources	
	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
	\$ /		\$ /		\$ /		\$ /	
	\$ /		\$ /		\$ /		\$ /	
	\$ /		\$ /		\$ /		\$ /	
	\$ /		\$ /		\$ /		\$ /	
	\$ /		\$ /		\$ /		\$ /	

**6 Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Number 5 above is completed the adult signing the form must also list the last four digits of his or her social security number or mark the box    -   - \_\_\_\_\_ Social Security Number  I do not have a social security number.

*I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*

\_\_\_\_\_  
Date                      Printed Name of Adult Household Member                      Signature of Adult Household Member                      Address of Adult Household Member

**PRIVACY ACT STATEMENT:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Child and Adult Care Food Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**NON-DISCRIMINATION STATEMENT:** In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free 866/632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800/877-8339; or 800/845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**CHILD CARE REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION - COMPLETE ALL FIVE SECTIONS (A through E) BELOW**

Follow the Instructions for Institutions to Process Household Eligibility Applications available at [www.isbe.net/nutrition](http://www.isbe.net/nutrition).

<p><b>SECTION A</b> Date received: _____ (Date parent returned completed application to center.)</p> <p><b>SECTION B</b> Mark the boxes below to show how you are going to determine eligibility.</p> <p><input type="checkbox"/> SNAP/TANF Household—The SNAP or TANF number meets the criteria for an acceptable case number.</p> <p><input type="checkbox"/> Foster Child</p> <p><input type="checkbox"/> Income Household—Complete the information below</p> <p>Total Household Size _____ Total Household Income \$ _____ / _____ Example: \$100/week, or \$100/every 2 weeks</p> <p><b>SECTION C</b> Based on the information provided this application will be: <input type="checkbox"/> Approved Free                      <input type="checkbox"/> Foster Child(ren) Approved Free <input type="checkbox"/> Approved Reduced                      <input type="checkbox"/> Denied—The meals will be claimed in the paid category.</p> <p><b>Temporary Approval</b> (Do not use for foster child) This application reported zero income or a temporary reduction in income. <input type="checkbox"/> Approved Free    <input type="checkbox"/> Approved Reduced Temporary approval is good for 45 days and expires on _____ (date). Re-evaluate income after that date.</p> <p><b>SECTION D</b> Signature of Representative _____ Date _____</p> <p><b>SECTION E</b> Effective Date _____</p>	<p style="text-align: center;"><b>CONVERSION TABLE</b></p> <p>To convert all income to annual income use the following conversion calculations:</p> <p style="text-align: center;">Weekly Income x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12</p>
<p>The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received. See Section A.</p>	

## CHILD PICKUP

I/we authorize ONLY \_\_\_\_\_  
Name Address Phone  
and/or \_\_\_\_\_  
Name Address Phone

to pick up my/our child when I am/we are unavailable.

Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_

## TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize \_\_\_\_\_ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_

## SWIMMING

I/we consent to my/our child using the swimming pool of \_\_\_\_\_  
Name of Provider

at \_\_\_\_\_  
Address  
Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_

I understand the feeding requirements outlined in this agreement and would like my child to:

Be fed based on the food program that the center offers.

I will provide for my child daily as outline above and understand that if I do not provide the needed food, the center will use their food to meet the needs of my child.

My child is breast fed

I would like my child fed the following times and amounts while in care at Robin's Nest:

On demand \_\_\_ oz

Other see details below

My child is eating:

My child likes:

My child has these food allergies:

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_

Lead Staff \_\_\_\_\_

Teacher \_\_\_\_\_

## Child and Adult Care Food Program (CACFP) CACFP ANNUAL ENROLLMENT FORM

### ENROLLMENT FORM FOR CHILDREN IN CHILD CARE CENTERS, PRE-K PROGRAMS, AND LICENSED OUTSIDE SCHOOL HOURS PROGRAMS

This document does not have to be completed for children in At-Risk After-School Hour Programs, license-exempt Outside School Hours Programs, or emergency shelters.) It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. Review completed enrollment form and enter effective date in lower right section.

**Parents:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

**Please complete areas 1 through 6 below. Be sure to sign and date the document.**

<b>1</b> FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	<b>2</b> DAYS OF WEEK IN ATTENDANCE	<b>3</b> TIMES CHILD NORMALLY ATTENDS DURING WEEK						<b>4</b> MEALS RECEIVED																													
		TIME IN			TIME OUT				TIMES CHILD ATTENDS SCHOOL																												
		AM	PM	TIME	AM	PM	TIME		LEAVES CENTER	RETURNS TO CENTER																											
<b>First Child</b>  Name _____  Birth Date _____  Age _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours.						<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack																													
<b>Second Child</b>  Name _____  Birth Date _____  Age _____	<input type="checkbox"/> <b>Same Days as Above</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> <b>Same Times as Child Above</b>						<input type="checkbox"/> <b>Same Meals as Above</b> <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack																													
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TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL																															
AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER																														
<b>Third Child</b>  Name _____  Birth Date _____  Age _____	<input type="checkbox"/> <b>Same Days as Above</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> <b>Same Times as Child Above</b>						<input type="checkbox"/> <b>Same Meals as Above</b> <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack																													
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<b>Fourth Child</b>  Name _____  Birth Date _____  Age _____	<input type="checkbox"/> <b>Same Days as Above</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> <b>Same Times as Child Above</b>						<input type="checkbox"/> <b>Same Meals as Above</b> <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack																													
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AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER																														

*This information is voluntary; please answer both questions.*

**5 ETHNIC/RACIAL CATEGORIES—**

**A. Ethnic data of child(ren)— Mark only one.**     Hispanic or Latino     Not Hispanic or Latino

**B. Racial data of child(ren)— Mark one or more that apply.**

Asian     Black or African American     Native Hawaiian or Other Pacific Islander  
 White     American Indian or Alaska Native

**6 SIGNATURE**

\_\_\_\_\_  
*Signature of Parent or Guardian*

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

\_\_\_\_\_  
*Telephone Number of Parent or Guardian*

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CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of This Enrollment Form \_\_\_\_\_  
The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.



STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
CERTIFICATE OF CHILD HEALTH EXAMINATION



Please Print

<b>Student's Name</b> Last	First	Middle	<b>Birth Date</b>	<b>Sex</b>	<b>Grade Level</b>	<b>ID#</b>
----------------------------	-------	--------	-------------------	------------	--------------------	------------

<b>Address</b> Street	City	ZIP code	Parent/ Guardian	Telephone # Home	Work
-----------------------	------	----------	---------------------	---------------------	------

**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for *every* dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

VACCINE/DOSE	1			2			3			4			5			6			
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																			
Diphtheria and Tetanus (Pediatric DT or Td)																			
Inactivated Polio (IPV)																			
Oral Polio (OPV)																			
Haemophilus influenzae type b (Hib)																			
Hepatitis B (HB)																			
Varicella (Chickenpox)																			Comments
Combined Measles, Mumps and Rubella (MMR)																			
Measles (Rubeola)																			
Rubella (3-day measles)																			
Mumps																			
Pneumococcal (not required for school entry)	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			
Check specific type (PCV7, PPV23)	Date																		
Other (Specify hepatitis A, meningococcal, etc.)																			

**Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.**

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>

**ALTERNATIVE PROOF OF IMMUNITY**

1. **Clinical diagnosis is acceptable if verified by physician.** \*(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. **History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.**  
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease Signature Title Date

3. **Laboratory confirmation (check one)**  Measles  Mumps  Rubella  Hepatitis B  Varicella

Lab Results Date MO DA YR (Attach copy of lab report, if available.)

**VISION AND HEARING SCREENING DATA**

Pre-school – annually beginning at age 3; School age – during school year at required grade levels

Date	R		L		R		L		R		L		R		L		R		L		
Age/Grade																					
Vision																					
Hearing																					

Code:  
P = Pass  
F = Fail  
U = Unable to test  
R = Referred  
G/C = Glasses/Contacts

Printed by Authority of the State of Illinois  
(Complete Both Sides)

<b>Student's Name</b>	<b>Birth Date</b>	<b>Sex</b>	<b>School</b>	<b>Grade Level/ ID #</b>
Last _____ First _____ Middle _____	Month/Day/ Year _____			

**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma?	Yes	No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night coughing?	Yes	No		Yes	No	
Birth complications/prematurity?	Yes	No		Hospitalizations? When? What for?	Yes	No
Developmental delay?	Yes	No				
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Surgery? (List all.) When? What for?	Yes	No
Diabetes?	Yes	No		Serious injury or illness?	Yes	No
Head injury/Concussion/Passed out?	Yes	No		TB skin test positive (past/present)?	Yes*	No
Seizures? What are they like?	Yes	No		TB disease (past or present)?	Yes*	No
Heart problem/Shortness of breath?	Yes	No		Tobacco use (type, frequency)?	Yes	No
Heart murmur/High blood pressure?	Yes	No		Alcohol/Drug use?	Yes	No
Dizziness or chest pain with exercise?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____				Dental _____ 9 Braces _____ 9 Bridge _____ 9 Plate _____ Other _____		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Other concerns?		
Ear/Hearing problems?	Yes	No		Information may be shared with appropriate personnel for health and educational purposes.		
Bone/Joint problem/injury/scoliosis?				<b>Parent/Guardian Signature</b> _____ <b>Date</b> _____		

**Entire section below to be completed by MD/DO/APN/PA**

<b>PHYSICAL EXAMINATION REQUIREMENTS</b>	<b>HEAD CIRCUMFERENCE</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>B/P</b>
<b>DIABETES SCREENING</b> (Not required for daycare.) <b>BMI&gt;85% age/sex</b> Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>LEAD RISK QUESTIONNAIRE</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. <b>Questionnaire Administered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Date</b> _____ <b>Blood Test Result</b> _____ (If child resides in Chicago, blood test is required.)					
<b>TB SKIN TEST</b> Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. <input type="checkbox"/> No Test Needed <input type="checkbox"/> Test performed <b>Date Read</b> ____/____/____ <b>Result</b> _____ <b>mm</b> _____					
<b>LAB TESTS (Recommended)</b>	Date	Results	Date	Results	
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening		
<b>SYSTEM REVIEW</b>	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs	
Skin			Endocrine		
Ears			Gastrointestinal		
Eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Result _____ Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/> Referred to Ophthalmologist/Optometrist Yes <input type="checkbox"/> No <input type="checkbox"/>			Genito-Urinary		LMP
			Neurological		
Nose			Musculoskeletal		
Throat			Spinal examination		
Mouth/Dental			Nutritional status		
Cardiovascular/HTN			Mental Health		
Respiratory					
<b>NEEDS/MODIFICATIONS</b> required in the school setting			<b>DIETARY</b> Needs/Restrictions		

**SPECIAL INSTRUCTIONS/DEVICES** e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

**MENTAL HEALTH/OTHER** Is there anything else the school should know about this student?

If you would like to discuss this student's health with school or school health personnel, check title:  Nurse  Teacher  Counselor  Principal

**EMERGENCY ACTION** needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?

Yes  No  If yes, please describe.

**On the basis of the examination on this day, I approve this child's participation in** \_\_\_\_\_ **(If No or Modified, please attach explanation.)**

**PHYSICAL EDUCATION** Yes  No  Modified  **INTERSCHOLASTIC SPORTS** (for one year) Yes  No  Limited

Physician/Advanced Practice Nurse/Physician Assistant performing examination

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Address</b>	<b>Phone</b>	

**(Complete both sides)**