

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 your 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 split 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:

<i>Name</i>	<i>Address</i>	<i>Phone</i>
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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

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:

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 number*** _____

Parent's 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 fees as outlined in our drop in rates.

My weekly tuition is _____ due the first day my 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 AELL
A Quality Star 3 rated program: Excelerate Illinois Gold
Robinsnestlearningcenter.com

Ages 6 weeks-12 years of age
Open at 5:30a-6:00p (some afterhours care available)
Updated Copy February 2015

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, and 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

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 205 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) Kids who have attended school.

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.
- 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 for the month.**
- **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.**

Classroom Organization at Drop off & Pick up

Robin's Nest does condense classrooms at the beginning of the day and at the end of the day to save in payroll and keep rates low for our families. Please look at classroom information board to see where your child's class is located! Our school is 18,000 square feet of fun and we use it all!

Drop off: Please take your child to their class before signing in. In the mornings we open Brown Bear first for infants, Rainbow Fish is the morning drop off for Pre-school & School age kids & Mixed Up Chameleon is the morning drop off for our toddler classroom.

There is a director on the floor in the morning- but not in the office. If you need the director to meet you in the office, please ask the teacher to call and we will meet you there!

If your child needs breakfast, please drop off to the lunch room and not to the classroom after 7:30.

At 7:30 all classrooms are open and you can drop off to your child's classroom. After dropping your child off, come back by the office, check your child's file folder, sign in at the computer, leave any notes about your child on parent's information board & sign in medication if needed. There is a director on the floor running around the center making sure classrooms maintain ratios, kids get on the bus for school and incoming staff are properly placed in the center.

The latest you can drop your child off for school is 10:30 for lunch. If you are running late please call us and we will let you know when the children are resting. If the children are resting you will be unable to drop off.

Pick up: Please come into the office, sign your child out, check file folders & ask any questions you may have of us. **There is a director in the office from 4:30-6 to help answer questions & a director on the floor helping with parent pick up.** In the event there is a short staff situation, the director in the office may have to work the floor.

** Please check the door for the location of your child's class or check the camera system.

The same classrooms are open at closing as opening for the last hour of the day.

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.

** Please drop of coat & personal belongings in your child's class. Please take your child's coat off and place in cubbie.

** We love to get dirty at Robin's Nest. Our teachers organize great activities that may get your child's clothing dirty or stained. (Egg dying is an example of an activity that may stain your clothing) Please do not send your child in any clothing that can't get dirty or messy. **Robin's Nest does provide lunch shirts to cover clothing at meal times and art smocks for messy art**, but there is still that chance of getting messy.

Special needs at Robin's Nest

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 any time. 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: Is a notebook and filing system for parents to get additional information to help parents better understand their child's development, learning, and other resources to aid the family.

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.

We also have a monthly health tip! Check it out!

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.**

Curriculum & Program Activities

Upon entering our school there is a bulletin board with the current month's classroom calendars. The calendars are also located outside each classroom. Each teacher plans a month worth of activities that are outlined by the day. There is a book of the week, 2-3 songs of the month and daily activities. Look around our classrooms and see what the kids are doing! There is self-expressional art, 3-D art, writing samples, handprint art, science table of themed activities, classroom charts, lots of pictures and so much more!

*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.

Screenings & Child Evaluations

Robin's Nest does developmental screening of all children birth to age five with the screening tool "Ages & Stages". By signing the permission to screen form in this packet page you give us permission to do these screenings within the first 60 days of enrollment and again annually before conferences. Robin's Nest works with the Williamson County Early Learning Task Force. You will be provided a copy of the results and together we will set goals for your child. If you do not want your child to be screened, just check "no" and we will follow your directive.

Robin's Nest evaluates each child in our center on a daily basis through ongoing observations and assessments. The initial screening is done using ***Ages and Stages*** and ongoing assessments are done using ***Work Sampling & High Scope***. Robin's Nest provides feedback through "we thought you should know sheets, weekly curriculum, behavior modification plans and evaluation folders. ***New in 2014- Life Cubbie; an online porthole for parents to get daily information about screening, observations of skills and many colorful fun pictures! This is a free service to parents! Please fill out information sheet and we will send you a link! Go to lifecubbie.com and check it out!***

Parent teacher conferences are held twice a year and goals are set for your child during this time. This is a great opportunity for parents and teachers to talk about concerns, set goals and see the fun things the kids have been doing. June & November are the months we like to set up these conferences, but we are open anytime to sit down and talk with you. Just give us a call and we will set aside time for you that will work with your busy schedule!

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

Classroom Structure based on Skill

- Robin's Nest has used the classroom assessment scales from Environmental Rating Scales to set up our classrooms to meet the highest of educational hands on experiences. For additional information on quality programs and these assessment visit www.ilqualitycounts.com
- Each of Robin's Nest classrooms is decoratively painted to children's books to further enhance the love of literature that Robin's Nest curriculum exemplifies.
- 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.

Pre-K

- Pre-K kids are between the ages of 4-6 based on skill.
- Highscope is the main curriculum used in our classrooms as the children 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.

Pre-School

- 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.
- Robin's Nest Learning center is proud to use ***Handwriting without Tears*** Curriculum & ***Highscope*** .

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!

Transitioning to Kindergarten

This is a very exciting time for you and your child. For many families this is a new adventure with no idea what to do or what needs to be done.

Robin's Nest offers the following things to help our families!

Robin's Nest celebrates this mile stone with a Pre-K graduation for family and friends. Probably one of the best parent events we host. Please plan for that event in early May.

- We work with area schools and pick up kindergarten packets. Those packets will be available in the office and a sign will be posted in March when that process starts.
- We pick up school supply lists so parents can be prepared.
- We have a relationship with Dental Safari to come out to the school and do the required dental check-ups for school paperwork.
- We offer back to school haircuts- look for sign up!

School Age: Wild Things & See Me A Song

School aged kids have a program that runs during the summer & all in-service days. The program offers math skills, reading, art & social studies. The activities that are offered range from science projects, art exploration, problem solving, cause and effect, language development, reading, writing & various field trips. Look online for pictures of activities we did over the past year! Robinsnestlearningcenter.com

Our school age program is very popular. Advance registration is recommended and there is a 50.00 registration fee for all school age kids to participate in our summer program. All fees collected are spent on the kids and the fun things we do over the summer!

School Aged Program during the school year

- When there is no school there is full day care available with reservations. Please look at monthly calendars, Facebook 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 no reservation was made & there is no guarantee that we will have a

spot. We plan many of our field trips on out of school days which makes our program very popular! Please call before dropping off.

- There are daily field trips on no school days. Please look at sign in and out board for more info.

School Runs & Transportation

** There is a transportation fee for all schools that we use the vans to transport you child. There is a \$2.00 per day per child fee to cover gas expenses.

- 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.

Activity Payments: Option field trips

Field trips signups are located right outside the office door by lost & found. Parent's need to ***give written permission*** for Robin's Nest to take your child on the trip. Please do not call us and ask if you can add your child to the trip-you must sign the permission slip.

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

- 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.

- Yearend 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.
- Look at monthly calendar for upcoming activities!
- 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.
- 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.

Transportation

- Robin's Nest staff is 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.
- The state of Illinois regulates drivers for licensed centers and provides centers up to date driving records of all drivers in our center on file with the state.
- We do take the kids on field trips. We use our bus or vans depending on where we are going, what we are doing and how many kids.
- 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 any time for any reason.
- Robin's Nest requests that no money be sent on field trips or brought into the daycare with 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 in 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.

Supervision

At Robin's Nest our goal is have one staff on the floor interacting with the children at all times in our infant & toddler/ 2's 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.

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.

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.
- 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.

Health and Safety Issues:

Hand washing & Sanitization: Please wash our child's hands when entering a classroom.

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 cannot 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 in writing and we will meet those needs.

Mandated Reporters

Upon entering the classroom, the teachers will look over the children and make notes of bruises scratches- this way we know what each child came in with and what happens at school is also documented. 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. A staff member from RN may call you and ask what happened. We are no accusing- we just need to be able to explain if our state nurse comes in and sees it. Kids get hurt, we know that. They will get hurt at Robin's Nest. That is a part of kids being kids but we need to be able to write on our daily health sheet where a bruise came from or other injuries. We are mandated reporters. If we suspect child abuse or neglect we are required by law to file a report with the state.

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, minor 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 Robin at 618-922-8445. 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:

If we call you to pick up your child we ask that you can make arrangements within one hour of that call. Robin's Nest provides illness care at 9.00 per hour after that one hour call. It is very important that you pick up your child in a timely manner to avoid getting the other children and staff sick.

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.**
- **Robin's Nest cannot use baby powder in our infant rooms. Please provide cream for rash in a labeled zip lock bag.**
- 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 locked.
- 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 eats 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.**
- **If you have special dietary needs that do not have adequate substitution that would meet 2/3's of your child's daily nutrition, we are required to have a signed doctor's note.**

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

- Breakfast is served from 7:15-8:15 (drop child off in lunch room)
- Lunch is served from 11:00-12:30
- Snack is served from 2:00 until all schools get back to the center.
- PM snack for toddler& field trip kids 4:00

****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 10:30-2:00. 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.

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. 202 Dewmain Lane. 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 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 only close if we do not have power or loss of water supply.***

- Fire drills & tornado drills are done once a month. For a fire drill we evacuate the building and line up behind the school. Tornado drills we move into the main hallway that is 18 inches thick in concrete. School age kids practice monthly after school when they return to Robin's Nest after school and are logged separately on an evacuation plan. Robin's Nest is the neighborhoods storm shelter. Robin's Nest is actually a very safe building to be in the event of a tornado.
- We also practice earthquake drills quarterly. The staff are trained annually for emergency preparedness!

Weather and Outdoor Play

Robin's Nest takes the children outside every day for at least one hour a day weather permitting. The temperature we follow is recommended by Quality Star of 25 degree- 90 degrees. Robin's Nest also considers precipitation, wind chill, humidity & how the children respond to the weather. **Please provide your child with a coat, gloves & hat in our winter months & apply sunscreen on your child before coming to Robin's Nest during the summer months.** Outdoor play is so important for your child's health and sleep patterns.

- Please- 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 every day at school. This would include all walking children. We go outside and use the gym daily.

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.

Attendance & Emergencies

- **Please be sure to sign your child in and out every day. You will be issued a family code/ finger print scan 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.

Picking up Late & Procedures in the event your child is not picked up

****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.
- By DCFS law we are required to call DCFS and have your child picked up by them after an hour. We feel this is very traumatic to the children we love and care for so we will call everyone on the list to pick up and then take them home with us.

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 affect 2 weeks after the Monday we receive it.

Payments & Fees

Tuition Express is the payment option we use at Robin's Nest. The weekly fees are automatically deducted from your bank, credit card, EFT and then immediately credited to your account. The system will then send you an email showing your account has been paid and what you were charged.

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

- . 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 and there is a 5.00 per week surcharge on all accounts that are not on tuition express.**
- There is a 20.00 per week late fee assessed. Late fees will accrue every **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. Please talk to us, we want to work with you.
- There is a 5.00 rebill for accounts that have a balance under and a 50.00. Invoices will be printed/emailed bi-weekly and place in your child's file folder.
- Anytime there is a balance due Robin's Nest will e-mail you an invoice. Please update your e-mail so we have the most current information to keep in touch.
- **If you ever need to mail a payment, please mail to 12622 Karnak Dr. Creal Springs, Il 62922. Do not mail to center address.**
- 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, credit cards & checks. This is for your protection and Robin's Nest cannot be liable for cash of any sort.*

Holidays & Vacation Time

- The holidays in which Robin's Nest is closed and do not provide care are: Christmas day, New Year's day, Labor day, Memorial day, Fourth of July, Thanksgiving and we close early on Christmas Eve (4:00pm) New Year's 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 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 were 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 note the box will not be opened until Monday so plan accordingly. Everything we do is Monday to Monday billing.
- ***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 31 thru 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.
- Postdated 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.

Staff of Robin's Nest & Company Policy

- Robin's Nest takes great pride in hiring quality staff and provides 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 Face Book, 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 secured 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.

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 or online at robinsnestlearningcenter.com

Please sign all the lines below & date. Please return all yellow signature pages & I will provide you with a copy of the contract

agreement for your reference. Please keep all white pages of the contract for your reference.

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

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 have been invited to come to the class with my child and interact with the other children and the teacher. _____

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:

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, and 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. _____

Parent teacher conferences are held in Nov & June and any other time that fits my families schedule as requested in writing _____

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. **Tuition Express will automatically pay for my childcare and email an invoice showing what was paid. My rate is determined by what is outlined on the contract agreement and any other activities, out of school days reserved that I sign up for.** _____

There is a 5.00 per week surcharge added to my account if I opt out of Tuition Express to cover the book keeping time that is required to manually submit checks to the bank and reconcile family ledgers outside of the childcare software. Please checks & money orders only. _____

I am enclosing my contract agreement which specifies days and times that my child will be attending RN. Any days outside this contract will be billed at drop in rates that are noted on rate sheet that I was provided. _____

Robin's Nest does offer extended hours care that is billed at an hourly rate. Extended care is considered any time before or after 6:00am-6:00pm _____

I have left a nonrefundable deposit that will be applied to my last week of a two-week notice. If I don't give written notice, I forfeit that deposit. _____

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 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. Robin's Nest will charge 35.00 per month until file is complete. Please check file folder daily for any missing items that are needed. _____

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. 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 and become effective Monday.

I 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. _____

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 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 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 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 give Robin's Nest permission to transport my child to school in vans/buses that are insured by the center. _____

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. Postdated checks are considered late. _____

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. _____

I have been walked through the sign in/out procedures, file location, manual sign in/out board, tuition box, and parent information board and have been given a guided tour of the center and my child's teachers. _____

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 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.

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

I understand that I can no drop off my child after 11:30 if I do not have a contract or have made a call letting the staff know I will be in late. We are starting breaks, kids are sleeping and our staff go to half time breaks _____

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 give Robin's Nest permission to take pictures of my child, display on the web site, throughout the daycare, on Robin's FB wall & various news spots/commercials. I also understand that there is a live web cam at RN that I can participate in that families of the school have access to and *Life Cubbie program* _____

Please join us on our Robin's Nest FB page and see what is happening in real time. I post updates, field trip info, schedule changes etc... there! _____

I give Robin's Nest permission to take my child outside the gate, on walks in our buggies/wagons 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 agree to let my child participate in cooking activities, outdoor water play in the summer & monthly bounce house activities. _____

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 my child will have very limited television/media activities and give my child permission to participate. These activities are all previewed by staff and approved by the director. I will be notified of these movies via flyer hanging in office door. My child will always have an alternative to any media activities. _____

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 zip lock provided by the center in the event I forgot. _____

I understand the importance of evaluations and parent conferences and will participate in the program as much as my work schedule allows. _____

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 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 understand that if 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. **If I leave Robin's Nest mid-month the full co-pay is due per CCAP rules and I will pay before leaving to avoid late fees.** 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 subsidized 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 within 10 days. After 10 days of notice, CCAP may opt not to pay for care and I will be billed at private pay rates. CCAP also has the right to deny care if changes in the household that are not reported with 5 business days. I recommend putting it in writing and drop off at the center. **If you take**

to CCR yourself get a receipt. CCR logs and scans all paperwork received. Failure to report can result in overpayment and the parent will be billed. _____

I understand that any family change, job change, marital change, financial change must be submitted to CCR within 10 days or your case will be canceled by CCR. Failure to notify CCR of these changes can result in paying back any funds paid on your behalf. recommends all changes be done in writing. _____

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 cancelation. CCAP can deny your case after 10 days if paperwork is not received.** 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. _____

I understand that I need to give a 2 week notice even as a CCR/CCAP client. I will provide that in writing. Your child must attend those two weeks because CCAP will not pay for two-week notices. _____

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 will provide 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, authorization will be given by the parent on the phone and the parent will pick up the child to continue further medical attention as needed. _____

I understand the meal times at Robin's Nest and will bring in only packaged food for parties. **Please drop off all food to the office so RN staff can look at the label and be sure children's allergies are considered before giving then food.** All allergies are posted in each classroom, lunch room and office. _____

I understand there is a quiet time at RN that is 11:30-2:00 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 the sick policy. I will pick up my child within an hour in the event my child is sick and in the office. After 1 hour Robin's Nest will charge \$ 9.00 per hour for a staff to stay one on one with your child . Sick children are required to be removed from group care to keep the illness contained. _____

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 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 parents 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 e-mail for monthly calendars, invoices & other pertinent center information:

Please do not e-mail Robin's Nest anything. Robin's Nest can only use hard copy documents for legal purposes.

Parent Signature _____ Date _____

Director Signature _____ Date _____

Questions, comments, additions to contract needed for family:

Allergies, special diets, modifications needed at school:

Are there some family values, beliefs, cultural or childrearing practices that you can share with us to make your child's adjustment to our school easier?

Our goal is to be an extension of your family. What steps could the staff at Robin's Nest take to meet this goal?

Are there any questions you have for us here at Robin's Nest that we can answer?

Would you like information about family programming and family-friendly supports?

What learning experience do you want your child to get here at Robin's Nest?

Do you or any family members have skills, talents, or contributions you would like to share with our school? Example: Skills: plumber, electrician, landscaper, fireman. Talents: Storytelling, art, cooking, musical instruments, animals. Contributions: Can come to our school and show the kids how to play an instrument, or make cookies. ** If there is something- we would love to have you! We look to have parent involvement once a month!

LEARNING CENTER

Robin's Nest Rate Sheet:

Full Time is anything over 4 hours per day.

All payments are due by Monday at closing using ACH Tuition Express. Any payments made outside this program will have a 3.00 per week service fee added to your tuition.

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

Web Camera monthly service fee is \$ 10

Transportation fees \$ 2.00 per day

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

Contracted daily rate 2 or more days \$ 46.00 *Single day rate \$ 50* Contracted weekly rate 195.00

Drop in \$55 per day (No contract)

Movers: 15 months-2 years (1-5 ratio) Potty Training 2's w/ contract 170.00

Contracted daily rate 2 or more days \$ 42.00 *Single day rate \$ 45.00* Contracted weekly rate 180.00

Drop in rate \$ 50.00 (No contract)

2 year old classroom: Potty Trained (1-8 ratio)

Contracted daily rate 2 or more days is \$40 *Single day rate \$45.00* Contracted weekly 156.00

Drop in rate \$ 50.00 (No contract)

Hourly rate \$ 6.50 up to 4 hours (Based on availability)

Pre-K & Pre-school class (1-10) Fully Potty Trained

Contracted daily rate 3 or more days \$ 36.00 *1-2 day rate is 40.00* Contracted weekly 140.00

Drop in rate \$ 45.00 (No Contract)

Hourly rate \$7.50 up to 4 hours (Based on availability)

School Age B/A & full day program

Before or After: 50.00 per week- **Daily rate 15.00**

B/A 15.00 per day (drop in) 20.00 B/A (drop in) Full day no reservation \$ 37.00

Contracted daily rate \$ 30.00 *Single day rate \$ 35.00* Weekly contracted 140.00 rate

Parent Signature _____ Date _____

Robin's Nest Learning Center
1007 W. California St. Carterville, IL 62918
Mailing address:
12630 N. Egypt Shores Dr.
Creal Springs, IL 62922

Robin's Nest is very full and we take great pride in offering part-time and drop in care. With this in mind, please note the following:

A written two-week notice is required to end care or change your schedule. **This includes parent who use Childcare assistance programs.**

The written notice placed in our tuition box will take effect the Monday we receive it. All book keeping is done Monday to Monday.

Please do not call, email, leaves notes on our desks. Please place all important paperwork in the tuition box. ***Important paperwork is: Vacation requests, contract changes, medical forms, children's paperwork, Childcare assistance paperwork, two-week notices & anything else that you would not want colored on by a child sitting at my desk!***

If you have a drop in contract- any day reserved will be billed. If you decide not to use the day a two-week notice is required to cancel the request.

If you have a school aged child, there is a full day reservation sheet posted for any day out of school. You will be required to sign up if services are needed for that in-service day. If you do not sign up in advance, you will be billed at the drop in rate. **If you sign up you will be billed for that day even if your child ends up not coming for the day.**

If you have a part time schedule contract you cannot swap out days without a written two-week notice of the schedule change and will be based on availability only.

Child's Name _____

Parent Signature _____ **Date** _____

Copy given to parent on _____ **By** _____

ILLINOIS STATE BOARD OF EDUCATION

Annual Enrollment Form

Child and Adult Care Food Program

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.

This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

Parents/Centers: 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 or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. The center will review completed enrollment form.

1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2 DAYS OF WEEK IN ATTENDANCE	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK	4 MEALS RECEIVED																								
First Child	<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	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> </tbody> </table>	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<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
TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL																					
AM		PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center																			
Name	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours																										
Birth Date																											
Age																											
Second Child	<input type="checkbox"/> Same Days as Above	<input type="checkbox"/> Same Times as Child Above	<input type="checkbox"/> Same Meals as Above																								
Name	<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	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> </tbody> </table>	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<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																				
Birth Date	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours																										
Age																											
Third Child	<input type="checkbox"/> Same Days as Above	<input type="checkbox"/> Same Times as Child Above	<input type="checkbox"/> Same Meals as Above																								
Name	<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	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> </tbody> </table>	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<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
TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL																					
AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center																				
Birth Date	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours																										
Age																											

Please answer both questions. This information is voluntary.

5 ETHNIC/RACIAL CATEGORIES—

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

B. Racial data of child(ren) — Asian Black or African American Native Hawaiian or Other Pacific Islander
 Mark one or more that apply. White American Indian or Alaska Native

6 SIGNATURE
 I certify the information above is correct. _____
Signature of Parent or Guardian Date Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: _____

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____
Address _____
Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____	Name _____
Relation to child _____	Relation to child _____
Home address _____	Home address _____
_____	_____
Phone Number _____	Phone Number _____
Place of employment _____	Place of employment _____
_____	_____
Address _____	Address _____
Phone Number _____	Phone Number _____
Working hours _____	Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____	Address _____
Phone Number _____	Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____	Address _____
Phone Number _____	Hospital or Clinic _____

PROGRAM

Days per week _____	Hours of care _____
Rate of pay (optional) _____	

Signature of parent or other person placing child

Signature of caregiver

Date

If the child has any of the following, please explaining:

Medical problems _____

Physical handicaps _____

Restrictions for play—outdoors _____

Restrictions for play—indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? _____ Time _____ Length _____

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

Does the child regularly take medication? _____ If so, what kind and directions _____

If the child is an infant, what are the feeding instructions? _____

Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

Comments:

State of Illinois
Department of Children and Family Services

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes _____
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will
be responsible for the emergency medical charges upon receipt of the statement. _____
is the preferred doctor/clinic/hospital.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize _____ to administer prescribed medicine to my/our child as
specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize _____ to administer over-the-counter medicine to my/our
child as specified in written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize _____

Name	Address	Phone
_____	_____	_____

and/or

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

**PARENT LETTER
FOR CHILD CARE CENTERS**
July 1, 2013, Through June 30, 2014

Parent or Guardian:

This child care center participates in the USDA Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to all of the enrolled children. The amount of reimbursement the center receives is based on the information you provide on the attached Household Eligibility Application. Part of the USDA requirement is to ask you to complete the application. If your income is equal to or less than the income listed in the chart below for your household size, the center will receive a higher level of reimbursement. Read the attached instructions carefully and fill out all required information. We cannot approve an application that is not complete. Please return the completed application back to our center as soon as possible.

If a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits; or you care for a foster child that is the legal responsibility of the State through DCFS or the court, these children are eligible for meal benefits regardless of your household income.

If your income(s) is over the income guidelines listed below, you are not required to complete this application; however, it would be helpful if you would write your child's name on the application and return it to our center. Please notify us, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the income eligibility standards.

INCOME ELIGIBILITY GUIDELINES
July 1, 2013, Through June 30, 2014
Reduced-Price Meals

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
For each additional family member, add	7,437	620	310	287	144

The information you provide on the application will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

By signing the section on the application for the Illinois All Kids Health Insurance, you are stating you do not want your information shared with the Illinois Department of Healthcare and Family Services. If you agree to disclose the application information, it may be used to identify your child(ren) for the health insurance program. If you would like more information on All Kids, call toll-free 866/255-5437 or 877/204-1012 (TTY).

If you have any questions or need help, please contact our center.

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.

PARENT INSTRUCTIONS

HOUSEHOLD ELIGIBILITY APPLICATION

Follow These Instructions and Return the Completed form to your Center. Once approved for meal benefits, a child's Household Eligibility Application is effective for 12 months.

FOSTER CHILD(REN)

A foster child remains the legal responsibility of the State through a foster care agency or the court.

- 1) If all children in your household (who attend this center) are foster children that are the legal responsibility of a foster care agency or court, provide the following:
 - Part 1—List the name(s) and age(s) of your foster child(ren) attending this center.
 - Part 2—Check the box(es) indicating a foster child(ren).
 - Part 3—5 Skip
 - Part 6—Provide a signature of an adult household member and date the application.
 - Part 7-8 (OPTIONAL)

- 2) If you have some foster children that are the legal responsibility of a foster care agency or court along with other children attending this center, please provide the following:
 - Part 1—List ALL household members, including the foster child(ren), and the age(s) of the child(ren) attending the center.
 - Part 2—Check the box(es) identifying the foster child(ren).
 - Part 3—Record a valid SNAP/TANF case number if applicable
 - Part 4—Skip
 - Complete Parts 5 and 6 if applicable. See the instructions for **INCOME—HOUSEHOLDS REPORTING** section.
 - Part 7-8 (OPTIONAL)

SNAP OR TANF BENEFITS - HOUSEHOLDS RECEIVING

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

- Part 1—List ALL people in your household (including grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the center.
- Part 2—Skip
- Part 3—Record a valid SNAP or TANF case number for any member (child or adult) of this household. You will find your SNAP or TANF case number on your letter of eligibility for benefits.
- Part 4—5 Skip
- Part 6— Provide a signature of an adult household member and date the application.
- Part 7-8 (OPTIONAL)

HOMELESS, MIGRANT, OR RUNAWAY

If no one in your household receives SNAP or TANF benefits and if any child is homeless, a migrant or runaway, follow these instructions.

- Part 1—List ALL household members, and the age(s) of the child(ren) attending the center.
- Part 2—3 Skip
- Part 4—If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your local school.
- Part 5—Complete only if a child in your household isn't eligible under Part 4. See instructions for **INCOME—HOUSEHOLDS REPORTING** section below and complete Part 5 and 6.
- Part 6—Provide a signature of an adult household member and date the application.
- Part 7-8 (OPTIONAL)

INCOME - HOUSEHOLDS REPORTING

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:

- Part 1—List the names of ALL household members and the age(s) of the child(ren) attending the child care center.
- Part 2—4 Skip
- Part 5—List total gross income (before deductions), not 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.
 - o For ONLY the self-employed, list income after expenses. This is for your business, farm, or rental property.
 - o If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
 - o If you have no income, list zero in the earnings from work column.
- Part 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.
- Part 7-8 (OPTIONAL)

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

1. All Household Members	2.	3.																			
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	Ages of Children at Center	FOSTER CHILD Foster children are a legal responsibility of DCFS or court. If all are foster children, skip to #6.	SNAP OR TANF CASE NUMBER Skip to Part 6 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.																		
		<input type="checkbox"/>																			
		<input type="checkbox"/>																			
		<input type="checkbox"/>																			
		<input type="checkbox"/>																			
		<input type="checkbox"/>																			
		<input type="checkbox"/>																			

4. Homeless, Migrant, or Runaway

Homeless Migrant Runaway

Signature of School Homeless Liaison or Migrant Coordinator

Date

5. Total Household Gross Income (before deductions) You must tell us how much and how often.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemploy- ment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

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

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits his or her social security number or mark the *I do not have a social security number* box.

_____ **X X X - X X -** _____
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

7. Contact Information (Optional)

Work Telephone Number (Include Area Code)

Home Telephone Number (Include Area Code)

Home Address (Number, Street, City, State, Zip Code)

8. Optional – Sharing Information With All Kids Insurance Program

May we share your information on this application with the *All Kids Insurance Program*, the complete health insurance program for every child in Illinois? If **yes**, do not sign below.

No, I do not want my information from this application shared with the *All Kids Insurance Program*.

Date: _____ Sign here: _____

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 SECTIONS A and B BELOW

Follow the Instructions for Institutions to Process Household Eligibility Applications available at www.isbe.net/nutrition.

SECTION A Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 *Convert income only if different frequencies of pay are reported.*

TOTAL INCOME \$ _____ **Per:** Week Every 2 Weeks Twice a Month Month Year **NUMBER IN HOUSEHOLD:** _____

Free based on: **Reduced based on:** **Denied—Reason:**

foster child household's income income too high

SNAP or TANF migrant incomplete application

homeless runaway Non-qualifying SNAP/TANF

household's income

SECTION B Signature of Determining Official _____ Date _____



State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES
CFS 600
Rev 2/2013



Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address 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 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	DTP or DTaP																	
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)										COMMENTS:								
MMR Combined Measles Mumps. Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature	Title	Date
Signature	Title	Date

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
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3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN													
Date													Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade													
	R	L	R	L	R	L	R	L	R	L	R	L	
Vision													
Hearing													

Last First Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

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

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA
HEAD CIRCUMFERENCE if < 2-3 years old **HEIGHT** **WEIGHT** **BMI** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes No And any two of the following: **Family History** Yes No
Ethnic Minority Yes No **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No **At Risk** Yes No

LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes No **Blood Test Indicated?** Yes No **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. **No test needed** **Test performed**

Skin Test: Date Read / / **Result: Positive** **Negative** **mm** _____

Blood Test: Date Reported / / **Result: Positive** **Negative** **Value** _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)	
Urinalysis			Developmental Screening Tool	

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting **DIETARY** 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** Yes No Limited

Print Name _____ (MD,DO, APN, PA) Signature _____ Date _____
 Address _____ Phone _____

(Complete Both Sides)

State of Illinois
Illinois Department of Children and Family Services

Verification of Receipt

I/We _____

Parent(s) of _____, hereby certify

that I/we have received a copy of a summary of licensing standards printed by the Illinois
Department of Children and Family Services.

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY