

Parents Responsibility:

1. Fill out all appropriate forms and turn them in prior to your child attending R House.

2. Supply a copy of each child's immunization record. If you do not have a copy, you can contact Central District Health or your pediatrician to get an update. You have 14 days to be in compliance. You must supply an updated copy when your child receives new immunizations.
This is a requirement given by Central District Health.

3. The following items are to be furnished by the parent as appropriate to age. The items will be used in the daily care of your children at R- House, but will be returned if and when your child leaves:
 - A) Pillow (must be smaller than 8" and Blanket (Nap Mat needed for Meridian only)
 - B) Hairbrush or comb (Hair pretties for the girls!)
 - C) Pain reliever & teething tablets (For children under 2 and only as requested)
 - D) Diapers (As needed)
 - E) Baby Formula/Baby Food/Juice/Special Food
 - F) One complete change of clothing (including socks) to keep at R-House (appropriate for weather conditions). Infants and children while potty training should have 2-3 sets of clothes. A pair of shorts or swimming suit during the summer would be terrific also and snow gear is awesome when it snows! (including pants, coat, gloves and boots!)
Coats are mandatory during the cold months and hats & mittens are a must!

4. Meals included are an A.M. Snack, Lunch and a P.M. Snack. All meals are provided Monday through Thursday, and the Snacks on Friday. Friday is Lunch Box Day and each child brings their own lunch. If your child fails to bring a lunch \$2.50 will be charged and due when you pick up. Times: Your child must be present by 8:30 for morning snack and by 11:00 for lunch.

5. Courtesy calls: Please call and inform the center when your child is ill or spending a day at home by 10:30 a.m. If your child will be coming in late for any reason a courtesy call letting us know the approximate time of their arrival is greatly appreciated. Keep in mind we plan our day, activities and meals based on the number of children present.

6. Contact us! Steve and I are now easy to contact through e-mail or cell phones.

When you have questions about money or flex time, please contact Steve. All other general operation questions or concerns can be directed to Rhonda.

General Policy:

1. Our hours are 7:00 am to 6:00 pm.

Note: Please avoid pickups during naptime hours. (12:00 - 2:00)

Also note: Late fees apply as of 6:00 pm. \$1.00 per minute is due and payable to the employee in attendance. Late fees will not apply if tardiness is due to extreme traffic or weather conditions and is waived at the discretion of Steve or Rhonda.

2. Our prices are as follows:

Age Group	\$ Amount	Per	\$ Amount	Per
New born thru 12 months	\$150.00	week	\$650.00	month
13 months thru 24 months	\$140.00	week	\$607.00	month
2 years old	\$135.00	week	\$585.00	month
3 years old	\$125.00	week	\$542.00	month
4 & 5 year old	\$120.00	week	\$520.00	month
Kindergartner	\$100.00	week	\$412.00	month
Part time - 3 days (under 3)	\$105.00	week	\$455.00	month
Part time - 3 days (3 yrs & older)	\$100.00	week	\$412.00	month

Payment Policies:

1. First weeks tuition is due upon signing to reserve your child's space, along with a registration fee of \$50.00.

2. Weekly payments are to be made the Friday prior to the week of care.

A. If your child is absent on Friday, payments are due Monday a.m.

B. If payment is not received by Monday a.m. and special arrangements through Steve have not been made a \$5.00 late fee (per day - per child) will automatically be added to the amount due.

C. Failure to pay Monday p.m. will result in your child being put into the RED ZONE until payment has been received.

3. Monthly payments are to be made on the 1st of each month.

A. If the 1st is on the weekend, payment is to be made the Friday prior.

B. If payment is not received by the 1st (or Monday a.m. if the 1st is over the weekend)

and special arrangements have not been made through Steve a \$5.00 late fee (per day - per child) will automatically be added to the amount due.

C. Failure to pay by the 3rd will result in your child being put into the RED ZONE until payment has been received.

4. Special payment arrangements can be made depending on your individual needs.

Please contact Steve with your request and we will to our best to comply.

5. Payment receipts are given to those who request it. Receipts are given

within a week after payment has been received. Yearly receipts for tax purposes are given by the first of February.

6. Changing your payment? If you wish to change from weekly to monthly or visa versa, you MUST do so at the beginning of the calendar year. You can contact Steve for approval of any other changes during the year.

3. Your Time - You will have one regular week flex time each calendar year to use for sick time or vacation. Any additional days you elect to not bring your child, payment is required. Remember your flex days are based on the calendar year starting in January. The 5 flex days are given to people who are established in January and are enrolled for a full week of care. For those starting after May and enrolled for less than 5 days per week flex time will be established at the start of this contractual agreement. Flex days are issued as an accumulation. You earn 1 day for every two months of care January thru November. If you have taken your flex week and depart prior to earning your flex time you will need to reimburse R House for that time.

Flex Time Issued: _____ By: _____ Date: _____

_____ Please note: Your flex days become redeemable after your first 6 months.

Please note: If your child is sick and you choose to use that day as one of your flex days and the day has been paid for, proper adjustments will be made when your next payment is due. For illnesses you must tell us you are using a flex day the day you use it, and for consecutive time off (vacation) we require a two week notice or you forfeit the chance to use it for that period.

4. We require a two week written notice of departure. Within the two week period payment is required, regardless if your child is present. Flex days may not be used during the two week notice. Also, if flex days were used prior to them being earned you may need to pay for those days prior to leaving.

5. Our Time - Paid general holidays are as follows: New Years Day, Memorial Day, Labor Day,

4th of July, Thanksgiving Day & the day after & Christmas Day!

Note: Part time children will only pay Holidays if it is their regular day of attendance.

6. Children may be picked up by another person if we receive prior notification weather verbal or written. If the employee caring for your child has not met this person then a picture I.D. will be required at that time.

Please note: We do not allow visitation of family and friends without your presence.

7. No outside food or drink is allowed to be brought in to either facility without prior approval from Rhonda. We do allow special treats for birthdays but there must

be enough to share with your child's class. Ask your teacher for an exact number.

General Rules & Discipline:

Rules: Nice hands, nice mouth, nice feet, nice me. I keep my hands to myself. I have courtesy and show respect! These rules are learned verbatim and repeated daily. When a child chooses to misbehave the child is reminded of the R House rules during the explanation process.

1. No physical misconduct.
ie: Kicking; hitting; biting; throwing toys; pushing; pinching; physically aggressive behavior out of anger; wrestling without direct supervision, no shooting at people, etc.

2. No verbal misconduct.
ie: Back talk; name calling; foul language, including "mean", "stupid", "hate"; disrespectful words of any kind toward anyone or about anyone; nothing is said out of anger. This includes gossip!

Note: Anger is a normal emotion, but learning how to vent it is important!

3. We always use "please" and "thank you" & "I'm sorry" and "your forgiven or "that's ok" "excuse me" and we use table manners like "Please can I be excused", etc.

Manner's are a must at R House! We utilize sign language for shy children and others under the age of two.

4. Our discipline is never harsh or demeaning. If the child's conduct is hurtful in any way, the child will be expected to apologize, and then be forgiven. We follow this general guideline/example:

1. Verbal warning "We have nice hands - we don't take toys away from our friends - we need to find something else to play with or ask nicely for them to share."

2. Time out warning "You need to have nice hands, if you take a toy again, you will have to change stations or sit out."

3. Removal for Time Out.

Repetitive time-outs for the same thing will then result in.....

4. A specific "fun time" will be eliminated for that day. An individual talk with Rhonda will generall take place.

If behavior is constant then

5. Parent conference will be suggested for repetitive negative behavior.

Note: If the misconduct is major they will be removed immediately from the other children. Tantrums are handled the same. We take away the audience.

Field Trips, Magic Tumble Bus and other Outside Activities

Field Trips are generally designated for potty trained children only. We have found this to be a good incentive. Occasionally we will take everyone on a field trip with prior permission and notification and only if we have enough parent volunteers.

Note: Fees for field trips are to be paid separately and in cash - prior to the

activity.

All outside activities including Magic Tumble Bus, Spanish, Music, computers, etc. are paid for separately. The monthly amount is due as the outside contractor has requested in their registration paperwork.

Illness Policy

It is the intent of this child care facility to provide a healthy and safe environment for children. The following illness policy is designed to protect the health of your child, the other children in care and both of us. Your cooperation is appreciated.

1. If a child should become ill while in care, you will be notified. We will decide ahead of time if the child needs to be picked up. If you are asked to pick up your child, please make every effort to arrive within 30 minutes to deter the illness from spreading. The child will be separated from the other children and be made as comfortable as possible until they go home. It is important to have an alternate child care facility or family member available to care for your child, if you are unable.

2. **Please do not bring your child for care if they have had diarrhea, have been vomiting or have had a fever of 100 degrees or more** (Teething is an exception when agreed upon between parent and Rhonda.) Only when a professional has made a diagnosis, and after the child has been on an antibiotic for 24 hours, and is not running a fever and not on medication to lower the fever, may the child return. Of course, certain viruses are also an exception, as long as there is no sign of a fever and you have been given approval by Rhonda.
Please, keep in mind this is a 24 hour policy.

Example: If your child has vomited at 10 am Sunday, your child will not be allowed to attend until they been vomit free for 24 hours! If your child has diarrhea, they may return when they have a solid b.m.

Please Note: If your child is taking medication to relieve their fever, they may only return after 24 hours of no fever without medication!

Please remember that the height of contagiousness is when a child has a fever and we are taking these steps to insure a healthy environment for everyone.

3. Please notify me if you or a family member is diagnosed with or exposed to an infectious disease. You will also be paid the same courtesy.

4. We require you to fill out a medication form prior to the administration of any prescribed medicine. If your child needs to take Tylenol, Motrin, teething tablets, etc., we ask that you fill out the above form also. If in the absence of a signed waiver, a verbal authorization is permitted for only over the counter pain relievers, but signature is required at pick up. At this time we are not administering ANY cold

medicines.

Citation/Incident Certificates

We have general rules of conduct throughout this contract. If our rules are not followed and/or we feel your contractual obligation has been broken, we may issue you a citation. Three citations warrant automatic two-week notice. Keep in mind we do reserve the right to ask you to leave without notice if behavior on your part or your child's is a morally, verbally or physically a danger risk.

Please be sure to read everything carefully, and sign with the understanding that all of our policies will be kept.

We look forward to caring for your child and anticipate them growing into the happy healthy children they all deserve to be.

Parent's Signature

Date

Parent's Signature
rev 1/09

Date

Our Promise to You...

*Throughout this written policy
We have asked so much of you
We thought it only right
To promise what we'll do!*

*We'll take your precious child
and give them love and care,
We'll teach them right from wrong
and teach them to play fair.*

*We'll love them as our own
and we'll hug them every day
We'll laugh and cry with you
as we watch them grow and play.*

Steve & Rhonda

**Child Care Registration Form
for "R" House Child Care**

CHILD'S FULL NAME: _____
Birth Date: _____ Phone : _____
Home Address: _____

MOTHER'S NAME: _____	FATHER'S NAME: _____
Occupation: _____	Occupation: _____
Place of Work: _____	Place of Work: _____
Work Address: _____	Work Address: _____
_____	_____
Work Phone: _____	Work Phone: _____
Cell Phone or Pager: _____	Cell Phone or Pager: _____
E-mail: _____	E-mail: _____

EMERGENCY CONTACT

Name of another person to be called in case of emergency if the parents cannot be located.

Name: _____ Relationship: _____
Address: _____ Phone: _____

HEALTH INFORMATION

Child's Physician: Dr. _____ Phone: _____
Address: _____
Hospital Preference: _____

IMMUNIZATION/HEALTH QUESTIONS

Date of Child's last physical examination: _____

Is your child currently taking medication on a regular basis? If so, please list below, along with an explanation and fill out the attached Authorization for Medication form.

Medication: _____

Explanation: _____

Does your child have any allergies? If so, what? _____

Please note that I cannot administer any medication to your child without written permission from you. So be sure to fill out a separate Authorization for Medication for each prescription.

General Information

Any special information I should know about your child?

Does your child have any particular habits?

My child's favorite game and song: _____

My child's favorite food: _____

My child's favorite cartoon/movie/television show: _____

Has your child been in daycare before? Yes No (Circle one)

If so, please provide your reason for leaving: _____

Please fill out your child's basic schedule by writing in times using the areas below. The information you provide is important in getting to know your child. Try to approximate times they are used to, not ones you wish them to have.

INFANTS:

Arrival: _____

Breakfast: _____

Activities: _____

Nap time: _____

Lunch: _____

Nap time: _____

Snack: _____

Activities: _____

Departure: _____

TODDLER:

Arrival: _____

Breakfast: _____

Activities: _____

Pre-school: _____

Lunch: _____

Nap time: _____

Snack: _____

Activities: _____

Departure: _____

PRE-SCHOOLER

Arrival: _____

Breakfast: _____

Activities: _____

Pre-school: _____

Lunch: _____

Nap time: _____

Snack: _____

Activities: _____

Departure: _____

SCHOOL-CHILDREN:

Arrival: _____

Dept/school: _____

Rtrn/school: _____

Snack: _____

Departure: _____

POTTY-TRAINING INFORMATION/DIAPER USE:

Potty-training: My child is at the following stage...

- _____ Fully trained; rare accidents
- _____ Mostly trained; few accidents
- _____ Almost there; needs some assistance; may need reminding
- _____ Partially trained; needs assistance and supervision; needs reminding
- _____ Occasional use of toilet; shows consistent interest
- _____ Acknowledges dirty diapers; uncomfortable in soiled diapers

Authorization for Medical Emergencies

I, _____, authorize Rhonda and/or Steve Williamson, to secure emergency medical and/or surgical treatment from a licensed physician and/or hospital and/or medical transportation for my child _____ should such be necessary. I understand that all reasonable efforts will be made to notify me before such action is taken, but in my absence I agree that the expert chosen of such emergency care will be accepted by me, along with responsibility of financial obligation.

This notification/authorization is for the use of R House Child Care and its appointees. It will be used for the duration of all contractual obligation.

Authorization for First Aid

I, _____, authorize Rhonda and/or Steve Williamson, to administer minor First Aid treatment on/for my child, _____, should such be necessary. I understand that all reasonable efforts will be made to notify me before and/or after such action is taken, but in my absence I agree that the care/treatment will be accepted by me, along with responsibility of financial obligation, if any.

This notification/authorization is for the use of R House Child Care and its appointees. It will be used for the duration of all contractual obligation.

Signature: _____ Date: _____

