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| --- | --- |
| **Parent Pack Checklist** | Staff Name |
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| Health Policies |  |
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We intend to provide a safe, supportive environment that is dedicated to forming young children in the image of God.

We intend to provide a safe employment of staff that has been chosen with the children’s best interest at heart.

We intend to provide early childhood education in accordance with the laws of the state of Iowa.

We intend to create an academically stimulating environment with a constant emphasis on the Christian fundamentals incorporated in everything we do.

We intend to make all families of this community welcome to participate in our childcare program if there are available spots in our program. This center will not discriminate in anyway.



**Application for Registration**

Child’s Name Child’s Age

Child’s Address City

State Zip Code

Phone Number Cell Phone

Date of Birth \_\_Mother’s Name \_\_

Father’s Name or Legal Guardian

Child’s Sex M or F

**Angeli Cristiani does not discriminate. All children and families are welcome to register for childcare.**

Amount of Deposit Paid

(Tuition based upon your child’s weekly rate)

Amount of Registration Paid

($90.00 per family)

Director’s Signature

We look forward to a long working relationship with you and your family.

Angeli Cristiani Childcare Staff



Parent Handbook

Revised: August 27th, 2018

**Statement of Purpose**

Angeli Cristiani Child Development Center will care for children in a quality Christian environment. We will operate our center in accordance with the laws of the state of Iowa. In doing this, we maintain proper records for each child and provide a clean and safe facility. Angeli Cristiani will meet or exceed the fire and safety regulations. We will provide adequate nutritional needs for the children. We will administer care and discipline in a loving, effective, and professional manner.

**Hours of Operation**

Monday-Friday 6:30 AM- 6:00PM

***Parents who pick their children up after 6PM should be prepared to pay a $2.00 per child per minute for the time that is past 6:00PM.***

***We have an open-door policy. All families are welcome unless restricted by court order.***

**Daily Schedule**

Daily activities provide positive experiences which encourage children to build upon and develop social skills; promote spiritual and physical wellness; and to excel academically. Our unique and specific curriculum is designed to meet the academic needs of each age level. Our curriculum incorporates lessons and activities which cater to the development of children’s skills in the following:

***Large motor, small motor, group time, letter recognition, art, sensory***, ***literacy, math, and science.***



**Admission Policies**

Angeli Cristiani cares for children ages 6 Weeks – 8 Years

*Federal Civil Rights Statement:*

*Angeli Cristiani Child Development Center is prohibited from discriminating against its customers, employees and applicants for employment based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derive from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)*

**All forms in the enrollment packet must be completed prior to the child’s first day of childcare/preschool.**

**Charges and Fees**

* $90.00 Registration for all families
* One week tuition for all families based upon the youngest child.
* Tuition is due by Wednesday of each week. After Wednesday there is a $35 late fee.
* We close at 6PM; If you arrive after 6:00 please plan to pay $2.00 per minute per child every minute after 6PM

**Any returned checks will have a $35.00 fee to cover bank fees.**

If a family puts a deposit down to hold a child’s spot and the family decides to not accept the position held then the family forfeits the deposit and registration fee to recover revenue lost to the center.

Angeli Cristiani Child Development Center requires a two week notice in writing to terminate service, if the two-week notice is not given the family will forfeit the deposit held for loss of revenue to the center.

Angeli Cristiani Child Development Center gives 7 days of vacation/sick time to full time children only.

**Vacation time begins in January and is accumulative around one day per month not allowed to carry days over if they are not used by the following January. Vacation days may not be used as part of your two-week notice.**



**Medication**

If your child is on medication, you will need to sign and complete a medication release form. All medication must be labeled with your child’s name, and in its original container. Medication needing refrigeration will be stored in the infant room refrigerator. All other medications will be stored appropriately in the office.

**Attendance Policy**

If your child will not be in attendance on any given day, please notify the center as soon as possible. Parents, you are required to drop your child off to the room or to the teacher of your child’s class. Your child’s teacher will sign them in and out daily. This is for your child’s protection, so we always know that they are present in case of a fire or other emergencies. It’s also required that all changes, addresses, etc. will be given to the center as soon as they occur. Also, any changes in who is authorized to pick up your child should be given to the director.

**Calendar of Service**

*The center will be closed on the following holidays: New Year’s Day, Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, and the day after, Christmas Day and the day after Christmas. If Christmas falls during the weekend, we will be closed the Monday following the holiday. The center also reserves the right to close under extreme weather situations.*

**We welcome you to email the director at Nicole.scatino.talley@gmail.com if you have any questions and/or concerns. Please know it’s our hope to consistently strengthen our efforts to ensure you the professionalism, space, time, and opportunity to address your issues.**

**Your families are important to us, and we thank you for your business.**

**Nicole Scatino-Talley**

**Director/Owner**

**My hours are 10 AM-6:00 PM if you would like to meet in person to address any concern or issue that you may have.**



**Fee and Attendance Agreement**

We want you to know we value you and your child(ren). It is our goal to provide the best services for you and your child(ren). Below you will find that we have instituted the following rules, expectations and polices to ensure we are appropriately staffed to meet the needs of you and your child(ren).

* Parent payments are due and payable on or before Monday of each week. Payments received after 12:00 PM on Wednesday will have a $35.00 late fee added.
* All returned checks will have a $35.00 fee added and families will be required to make future payments by cash or money order.
* In the case of funded client’s, the funding agency is billed directly. If you are assessed a co-payment, you are responsible for direct payment and may be required to pay a deposit.
* If your funding, employment, or school situation changes, you must inform us immediately. You may be responsible for payment of back attendance if you do not let us know.
* Scheduled attendance is necessary to maintain your spot. If there has been no attendance or communication from you for a two-week period, your child’s spot may be jeopardized.
* You have reserved a spot for your child and are responsible for payment even in your child’s absence. Vacation is provided for Full-Time children only and may not be carried over. For families who enroll in the middle of the year vacation days will be prorated.
* DHS Funded families are allowed 4 absences in a month. Therefore, if you have missed more than 4 days you will be responsible for the daily rate of 36.00 for absences. Special situations will be given a case-by-case consideration.
* If you would like your child(ren) to attend on a day or time that they are not scheduled to attend, you must call the Center to decide. We will try to accommodate your family’s needs.

Parents Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_



Disenrollment Policy

Angeli Cristiani Child Development Center has the right to terminate services at any time. Termination may occur for any of the following reasons but are not limited to; failure to comply with the **Fee** **and Attendance Agreement and/or payment arrangements,** unresolved behavior by a child, or any type of hostile situation. All decisions to terminate services, communication concerning the identified problem and/or review of the termination shall be handled by the director.

Parents Signature Date



**Emergency Medical Consent**

This form grants dental care in parental absence. This form must be presented upon admission for treatment.

If your child may require emergency or dental care while attending Angeli Cristiani Child Development Center, please note that every effort to notify the parent (s)/guardian (s) is done first. However, in the event you are not available or cannot be reached Angeli Cristiani require that you provide information regarding emergency and dental care for you child(ren).

In the event my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may require emergency/dental care,

**(Child’s Name)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Parent’s/Guardian’s Name) (Hospital)**

and/or **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** to provide care. I agree to pay all the costs and fees contingent upon any

(**Dentist)**

emergency dental care.

Name of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor (Name, Number, Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts:

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Phone Number (Cell, Work, Home) |
|  |  |  |
|  |  |  |
|  |  |  |

Date of last Tetanus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religious Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian’s SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s/Guardian’s SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Emergency Dental Consent**

This form grants dental care in parental absence. This form must be presented upon admission for treatment.

If your child may require emergency or dental care while attending Angeli Cristiani Child Development Center, please note that every effort to notify the parent (s)/guardian (s) is done first. However, in the event you are not available or cannot be reached Angeli Cristiani require that you provide information regarding emergency and dental care for you child(ren).

In the event my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may require emergency/dental care,

**(Child’s Name)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Parent’s/Guardian’s Name) (Hospital)**

and/or **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** to provide care. I agree to pay all the costs and fees contingent upon any

(**Dentist)**

emergency dental care.

Name of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor (Name, Number, Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts:

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Phone Number (Cell, Work, Home) |
|  |  |  |
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|  |  |  |

Date of last Tetanus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religious Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian’s SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s/Guardian’s SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Center Health Policies**

This is a guideline to use to determine if your child is too ill to attend childcare. Please keep your child home if:

1. Fever of 101 or greater
2. Diarrhea
3. Vomiting
4. Contagious rash
5. Any infectious diseases (Strep Throat, Pink Eye, Measles, Chicken Pox)

If your child should become ill or display any of these symptoms at the center, the childcare staff will notify you and **arrangements must be made to pick your child up within 1 hour.**

**Elevated Temp**: Any child with a temperature of 101 degrees or above my not attend. It is recommended that your child be fever free for 24 hours before returning to childcare. If the child is sent home with a temperature the child may not return for 24 hours unless permission is given by a doctor saying the child is not contagious.

**Vomiting:**  Children may not attend childcare when vomiting and displaying symptoms of irritability, restlessness, lethargy, loss of appetite. Your child may return when his/her demeanor has returned to normal and has been throw-up free for 24 hours.

**Diarrhea:** Any sudden change in the usual consistency of the stool such as becoming loose or watery, temperature elevation, signs of dehydration and frequency. If your child has 3 bouts or more within a five-hour period, he/she may not attend until he/she is diarrhea free for 24 hours.

**Rashes:** Rashes that are draining or a symptom of a communicable disease or accompanied by a temp are not acceptable. Your child may attend after treatment if the rash is not extremely irritating or draining. You may be asked in any case to provide a doctor’s note.

**Impetigo:**  is a common skin irritation with open and draining lesions. Your child may not return until a doctor gives the center permission to attend childcare.

**Conjunctivitis (Pink eye):** Children showing inflammation of the eyelid and whites of the eyes, accompanied by itching, tearing, or pus drainage, may not attend. Children may return after treatment has been given for a 24-hour period.

**Upper Respiratory Infection:** Children may not attend if running a fever, or if they are unable to participate in our daily activities.

**Strep Infection:** Children may not attend until they are fever free and have been on antibiotics for at least 24 hours.

**Head Lice:** Your child may not return until his/her head has been treated and no nits or lice are present in their head. In some cases, the child may be sent home more than one day until all signs of head lice are gone.

By signing below, I am stating that I understand and will follow Angeli Cristiani ‘s Center Health Policy.

Signature Date



**Discipline Procedures**

1. Corporal punishment including spanking, slapping, and shaking shall not be used.
2. Punishment, which is humiliation or frightening, shall not be used.
3. Punishment shall not be administered because of a child’s illness, or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food, beverage, or rest.
4. No child shall be subjected to verbal abuse, threats, or derogatory remarks about such child or such child’s family.

If a child is having problems listening to the teacher or misbehaving, the teacher should start with trying to redirect the child to another activity. This may include giving the child two options that are appropriate to the activity that is taking place. By giving the child the choice to behave, you may not have eliminated the need for further discipline procedures.

If the child continues misbehaving. He/she should be verbally reprimanded with an explanation provided. If he/she misbehaves a second time after being verbally reprimanded, he/she should set on a chair or the floor away from the other children, but within the close sight of the teacher. He/she should remain there for a reasonable

Length of time depending on the seriousness of the incident. Usually no longer than one minute per year of the age of the child. If she/he persists in his disobedience, he/she will deal with the problem, which may include further verbal explanation and isolation from activity and or speaking with the parents.

If the incident involves serious injury to a second person, the teacher in charge will decide whether to follow the first steps or bring the child directly to the director, depending on the seriousness of the assault.

If a child persists in misbehaving in a manner, which endangers other children, he/she may be disenrolled after appropriate contact has been made with the parent and discipline proves ineffective. If it is apparent that a child has a disability that this center does not feel adequate in dealing with, he/she maybe recommended for more extensive care in another type of facility.

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



|  |  |
| --- | --- |
| Child’s Name |  |
| Child’s School |  |
| School Start Time |  |
| School End Time |  |
|  |  |
|  |  |

**Good Health Statement**

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This statement is to verify that my child is free of communicable diseases and is fully immunized in accordance with the State of Iowa. My child does not have a chronic condition which would prevent him/her from participating in group activities. Such as indoor and outdoor large and small muscle activities.

Allergies, restrictive conditions medication, or other precautions are listed below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_



Student Physical Form

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Appearance | Ears | Hernia |
| Posture | Nose | Back |
| Nutrition | Throat | Extremities |
| Development | Lymph Nodes | Blood Pressure |
| Neurological | Thyroid | Urine Analysis |
| Speech | Heart | Hemoglobin |
| Skin | Lungs | Lead Screening |
| Hair/Scalp | Abdomen | Height |
| Eye/Vision | Genitalia | Weight |

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Disease\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remedial Defects\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Comments/Recommendations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important Medical information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature Date



**Travel and Activity Authorization**

**I do do not** give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to leave the above-named facility for trips in the childcare van to special planned activities. We may also walk to the park, etc. I understand that I will be notified before each trip of such activities.

Parent Signature Date



**Authorization to take and use photographs**

I (we) hereby voluntarily grant permission to take and use photographs of your child for the specific purpose of in class activities and Display on the Angeli Cristiani Childcare Web Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (we) understand that the photographs will be used solely for this purpose.

I (we) understand that the photographs will be used without compensation and will become the property of Angeli Cristiani Childcare

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

Relationship \_\_\_\_\_\_



**This is my child’s information:**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bottle Schedule while on family leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infant Sleep Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us anything that would help us get to know your infant/child and to make a smooth transition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Sunscreen Policy

During specified months, sunscreen will be applied to all children over six months of age

Enrolled in a center-based classroom 30 minutes prior to sun exposure.

**Procedure:**

* **Sunscreen will be applied during the months of April – October**
* Parent/guardian must sign a consent form:

1. Allowing children to apply sunscreen
2. Stating their child is not allergic to any of the ingredients in the sunscreen

* **Sunscreen will be with SPF 35-50 will be provided by the center**
* Sunscreen will be applied in a thick layer evenly on all exposed skin areas prior to outside activities.
* Staff persons will reapply the sunscreen according to the directions every 2 hours
* Sunscreen will not be used on infants less than 6 months of age due to skin sensitivity.

1. Infants will be kept out of direct sunlight by using shade and cover-up clothing.

**By signing I acknowledge that I understand the above policy**

**Parent Signature Date**



**Parent Access Policy**

**Centers are responsible for ensuring the safety of children at the center and preventing harm by being proactive and diligent in supervising not only the children, but other people present at the facility.**

1. Any person in the center who is not an owner, staff member, substitute, or subcontracted staff or volunteer who has had a record check and approval to be involved with childcare **shall not** have **“*unrestricted access*”** to children for whom that person is not the parent, guardian, or custodian, nor be counted in the staff to child ratio. It is imperative that centers not allow people who have not had a record check assume childcare responsibilities or be alone with children. This directly relates both to child safety and liability to the center.

*\*****Unrestricted access means that a person has contact with a child alone or is directly responsible for childcare.***

1. Persons who do not have *unrestricted access* will be under the direct **“*supervision”*** and ***“monitoring”*** of a paid staff member

at all times and will not be allowed to assume any childcare responsibilities. The primary responsibility of the supervision

And monitoring will be assumed by the teacher unless he/she delegates it to the teacher assistant due to a conflict of interest with the person.

\****Supervision*** *means to be in charge of an individual engaged with children in an activity or task and ensure that they perform it correctly.*

*\*****Monitoring means*** *to be in charge of ensuring proper conduct of others.*

3. Center staff will approach anyone who is on the property of the center without their knowledge, to ask what their purpose is. If staff is unsure about the reason, they will contact their Site Supervisor or another management staff to get approval for the

Person to be on site. If it becomes a dangerous situation staff will follow the “intruder in the center” procedures. Non-agency persons who are on property for other reasons such as maintenance, repairs, etc. will be monitored by paid staff and will not be

Allowed to interact with the children on premises.

4. A sex offender who has been convicted of a sex offense against a minor (even if the Offender is the parent, guardian, or custodian) who is required to register with the Iowa sex offender registry (Iowa Code 692A):

* Shall not operate, manage, be employed by, or act as a contractor or volunteer at the childcare center.
* Shall not be on the property of the childcare center without the written

permission of the center director, except for the time reasonably necessary

to transport the offender’s own minor child or ward to and from the center.

\*The center director is not obligated to provide written permission and must

consult with their DHS licensing consultant first.

\*If written permission is granted it shall include the conditions under which

The sex offender may be present, including:

1. The precise location in the center where the sex offender may be

Present.

1. The reason for the sex offender’s presence at the facility.
2. The duration of the sex offender’s presence.
3. Description of how the center staff will supervise the sex offender

To ensure that the sex offender is not left alone with a child.

1. The written permission shall be signed and dated by the director and

Sex offender and kept on file for review by the center licensing consultant.

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



I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the Parent handbook.

(Parent Name)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to follow all the rules and regulations of

(Parent Name)

Angeli Cristiani Child Development Center.

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



Please indicate your child’s allergies/asthma. If none, please sign below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



2022/2023 Price list

Infant Care 4 Weeks -23 Months 275.00

Two-Year-Old Care 250.00

Three-Year-Old Care 225.00

Preschool Care 4- and 5-year-olds 200.00

Any age child not fully Potty Trained 250.00

Any Part Time Child 20 hours or less 165.00

School Age AM Transportation only 95.00

School Age PM Transportation only 95.00

School Age AM and PM Transportation 110.00

Spring Break Care per week 200.00

Summer Break Care 200.00 per week 200.00

Vacation earned 1.5 days per month not to exceed 7 days per year. Vacation is for full time only children. Part time children pay weather in attendance or not.