



Enrollment Agreement

YMCA Child Care Center

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information										
Child's Information										
Child's first name			Child's middle name			Child's last name			Child's nickname	
DOB	Sex	Child's primary language				Parent/guardian/sponsor primary language				
Child's home address					City		State		Zip	
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name			Grade			School phone		
School address				Drop off time			Pick up time			
Family Information										
List family members & pets your child lives with – include first names, relation and ages of siblings										
Parent/guardian/sponsor			Relationship to child			Date of Birth		Phone		
Home address if different from above					City		State		Zip	
Home email			Work email				Work phone			
Employer		Employer address			City		State	Zip	Work hours	
Other parent/guardian/sponsor			Relationship to child			Date of Birth		Phone		
Home address if different from above					City		State		Zip	
Home email			Work email				Work phone			
Employer		Employer address			City		State	Zip	Work hours	
Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)										
Please notify the center if an Emergency Release Contact will pick up your child on a given day. [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]										
Person #1			Relationship to child			Date of Birth		Phone		
Home address					City		State		Zip	
Home email			Work email				Work Phone			
Employer		Employer address			City		State	Zip	Work hours	
Person #2			Relationship to child			Date of Birth		Phone		
Home address					City		State		Zip	
Home email			Work email				Work Phone			
Employer		Employer address			City		State	Zip	Work hours	
Person #3			Relationship to child			Date of Birth		Phone		
Home address					City		State		Zip	
Home email			Work email				Work Phone			
Employer		Employer address			City		State	Zip	Work hours	

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial _____ Staff initial _____ Date _____

Medical Information					
Child's name	Birth date	Height	Weight	Hair color	Eye color
Distinguishing marks					
Child's Medical & Developmental History					
1. Does your child have any special medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
2. Does your child have any chronic illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
3. Please list a brief history of your child's serious injuries and hospitalizations. _____					
4. Does your child have diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
5. Does your child have asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
6. Will medication be administered regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
7. Does your child have any special dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
8. Is your child able to fully participate in all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
9. Does your child have any physical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
10. Does your child function at the level of other children in his/her age group? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
11. Is your child able to walk <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Can your child communicate his/her needs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. Does your child need assistance at meal time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
14. Does your child rest during the day? <input type="checkbox"/> No <input type="checkbox"/> Yes					
15. Is your child toilet trained? <input type="checkbox"/> No <input type="checkbox"/> Yes					
16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
Illness History (please check all that apply)					
<input type="checkbox"/> Vision problems		<input type="checkbox"/> Nosebleeds		<input type="checkbox"/> Seizures	
<input type="checkbox"/> Hearing problems		<input type="checkbox"/> Skin rashes		<input type="checkbox"/> Mouth sores	
<input type="checkbox"/> Constipation		<input type="checkbox"/> Sore throats		<input type="checkbox"/> Fainting	
<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Ear infections		<input type="checkbox"/> Persistent cough	
<input type="checkbox"/> Asthma/breathing problems		<input type="checkbox"/> Urinary tract infections		<input type="checkbox"/> Other	
<i>Please attach care instructions from your physician for any of these illnesses.</i>					
Disease History (please check all that apply and add the date)					
<input type="checkbox"/> Chicken Pox (Varicella) _____		<input type="checkbox"/> Bronchiolitis _____		<input type="checkbox"/> Botulism _____	
<input type="checkbox"/> Measles Rubeola _____		<input type="checkbox"/> Pneumonia _____		<input type="checkbox"/> Haemophilus Influenza _____	
<input type="checkbox"/> Rubella (German Measles) _____		<input type="checkbox"/> Pertussis (Whooping cough) _____		<input type="checkbox"/> Meningococcal Infection _____	
<input type="checkbox"/> Mumps _____		<input type="checkbox"/> Tetanus _____		<input type="checkbox"/> Rabies _____	
<input type="checkbox"/> Scarlet Fever _____		<input type="checkbox"/> Diphtheria _____		<input type="checkbox"/> Bacterial Meningitis _____	
Allergies (please list)					
Medication Allergies		Food Allergies		Reaction	
_____		_____		_____	
_____		_____		_____	
Bee Stings Allergies		Respiratory Allergies		Reaction	
_____		_____		_____	
Other Allergies		Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____		_____			
<i>Please attach care instructions from your physician for any life-threatening allergies.</i>					
Miscellaneous Screenings and Tests (please check all that apply and add the date of last screening)					
<input type="checkbox"/> Vision _____		<input type="checkbox"/> Developmental _____		<input type="checkbox"/> Tuberculosis (PPD) _____	
<input type="checkbox"/> Hearing _____		<input type="checkbox"/> Aptitude _____		<input type="checkbox"/> Sickle Cell Anemia _____	
<input type="checkbox"/> Speech _____		<input type="checkbox"/> Educational _____		<input type="checkbox"/> Other _____	

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Staff initial _____ Date _____



Medical Information (continued)

Child's name	Birth date
--------------	------------

Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address	City	State Zip
Preferred hospital/clinic for emergency care	City	State
Dentist's name	Dentist's practice name	Phone
Dentist's practice address	City	State Zip

Child's Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
--	---------------	--	---------------

Child's Immunization History (please attach a copy of your child's immunization records)

Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state.

Anthrax	Influenza	Pneumococcal disease	Smallpox
Diphtheria	Lyme Disease	Polio	Tetanus
Haemophilus Influenzae type b (Hib)	Measles	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
Hepatitis B	Mumps	Rubella	Varicella (Chickenpox)
Human Papillomavirus (HPV)	Pertussis (Whooping Cough)	Shingles (Herpes Zoster)	Yellow Fever

Additional Medical Policies

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations. Initial _____
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs. _____
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious. _____
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*. _____

Permission to Obtain Emergency Medical Treatment

- In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician. Initial _____
- In case of a medical emergency, I agree that my child may receive first aid and/or CPR. _____
- In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel. _____
- In case of a medical emergency, I will be responsible for the emergency medical expenses. _____
- In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center. _____

Permission to Apply Sunscreen and Insect Repellent

- I give my permission to this center to apply sunscreen and insect repellent to my child. *Please check which products you will permit.* Initial _____
- I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name. _____
- I have do not have special instructions for the application process. _____

Parent initial _____ Staff initial _____ Date _____

Rate Agreement and Contract

Child's name _____	Birth date _____
--------------------	------------------

Hours of Operation

Regular operating hours are 7:45 a.m. to 5:15 p.m. except closings for various holidays, disease outbreaks, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on 104.7 KCMB radio. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows:

Day of week	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Total hours per week: _____ Qualifies as: part-time full-time
Child's start date: _____

Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

- Starting on _____ a fee of \$ _____ is due <input type="checkbox"/> monthly.	Initial
- Tuition is due and payable by 5:00p.m. <input type="checkbox"/> the 20 th of the month prior to care (monthly)	_____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or absence other than hospitalization, or absence at the request of a doctor (a written doctor's note is required to receive credit).	_____
- I agree to pay the full tuition in advance of services rendered.	_____
- I agree to pay the full tuition fee even if my child is absent for one or more days.	_____
- A late fee of \$25 is due if tuition is not received on time.	_____
- A non-refundable registration fee of \$35 for daycare is due yearly.	_____
- A late pick up fee of \$1 per minute per child (not to exceed \$20 per child) is due if my child is not picked up before closing.	_____
- Accounts two weeks in arrears may result in immediate termination of service.	_____
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.	_____
- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$35. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.	_____
- A 30 day written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in the month's charge to be paid in full.	_____
- A receipt for income tax purposes <input type="checkbox"/> will <input type="checkbox"/> will not be provided.	_____
- Payment must be made to Baker County YMCA 3715 Pocahontas Rd, Baker City OR 97814. Auto-draft is available.	_____

Other Agreements
Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement.

Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.

Parent initial _____ Staff initial _____ Date _____



Enrollment Agreement

YMCA Child Care Center

Other Agreements *(continued)*

Child's name	Birth date
--------------	------------

Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center. _____ **Initial**

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. _____ **Initial**

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. _____

Information contained in the Family Handbook may be subject to change. _____

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

 Primary Parent/Guardian/Sponsor Signature Date Center Staff Signature Date

<p style="text-align: center;">Typical Daily Schedule</p> <p>7:00 _____</p> <p>8:00 _____</p> <p>9:00 _____</p> <p>10:00 _____</p> <p>11:00 _____</p> <p>12:00 _____</p> <p>1:00 _____</p> <p>2:00 _____</p> <p>3:00 _____</p> <p>4:00 _____</p> <p>5:00 _____</p>	<p style="text-align: center;">Sleep</p> <p>Any special sleep routines?</p> <p>Does your baby like to be rocked?</p> <p>How long is a typical sleep period?</p>
<p style="text-align: center;">Liquids: Please circle information needed</p> <p>Milk: Formula Whole Milk Breast Milk Other: _____</p> <p>Heated Room Temperature Cool</p> <p>Amount/Serving size: _____</p> <p>Juice: Apple Orange Grape</p> <p>Amount/Serving size: _____</p> <p>Any other liquids? _____</p> <p>Amount: _____ Frequency: _____</p>	<p style="text-align: center;">Solids</p> <p>What does your child eat? Baby Food Table Food</p> <p style="text-align: center;">Liquid only</p> <p>List of foods that have been introduced:</p>
<p style="text-align: center;">Individual Needs</p> <p>Does child say any words?</p> <p>What languages are spoken at home?</p> <p>How do you comfort your child when he or she is upset?</p> <p>Any other information that may be important to the caretakers?</p>	<p style="text-align: center;">Health</p> <p>Any special/medical needs caretakers need to be aware of?</p>



Medical Authorization for Non-Prescribed Medications

Child's Name: _____

All over the counter medications including topical substances shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

- | | | | |
|----------------------|--|----------------------|--|
| Acetaminophen | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antibiotic cream | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insect Repellent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antihistamine | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lip Balm | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antiseptic wipes/gel | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rash Ointment/Cream | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Lotion | <input type="checkbox"/> Yes <input type="checkbox"/> No | Saline Nose Drops | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Oil | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shampoo | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Baby Powder | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sunburn Ointment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cough Syrup | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sunscreen | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diapering Ointment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Teething medications | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diaper Wipes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Toothpaste | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hydrocortisone | <input type="checkbox"/> Yes <input type="checkbox"/> No | Petroleum Jelly | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other:

PARENT/GUARDIAN SIGNATURE

DATE



Medication Authorization



Medication may be given to a child under the following conditions:

1. A medication authorization form signed and dated by the parent is on file. Complete a separate form for each medication.
2. Prescription medication is in the original container and labeled with the child's name, name of drug, dosage and directions for administering, date and physician's name.
3. For chronic medical conditions, a certified child care center may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers.
4. All medications are inaccessible to children, with child-resistant caps when available, and stored away from food.
5. Medications requiring refrigeration are kept in the refrigerator in a separate tightly covered container with a child-proof lock or latch, clearly marked medication.
6. Parents are informed daily of medications administered to their child.
7. **Programs must immediately document the administration of any medication.**

Child's Name: _____ Date: _____

Medication Name: _____ Dosage: _____

Time to be given: _____ How is the medication to be given: _____

Possible side effects: _____

Does this medication require refrigeration: yes / no Dates to be given from: _____ to _____

I authorize the child care program to dispense the above medication in accordance with the administration information.

Parent/Guardian Signature: _____ Date: _____

Date	Time	Dosage	Medication given by (signature)	Potential side effects observed



FOR YOUTH DEVELOPMENT™
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Child Care Center Membership Application

TYPE OF CARE: _____ Infant (6wks – 24 mo) _____ Toddler (24mo – 36 mo)
 _____ Preschool (3 -5yrs) _____ School Age (6yrs – 8yrs)

RATE OF CARE:

_____ Part-Time _____ Full-Time

PRIMARY ADULT: (Required)

First Name	Middle Name	Last Name	
Date of Birth	Gender	Marital Status	
Street Address	City	State	ZIP
Primary Phone	Race/Ethnicity	Email Address (required)	

SEEKING CARE FOR:

Name (First, Middle, Last)	Age	Birth date	Gender	Relationship to Primary
Name (First, Middle, Last)	Age	Birth date	Gender	Relationship to Primary
Name (First, Middle, Last)	Age	Birth date	Gender	Relationship to Primary
Name (First, Middle, Last)	Age	Birth date	Gender	Relationship to Primary
Name (First, Middle, Last)	Age	Birth date	Gender	Relationship to Primary

EMERGENCY CONTACT:

Name	Phone Number	Relationship to Primary
------	--------------	-------------------------

The Y: Through generous members like you we are able to offer financial assistance to individuals in the community who may be unable to afford a membership otherwise. Speak to the Membership Director if you would like to make a donation to support your community. We appreciate your support!

DRAFT INFORMATION:

BANK DRAFT (Attach a voided check, or fill out information) From: _____ Checking Account OR _____ Savings Account

Name as it appears on account: _____

Bank Transit/Routing Number (First 9 digits on account): _____

Account Number: _____

Financial Institution: _____

OR

CREDIT/DEBIT CARD Charge my: _____ Visa _____ MasterCard OR Other: _____ Name as it appears on card: _____ Expiration Date: _____ Card Number: _____

PAYMENT AUTHORIZATION: I authorize my financial institution to honor drafts drawn by the Baker County YMCA on my account. Drafts from my account will be taken out on the 5th of each month or the closest business day should the 5th fall on a weekend or holiday. The amount drafted will be the current balance due on my account. It is understood that my bank draft will be continuous until a 30 day written notification has been received by the YMCA. Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any fees not covered by the bank. The YMCA has the right to redraft any account that has nonsufficient funds. The YMCA reserves the right to charge a \$25 fee for nonsufficient bank drafts or credit card returns.

Signature: _____ Date: _____

WAIVER RELEASE: The Baker County YMCA does not carry accident insurance on its members and participants, nor is it responsible for any thefts or losses of personal property. On behalf of myself, my dependents and household members, I understand that there are inherent risks involved in any and all activities that the YMCA offers, and I assume those risks and any losses and agree to waive, release, indemnify and hold harmless the YMCA and any and all staff, personnel, volunteers, sponsors, and other businesses and organizations which may be associated with the YMCA and its programs from any and all claims, expenses, negligence, liabilities and actions which may arise as a result of participation in YMCA programs and activities. I will inform the YMCA staff of any limitations I may have or incur which may limit my participation in YMCA activities and/or programs. In case of medical emergency, I authorize the YMCA staff, volunteers and personnel to seek appropriate medical action and agree to assume all financial responsibility for the same both now and which may arise in the future. I further give permission to the YMCA to use photos of myself, my dependents and household members for YMCA promotional purposes. I HAVE READ AND FULLY UNDERSTOOD THE PRECEDING.

Signature: _____ Date: _____

NOT A SEX OFFENDER (MEMBER SIGNATURE REQUIRED) The Baker County YMCA will deny all applications for membership/program participation privileges to anyone who is known by us to be a registered sex offender. By signing below I acknowledge that I am NOT a registered sex offender nor is anyone else included on my membership application. Signature: _____ Date: _____

OFFICE USE ONLY Staff Initials: _____ Date: _____ Reviewed with Member? YES / NO



Adult Participant Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING BAKER COUNTY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I acknowledge and agree that any use of Baker County YMCA facilities, services, equipment and premises (“Facilities”) and any participation in Baker County YMCA programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Baker County YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Participant Signature

Participate Name (Print Clearly)

Date



Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING BAKER COUNTY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of Baker County YMCA facilities, services, equipment and premises (“Facilities”) and any participation in Baker County YMCA programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Baker County YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DHS Assistance Agreement

- ✓ I have current assistance through the Department of Human Services and I have “connected” my childcare case with the *YMCA Child Care Center*. **(If necessary, connection can be made through the Direct Pay Unit at 800-699-9074.)**
- ✓ I understand that DHS will not cover my childcare costs in full. I will have a balance due in addition to my copay. If I have a zero copay, I will still have a balance due each month. **I am responsible for any portion of my childcare balance that DHS does not cover.**
- ✓ It is my responsibility to contact the *Baker County YMCA* to create a payment arrangement and to obtain answers to any questions I may have.
- ✓ If I do not abide by the payment arrangement that I create with the *Baker County YMCA* and I do not communicate **in advance** any need for a change, my child(ren) will not be admitted for care beginning the day after payment was due. My child will again be admitted for care once my balance has been paid.
- ✓ **I understand that the Baker County YMCA may ONLY bill DHS for childcare I have used for approved activities—typically, my work hours and travel time to and from work.** (It is my responsibility to use care for only approved activities – the Y does not track my activities. **If I use care for any non-approved activity, I must inform the Y of the dates and times and I am personally responsible for payment for that childcare time used.**)
- ✓ I have read this financial agreement with the *Baker County YMCA*, and I agree to abide by its direction in order to utilize my DHS assistance.

Parent’s Signature: _____

YMCA Representative Signature: _____

Date: _____

Copy to be provided to parent.



YMCA Child Care Discipline Policy

Policy Statement

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, (Insert the name of your child care center here) uses a positive approach to discipline and practices the following discipline and behavior management techniques.

WE DO

- ◆ Communicate to children using positive statements.
- ◆ Communicate with children on their level.
- ◆ Talk with children in a calm quiet manner.
- ◆ Explain unacceptable behavior to children.
- ◆ Give attention to children for positive behavior.
- ◆ Praise and encourage the children.
- ◆ Reason with and set limits for the children.
- ◆ Apply rules consistently.
- ◆ Model appropriate behavior.
- ◆ Set up the classroom environment to prevent problems.
- ◆ Provide alternatives and redirect children to acceptable activity.
- ◆ Give children opportunities to make choices and solve problems.
- ◆ Help children talk out problems and think of solutions.
- ◆ Listen to children and respect the children's needs, desires and feelings.
- ◆ Provide appropriate words to help solve conflicts.
- ◆ Use storybooks and discussion to work through common conflicts.

WE DO NOT

- ◆ Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.)
- ◆ Use any strategy that hurts, shames, or belittles a child.
- ◆ Use any strategy that threatens, intimidates, or forces a child.
- ◆ Use food as a form of reward or punishment.
- ◆ Use or withhold physical activity as a punishment. 8/28/2014
- ◆ Shame or punish a child if a bathroom accident occurs.
- ◆ Embarrass any child in front of others.
- ◆ Compare children.
- ◆ Place children in a locked and/or dark room.
- ◆ Leave any child alone, unattended or without supervision.
- ◆ Allow discipline of a child by other children.
- ◆ Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups.



YMCA Child Care Discipline Policy

If a child is displaying persistent, unacceptable behavior, the staff will take steps to help the child gain self-control.

Step 1: A staff person will first attempt to help the child understand the gravity of the behavior. Staff will then re-direct the child to activities that hold the child's attention (the choice is made with the child).

Step 2: If the behavior continues, the staff person will consult with fellow staff members and/or the director to develop alternatives for helping the child gain acceptable control of his/her behavior.

Step 3: If the problem persists, the staff person will contact the child's parent for suggestions on measures to take to extinguish the behavior. The parent will be informed that if the measures do not work, the child may have to be removed from the program for the day.

The goal is to help the child strengthen his/her skills of self-control. Separating the child from the group is a final step that would be taken after other measures have been tried. If the child can not resort to behavior that ensures his own and the safety of others in the center, and/or the smooth operation of the program; the parent will then be called and asked to pick the child up from the program

If behavior persist over the course of several days, conferences will be scheduled with parent(s). If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate child care services for that particular child.

Note: If, at any point, there is an indication/suspicion that a child may have special needs, the YMCA Childcare Center will inform the child's family. My signature below indicates that I have received a copy of the discipline policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Keep me home if...

Your child has one of the following symptoms or combination of symptoms or illness:

- Fever over 100°F – A child cannot return to the childcare until they are fever free for 24 hours **WITHOUT** the use of medicine.
- Diarrhea (more than three abnormally loose, runny, watery, or bloody stool within 24 hours) – A child with diarrhea may return 48 hours after diarrhea resolves or staff is given written clearance from a licensed health care provider.
- Vomiting - A child who vomits may return 48 hours after last episode or staff is given written clearance from a licensed health care provider.
- Severe or Persistent Coughing – A child with severe or persistent coughing may return after symptoms are improving for 24 hours or with written clearance from a licensed care provider.
- Unusual yellow color to skin or eyes – A written clearance from a licensed care provider is needed in order to return to care.
- Skin or eye lesions or rashes that are severe, weeping or pus-filled – A child can return once resolved, or wounds are able to be completely covered with a bandage, or a written clearance from a licensed care provider.
- Difficulty breathing or abnormal wheezing – A child with difficulty breathing or abnormal wheezing may return to care after symptoms are improving for 24 hours.
- Complaints of severe pain – A child with complaints of severe pain may return to care after symptoms are improving
- Uncharacteristic lethargy, decreased alertness, increased irritability, increased confusion, or behavior change that prevents active participation in usual school activities. – A child with any of these symptoms may return to care when symptoms resolve or with written clearance from a licensed care provider.





YMCA Childcare Center

Form: Holiday Permission Form

Directions: Please initial next to holidays that your child would have permission to participate in.

Definition of participate: The childcare center has our kids in care create art projects, read books, and has decorations up in the classroom themed around the holiday.

If you have any concerns or further questions please speak to Kayla Raimondo. Return form to childcare center when complete.

- New Year's _____
- Groundhog's Day _____
- Valentine's Day _____
- St. Patrick's Day _____
- Easter Bunny _____
- Mother's Day _____
- Father's Day _____
- Independence Day _____
- Halloween _____
- Thanksgiving _____
- Christmas Santa Clause _____

YMCA Childcare Center

3715 Pocahontas Road Baker City,
OR 97814

Phone Number: 541 – 523 – 9622

Childcare Director: Kayla Raimondo
541 – 239 – 7245

child.care@bakerymca.org

Substitute Director: Daniella Balderas
Villagrana

541 – 523 – 9622

YMCA Childcare Daily Schedule

7:45—8:30: Arrival/Free Play

8:30—9:00: Circle Time

9:00—9:15: Potty & Diaper Changes

9:15—9:45: Outside Play/Physical Activity

9:45—10:15: Wash Hands/Morning Snack

10:15—10:45: Art Activity/Story-Time

10:45—11:00: Clean-up/Wash Hands

11:00—11:30: Music/Nursery Song Time

11:30—12:00: Lunch Time

12:00—12:30: Outside/Physical Activity

12:30—12:45: Potty & Diaper Changes

12:45—3:00: Nap Time/Quiet Time

3:00—3:30: Wash Hands/Afternoon Snack/Potty &
Diaper Checks

3:30—4:00: Outside/Physical Activity

4:00—4:30: Daily Planned Group Activity

4:30—5:00: Free Play

5:00—5:15: Clean-up/Departure

YMCA Childcare Closure Dates for 2024

Closed February 19th, 2024 – Mandatory Staff Meeting

Closed May 27th, 2024 – Memorial Day

Closed June 19th, 2024 - Juneteenth

Closed July 3rd, 4th, & 5th 2024 – Independence
Holiday Break

Closed September 2nd, 2024 – Labor Day

Early 4:00pm closure on October 31st 2024 -
Halloween

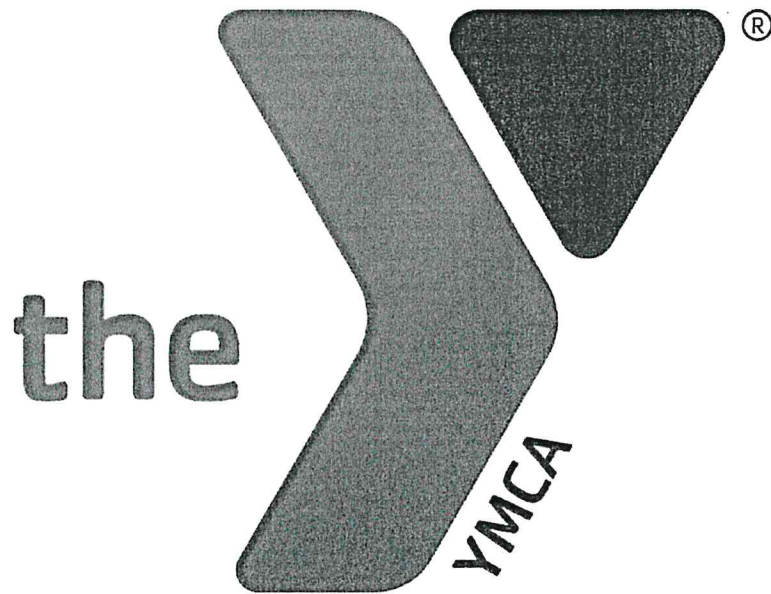
Closed November 11th, 2024 – Veteran's Day

Closed November 28th & 29th, 2024 – Thanksgiving
Break

Closed December 24th & 25th, 2024– Christmas Break

Early 4:00pm Closure on December 31st, 2024– New
Year's Eve

Closed Jan 1st, 2025 – New Year's Day



YMCA Child Care Center

FAMILY HANDBOOK



WELCOME

Dear Family,

Thank you for choosing the YMCA Child Care Center for your family's childcare needs. Our mission at the YMCA Child Care Center is not only to make a positive difference in the lives of the children in our care, but also to be a safe and fun place to learn and explore. Children are our world's greatest resource, which is why we take the responsibility of caring for the ones entrusted to us so seriously. We believe in establishing connected and trusting relationships, and that helping to nurture children's naturally curious minds by providing engaging, hands-on activities is the best way to lay the foundation for a lifetime of learning.

Sincerely,

Kayla Raimondo
Childcare Center Director
Baker County YMCA
541-239-7245

TABLE OF CONTENTS

ABOUT US	1
Mission	1
Certification	1
Hours of Operation.....	1
Holidays	1
Admission & Enrollment.....	1
Inclusion	1
Non-Discrimination.....	2
Confidentiality.....	2
Staff Qualifications	2
Child to Staff Ratios	2
Communication & Family Partnership.....	2
Open Door Policy	2
Publicity	3
CURRICULA & LEARNING	3
Learning Environment.....	3
Outings and Field Trips.....	3
Transitions.....	3
Transition from home to center.....	3
Electronic Media.....	3
Rest Time	4
Toilet Training	4
GUIDANCE	4
General Procedure.....	4
Discipline Policy	4
Challenging Behavior.....	5
Biting	5
Physical Restraint	6
Notification of Behavioral Issues to Families	6
TUITION AND FEES	6
Tuition Rates	6
Payment	6
Methods of Payment	6
Late Payment Charges	6
Returned Checks/Rejected Transaction Charges	7
Late Pick-up Fees	7
Other Fees	7
Credits & No Credits	7
ATTENDANCE & WITHDRAWAL	8
Absence	8
Vacation	8
Withdrawal	8
Transfer of Records	8
DROP-OFF AND PICK-UP	8
General Procedure.....	8
Cell Phone Usage.....	8
Authorized & Unauthorized Pick-up.....	8
Right to Refuse Child Release.....	9
PERSONAL BELONGINGS	9
What to Bring	9
Cubbies	9
Toys from Home.....	9

NUTRITION	9
Food Prepared for or at the Center	9
Food Allergies	10
Meal Time	10
Infant Feedings	10
Children 24 Months and Older	10
HEALTH	10
Immunizations	10
Illness	11
Allergy Prevention	11
Medications	11
Communicable Diseases	12
SAFETY	12
Clothing	12
Extreme Weather and Outdoor Play	12
Injuries.....	12
Respectful Behavior	13
Smoking	13
Prohibited Substances	13
Dangerous Weapons	13
Child Custody	13
Suspected Child Abuse.....	13
EMERGENCIES	14
Lost or Missing Child	14
Fire Safety	14
Emergency Drills	14
Emergency Transportation.....	14

ABOUT US

Baker YMCA Mission

To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all, our impact is felt when an individual makes a healthy choice, when a member inspires a child, and when a community comes together for the common good.

Certification

YMCA Child Care Center is a Certified Child Care Center through the Oregon Department of Education.

Hours of Operation

Childcare services are provided from 7:45 AM to 5:15 PM Monday through Friday.

Holidays

We are closed for certain holidays: New Year's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and the Friday following, and Christmas day.

There will be early closings on December 24th, December 31st if on a weekday.

Other closure dates may occur. You will be notified by the director and staff of any added closure dates as soon as they are able.

Admission & Enrollment

All admission and enrollment forms must be completed, and enrollment fee and first tuition payment paid prior to your child's first day of attendance.

An annual enrollment fee of \$35 is due for daycare at the time of enrollment. This fee is non-refundable. The fee will be charged annually on date of enrollment.

Based on the availability and openings, our facility admits children from 18 months of age to 6 years of age.

Children are admitted without regard to race culture, sex, religion, national origin, or disability. We do not discriminate based on special needs if a safe, supportive environment can be provided.

Inclusion

The **YMCA Child Care Center** believes that children of all ability levels are entitled to the same opportunities for participation, acceptance and belonging in childcare. We will make every reasonable accommodation to encourage full and active participation of all children in our program based on their individual capabilities and an assessment will be made by the director to determine our ability to meet the individual needs of the child and a participation plan developed. At no time can anyone's situation put other participants, staff, or the organization at risk. Decisions related to the enrollment, placement, or dismissal of a child with a disability or chronic condition must and will be in compliance with the Americans with Disabilities Act.

Non-Discrimination

At the **YMCA Child Care Center** equal educational opportunities are available for all children, without regard to race, color, creed, national origin, gender, age, ethnicity, religion, disability, or parent/provider political beliefs, marital status, sexual orientation or special needs, or any other consideration made unlawful by federal, state or local laws. Educational programs are designed to meet the varying needs of all students.

Confidentiality

Unless we receive your written consent, information about your child will not be released except that required by our regulatory and partnering agencies. All records concerning children at our program are confidential.

Staff Qualifications

Our teachers are hired in compliance with the requirements and qualifications as set forth by the Oregon Department of Education Early Learning Division as a base minimum.

Teachers and our Teacher aides participate in orientation and ongoing training in the areas of child growth and development, healthy and safe environments, developmentally appropriate practices, guidance, family relationships, cultural and individual diversity, and professionalism.

We discourage families from entering employment arrangements with staff (i.e. babysitting). Any arrangement between families and our caregivers outside the programs and services we offer is a private matter, not connected with or sanctioned by the YMCA Child Care Center.

Child to Staff Ratios

Children are supervised at all times. We maintain the following standards for child to staff ratios:

Age	Child to Staff	Maximum Group Size
18 months – 5 years old	1:7	16

Communication & Family Partnership

Daily Communications. To speak with the teacher in your child's room call (541) 523-9622. This phone number is the YMCA front desk. Ask to be transferred to the Childcare room.

Also, join our Facebook Group, it is a great way to receive the most recent information and posts about your kid. You can also message your teacher through the group.

Kayla Raimondo – Director of the Childcare Center can always be reached at (541) 239 - 7245

Email. We encourage you to provide an email address that you use regularly so that we may send you announcements, event invitations, newsletters, and general updates.

Open Door Policy

We are delighted to have family members participate in our program. Open Door Policy does not mean the doors will be unlocked. For the safety and protection of the children, external doors will be kept locked.

Our team will always do their best to speak with parents/guardians. Since staff days are devoted to caring for children, it is usually not feasible to have a long discussion during regular program hours. If a situation requires a longer discussion, kindly arrange for an appointment.

Publicity

Occasionally, photos will be taken of the children at the center for use within the center or on our website. Consent that a picture is okay to be used can be found on the enrollment packet.

CURRICULA & LEARNING

Learning Environment

We provide a rich learning environment with curricula that are developmentally appropriate to the specific ages in each classroom. We have a flexible daily routine that allows children to advance at their own pace. We strongly believe that learning happens through play. Learning and exploring are hands-on and are facilitated through interest areas. Our program is designed to enhance children's development in the following areas: creativity, self-expression, decision-making, problem-solving, responsibility, independence, and reasoning. We encourage openness to that which is different from us, and the ability to work and play with others.

Outings and Field Trips

Field trips are not something that is available at our childcare center. But we may use an empty studio at the YMCA during the cold weather months, so that the kids can still get some running and exercise in their day.

Transitions

Your child's transition into childcare should be a positive and exciting learning adventure. We will work with you and your child to ensure the smoothest possible transition occurs as new routines and new people are introduced.

Transition from home to center

Prior to your child's first day, you will have an opportunity to tour the center, meet with your child's peers and teachers, and communicate any anticipated concerns. Please share the best communication methods the teacher may use to reach you.

Electronic Media

Our normal daily routine does not include electronic media (television/TV, video, DVD) viewing and computer use but from time-to-time, we may use a television show without advertisements as a teaching aid and discussion stimulator. All Electronic Media will be screened before use and consist of non-violent and high-quality educational material. Our focus is to provide your child with a positive experience with increased understanding of the world. Electronic Media will be offered only as a free choice and used to meet a developmental goal.

Rest Time

Infants sleep according to their own schedule and are put to sleep on their backs. Teachers observe infants by sight and sound and check on sleeping infants every 15 minutes.

After lunch, all children less than 5 years of age participate in a quiet rest time. Children are not required to sleep and may be given quiet activities.

Infants will be put to sleep on their backs in either a crib or pack-and-play with a snug-fitting sheet. The only item that may be in the crib or pack-and-play with the infant is a pacifier. No blankets, stuffed animals, toys, or other items shall be in the sleeping environment with the infant. Infants will not be swaddled, and sleeping sacks are allowed.

Toilet Training

The most crucial factor in making the toilet learning experience successful and as low-stress as possible is a family/teacher partnership that supports the child. Research indicates that children cannot successfully learn how to use the toilet until they are physically, psychologically, and emotionally ready. Many pediatricians say that most children under 24 months of age are not physically capable of regulating bladder and bowel muscles. Most positive toilet training occurs only after children show signs of physical control or awareness of their bodily functions and when they demonstrate an interest or curiosity in the process. We are committed to working with you to ensure that toilet training is done consistent with your child's physical and emotional abilities and your family's concerns.

GUIDANCE

General Procedure

The YMCA Child Care Center is committed to each student's success in learning within a caring, responsive, and safe environment that is free of discrimination, violence, and bullying. Our center works to ensure that all students have the opportunity and support to develop to their fullest potential and share a personal and meaningful bond with people in the school community.

Thoughtful direction and planning are used to prevent problems and encourage appropriate behavior. Communicating consistent, clear rules and involving children in problem solving helps children develop their ability to become self-disciplined. We encourage children to be fair, to be respectful of other people, of property, and to learn to understand the results of their actions.

Discipline Policy

The heart of the **YMCA Child Care Center's** Discipline Philosophy is to encourage self-control, self-esteem, and respect for all children and adults. For this reason, we are training our staff to implement the principles of "Conscious Discipline" by Dr. Becky Bailey. This program takes a different approach to traditional classroom management. It is based on the basic idea that developing discipline with children instead of applying discipline to them, will help them become more emotionally healthy and happy adults.

The program is designed to help teachers take everyday discipline issues and turn them into teachable moments that convey the importance of impulse control, anger management, and conflict resolution. Conscious Discipline gives children the tools to understand that their emotions are not only important and deserving of attention, but they are also controllable and the power to control them lies within the child. We are striving to teach children how to progress from physical or verbal aggression to calm self-regulation, how to make better choices with cooperation and compassion, and the importance of respecting and empathizing with others.

We would encourage you to check out the website www.consciousdiscipline.com to see how Dr. Bailey's brain research is changing the way we think about discipline and classroom management.

Challenging Behavior

Children are guided to treat each other and adults with self-control and kindness.

Each child at the YMCA Childcare Center has a right to:

- Physically, mentally, and emotionally develop in a safe and friendly place
- Be treated with respect
- Receive the help and support of caring adults

When a child becomes verbally or physically aggressive, we intervene immediately to protect all the children. Our usual approach to helping children with challenging behaviors is to show them how to solve problems using appropriate interactions. When discipline is necessary, it is clear, consistent, and understandable to the child. We maintain a zero tolerance to bullying. If you have any concerns about this at any time, please report it to the Director of the Center.

Biting

Biting is a normal stage of development that is common among infants and toddlers – and sometimes even among preschoolers. It is something that most young children will try at least once. When biting happens, our response will be to care for and help the child who was bitten and to help the biter learn a more appropriate behavior. Our focus will not be on punishment for biting, but on effective behaviors that address the specific reason for biting.

Notes will be written to the family of the child who was bitten and the biter's family. We will work together with the families of each to keep them informed and to develop strategies for change.

Physical Restraint

Physical restraint is not used or permitted for discipline. There are rare instances when we need to ensure a child's safety or that of others and we may restrain a child by gently holding her or him only for as long as is necessary for control of the situation.

Notification of Behavioral Issues to Families

If a child's behavior/circumstance is of concern, communication will begin with the parents as the first step to understanding the child's individual needs and challenges. We will work together to evaluate these needs in the context of our program.

On rare occasions, a child's behavior may warrant the need to find a more suitable setting for care. Examples of such instances include:

- A child is a danger to others.
- Continued care could be harmful to, or not in the best interest of the child as determined by a medical, psychological, or social service personnel.
- Undue burden on our resources and finances for the child's accommodations for success and participation.

TUITION AND FEES

All payment and fee processing will be completed by the Childcare Director, Kayla Raimondo, with the assistance of our Financial Director, Kim Logsdon. We will collect tuition and other fees and contact families about payment issues. If you have a question or concern regarding a payment or fee, please contact Kayla Raimondo or contact Kim Logsdon through email at financemanager@bakerymca.org.

Tuition Rates

Infant (18 months – 24 months)

Part Time Monthly (63 – 135 hrs/mo): \$893/mo

Full Time Monthly (over 135 hrs/mo) \$1190/mo

Toddler (24 months – 36 months)

Part Time Monthly (63 – 135 hrs/mo): \$812/mo

Full Time Monthly (over 135 hrs/mo): \$1083/mo

Preschool Age (3yrs – 5yrs)

Part Time Monthly (63 – 135 hrs/mo): \$645/mo

Full Time Monthly (over 135 hrs/mo): \$860/mo

School Age (6 years old)

Part Time Monthly (63 – 135 hrs/mo): \$472/mo

Full Time Monthly (over 135 hrs/mo): \$629/mo

Payment

Payment is always made in advance with no deduction for any absences, holidays, or closures due to inclement weather, power outages, or other situations beyond our control. Payment is due monthly. Monthly payment is due the 20th of the month, prior to care, as outlined in the Enrollment Agreement.

A non-refundable registration fee of \$35 for daycare is due annually. This fee will not be pro-rated.

Methods of Payment

Several methods of payment are available for families' convenience. Families can pay by cash, check, money order, automatic electronic funds transfer or credit card.

Late Payment Charges

Late payments can pose serious problems for our programs and as a result, the business does not have the latitude to allow families to accrue a balance equal to more than one month of tuition. **Late payments will result in the imposition of late payment fees. Failure to pay childcare payments will result in childcare services being terminated.**

If payment is not received on the day that it is due, a late fee of \$25 will be added to your next tuition payment for each day that it is late. *Repeated late payments will result in your family being required to set up automatic payments or credit card payments.*

Any payments made will be applied to the oldest charges and late fees may still apply if the account is not paid in full by the next tuition due date.

If payment is more than 14 business days past due, we may attempt to recover payment in small claims court and/or your account may be sent to a 3rd party collections agency. You will be responsible for all expenses associated with these actions including all court and attorney fees.

Returned Checks/Rejected Transaction Charges

All returned checks or rejected ACH (automatic debits) or credit card transactions will be charged a fee of \$35. This charge may be collected electronically. Two or more returned checks or rejected transactions will result in your account being placed on "cash only" status.

Late Pick-up Fees

Late pick-up is not a normal program option and will only be considered as an exceptional occurrence. Late fees of \$1 per minute will be assessed beginning at 10 minutes past the agreed-upon pickup time and will be due upon arrival. **Repeated late pick up may result in childcare services being terminated.**

Other Fees

- Sometimes there will be additional fees associated with special activities or field trips. These fees are due prior to the event, activity, or trip.
- Yearly non-refundable registration fee of \$35.

Credits & No Credits

- **Families contract for a specific weekly schedule** as completed on the *Enrollment Agreement Form*. Payment for this contracted schedule is required every month year-round whether your child attends; this enables us to pay teachers a stable salary all year. No credits are given for sick or vacation days, holidays, staff training closure or closure due to inclement weather, infectious disease (except as noted below), or weather-related or environmental issues.
- **Weather-related or Environmental Disaster or Pandemic** – in the event of a crisis during which we are prohibited from operating, families shall pay 50% for the next month, or during the time the center is not open. Payment of your Tuition allows us to retain staff, pay operating expenses, and hold open your child's spot for when we are safely able to reopen.
- **Credit may be given for Serious Illness/Injury** – In the unfortunate event of extenuating circumstances such as your child is hospitalized, absent due to a

serious contagious disease or serious illness or injury, credit may be issued. A written doctor's note is required to receive a credit.

ATTENDANCE & WITHDRAWAL

Absence

If your child is going to be absent or arrive later than their scheduled arrival time, please call or text the director at (541)239-7245 or contact your child's teacher. We will be concerned about your child if we do not hear from you.

Vacation

While we recognize the value of family vacations, the center does not provide credit for vacation days.

Withdrawal

A written notice, 30 days in advance, is required by the center when a child is being withdrawn. Failure to notify will result in the month's payment being withdrawn in full.

Transfer of Records

Whether transitioning to the next program setting or to a new classroom, your child's records will be transferred internally.

DROP-OFF AND PICK-UP

General Procedure

We open at 7:45 AM. Please do not drop off your child prior to the opening. Parents are expected to accompany their children to the door of their classroom and sign them in.

We close at 5:15 PM. Please allow enough time to arrive, sign your child out, and leave by closing time.

Cell Phone Usage

The times you spend in the center dropping off and picking up your child are the primary windows of time we must communicate with you about your child. To make the best use of these opportunities and to be attentive to your child and other children, we ask that you NOT use your cell phone while visiting the center.

Authorized & Unauthorized Pick-up

Your child will only be released to you or those persons you have listed as Emergency and Release Contacts. If you want a person who is not identified as an Emergency and Release Contact to pick-up your child, you must notify us in advance, in writing. Your child will not be released without prior written authorization. The person picking up your child will be required to show a picture ID as verification. Please notify your pick-up person of our policy.

To safeguard your child, we will need copies of any court ordered custody agreements. Without a custody agreement, we are not able to prevent the release of your child to a parent.

If a child has not been picked up after closing and we have not heard from you, attempts will be made to contact you, and the contacts listed as Emergency and Release Contacts. Provisions will be made for someone to stay with your child as long as possible, but if after **1 hour** we have not been able to reach you or a person listed as an Emergency and Release Contact, we will call the local child protective services agency.

Right to Refuse Child Release

We may refuse to release children if we have reasonable cause to suspect that any person picking up a child is under the influence of drugs or alcohol or is physically or emotionally impaired in any way that may endanger the child. To protect your child, we may request that another adult listed as an Emergency and Release Contact pick-up the child, or we may call the police to prevent potential harm to your child. Reoccurring situations may result in the release of your child from the program.

PERSONAL BELONGINGS

What to Bring

- **Infants:** enough formula and clean bottles for a day's use, at least 6 diapers per day, and at least 2 changes of clothes per day. All bottles must be labeled and dated.
- **Toddlers:** enough clean bottles for a day's use (if applicable), six diapers and at least two changes of clothes per day. All bottles must be labeled and dated.
- **Older Toddlers:** at least two changes of clothes or more per day if going through the toilet training program. Other requests for toilet-training supplies may be made, depending on the situation.

Please label all items brought from home with your child's name (i.e., clothes, bottles, diapers, pacifiers, etc.) to prevent items from becoming misplaced or lost. We are not responsible for lost or damaged items. Sheets and soiled clothing will be sent home on an as-needed basis for laundering and return to the center.

Cubbies

Upon enrollment each child will be assigned a "cubby." Cubbies are labeled with your child's name. Please check your child's cubby daily for items that need to be taken home.

Toys from Home

We request that you do not allow your child to bring toys from home into the center unless they are part of a show-and-tell activity.

Your child may bring a "lovey" to keep at the Child Care Center that will be kept in the cubby when not in use by your child.

NUTRITION

Food Prepared for or at the Center

The center will provide a 9:45am snack and a 3:00pm snack. Parents are to provide a lunch for their child to be served at 11:30am.

Food Allergies

If your child has a food allergy, you must notify us in writing so that we can make appropriate substitutions. The written notification should list appropriate food substitutions and must be updated at least annually.

Food allergies can be life threatening and each child with a food allergy should have an action plan for emergency care completed by the family physician.

Mealtime

At mealtimes the dining table is set with plates and flatware. Everyone sits at the same table. Children are encouraged to eat themselves. Good table manners are modeled and encouraged. Weekly menus are posted for viewing by parents/caregivers.

Infant Feedings

Infant feedings follow these procedures:

- Infants will be held for bottle-feeding until they can hold their own bottle. Bottles will never be propped.
- Infants are fed "on cue" to the extent possible (at least every 4 hours and usually not more than hourly) and by a consistent caregiver/teacher.
- Breastfeeding is supported by providing a place for nursing mothers to feed their babies. Expressed breast milk may be brought from home if frozen or kept cold during transit. All breast milk and formula shall be returned to the child's home or discarded at the end of each day. Previously frozen, thawed breast milk must be used within 24 hours. Bottles must be clearly labeled with the child's name and the date the milk was expressed. Frozen breast milk must be dated and may be kept in the freezer for up to 14 days.
- Breast milk and formula brought from home must be dated and labeled with the child's name.
- Labels on all milk/formula containers should be resistant to loss of the name and date/time when washing and handling.
- Solid foods will only be introduced after a consultation with the child's family.

Children 24 Months and Older

- No child shall go more than 3.5 hours without a meal or snack being provided.
- Children are encouraged to self-feed to the extent that they have the skills. Children are encouraged, but not forced to eat a variety of foods.
- Round, firm foods that pose a choking hazard for children less than 4 years of age are not permitted. These foods include whole hot dogs, whole grapes, peanuts, popcorn, thickly spread peanut butter and hard candy.

HEALTH

Immunizations

Immunization records must be on file within 30 days of your child starting his/her first day of attending daycare. Immunization records must be **UPDATED YEARLY**. The Baker County Health Department is requiring that all immunizations be in the correct form. **Parents need to bring in a printout directly from the health department.**

Illness

We understand that it is difficult for a family member to leave or miss work, but to protect other children; you may not bring a sick child to the center. The center has the right to refuse a child who appears ill. If your child becomes ill while attending daycare, or is showing any signs of COVID-19, including new loss of taste or smell, fever of 100 degrees Fahrenheit or more, new cough, or shortness of breath, they will be isolated in a comfortable spot away from activities under the care of a staff person. You will be notified immediately to pick up your child. **A parent or authorized person is to pick up within 1 hour of notification.**

For the protection of all children, your child must be kept home or will be sent home if he/she shows any signs of COVID-19 or any other illness following (but not limited to) these symptoms:

- A temperature
- Headache
- Shortness of breath or difficulty breathing
- Intestinal disturbance accompanied by diarrhea or vomiting
- Any undiagnosed rash
- Sore or discharging eyes or ears
- Profuse yellow or green nasal discharge
- A persistent cough

Allergy Prevention

Families are expected to notify us regarding children's food and environmental allergies. Families of children with diagnosed allergies are required to provide us with a letter detailing the child's symptoms, reactions, treatments, and care. A list of the children's allergies will be posted in the main area and kitchen. We are trained to familiarize ourselves and consult the list to avoid the potential of exposing children to substances to which they have known allergies.

Medications

- (A) All medications should be handed to a staff member with specific written instructions for administration. Medications should never be left in the child's cubby or with the child to administer on their own. Our staff will ensure the medication is recorded along with the directions and dispense it as directed.
- **Prescription medications** require a note signed by the family and a written order from the child's physician. The label on the medication meets this requirement. The medication must include your child's name, dosage, current date, frequency, and the name and phone number of the physician. All medications must be in the original container (you may request pharmacies to fill your prescription in two labeled bottles). Please specify the dosage and time(s) to be administered for each medication.
 - **Non-prescription medications** require written permission and instructions signed by the child's primary care physician. The written permission must include your child's name, dosage, current date, frequency, and all medications must be in the original container. Non-prescription medication should not be administered for more than a 3-day period unless a written order by the physician is received.
- (B) **Non-prescription topical ointments** (e.g., diaper cream or teething gel), sunscreen and insect repellent require a note signed by the parent/guardian, specifying frequency

and dosage to be administered as well as the length of time the authorization is valid which cannot exceed 12 months.

Communicable Diseases

When an enrolled child or an employee of the center has a (suspected) reportable disease, it is our legal responsibility to notify the local Board of Health or Department of Public Health. We will take care to notify families about exposure so children can receive preventive treatments. Included among the reportable illnesses are the following:

- Bacterial Meningitis
- Botulism
- Chicken Pox
- COVID-19
- Diphtheria
- Hemophilus Influenza (invasive)
- Measles (including suspect)
- Meningococcal Infection (invasive)
- Poliomyelitis (including suspect)
- Rabies (human only)
- Rubella Congenital and Non-congenital (including suspect)
- Tetanus (including suspect)
- H1N1 Virus
- Any cluster/outbreak of illness
- Tuberculosis

SAFETY

Clothing

Please dress your child in practical clothing that allows for freedom of movement and is appropriate for the weather. Your child will be involved in various activities including painting, outdoor play, sand, weather, and other sensory activities. Our playground is used as an extension of the center, and daily programs are conducted outside whenever weather permits.

One aspect of concern is the risk associated with children's clothing that may become entangled with climbing or sliding equipment that could lead to choking or other serious harm. All drawstrings from children's clothes should be removed as a precaution.

Sandals and flip-flops are not appropriate for center play and make it difficult for your child to participate in some activities.

Extreme Weather and Outdoor Play

Outdoor play will not occur if the outside temperature is greater than 95 °F or less than 20 °F degrees. Additionally, outdoor play will be cancelled if the Air Quality Index is 151 or higher.

Injuries

Safety is a major concern in childcare, so daily safety inspections are completed inside and outside the center area to prevent injuries. First aid will be administered by a trained caregiver if your child sustains a minor injury (e.g., scraped knee). You will receive an incident report outlining the incident and course of action taken. If the injury produces any type of swelling or

needs medical attention, you will be contacted immediately. Each classroom is equipped with a first aid kit meeting the state regulations.

In a serious medical emergency, the child will be taken to the hospital immediately by ambulance, while we will try to contact you or an emergency contact. The director will stay with the child until a parent or emergency contact can be with the child.

Respectful Behavior

All children and families will be treated with respect and dignity. In return, we expect the same from all our families. We will not tolerate hostile or aggressive behavior. If this occurs, we reserve the right to ask you to control your behavior or to remove your children from our care.

Smoking

The poisons in secondhand smoke are especially harmful to infants and young children's developing bodies, so the indoor and outdoor center environment and vehicles used by the center are always non-smoking areas. The use of tobacco in any form is prohibited on the center's premises.

Prohibited Substances

The use of alcohol or illegal drugs is prohibited on the center's premises. Possession of illegal substances or unauthorized potentially toxic substances is prohibited.

Any adult who appears inebriated, intoxicated, or otherwise under the influence of mind-altering or polluting substances must leave the premises immediately.

Dangerous Weapons

A dangerous weapon is a gun, knife, razor, or any other object, which by the manner it is used or intended to be used, can inflict bodily harm. Families, children, staff, or guests (other than law enforcement officers) possessing a dangerous weapon will not be permitted onto the premises.

In cases that clearly involve a gun, or any other weapon on our premises, the police will be called, and the individual(s) involved will be immediately removed from the premises. This policy applies to visible or concealed weapons.

Child Custody

Without a court document, both parents/guardians have equal rights to custody. We are legally bound to respect the wishes of the parent/guardian with legal custody based on a certified copy of the most recent court order, active restraining order, or court-ordered visitation schedule. We will not accept the responsibility of deciding which parent/guardian has legal custody where there is no court documentation.

Suspected Child Abuse

We are required by law to report all observations of child abuse or neglect cases to the appropriate state authorities if we have reasonable cause to believe or suspect a child is suffering from abuse or neglect or is in danger of abuse or neglect, no matter where the abuse might have occurred. The child protective service agency will determine appropriate action and may investigate. It then becomes the role of the agency to determine if the report is substantiated and to work with the family to ensure the child's needs are met. Our center will

cooperate fully with any investigation and will maintain confidentiality concerning any report of child abuse or neglect.

EMERGENCIES

Lost or Missing Child

In the unlikely event that a child becomes lost or separated from a group, all available staff will search for the child. If the child is not located within 15 minutes, the family and the police will be notified.

Fire Safety

Our center is fully equipped with fire alarms, flashing lights, and rolling cribs. Our fire evacuation plan is reviewed with the children and staff monthly.

In a fire, staff will safely, calmly, and quickly evacuate their kids to safety. They will exit the classroom and walk to the fence on the other side of the parking lot near Millers. A map can be found on the next upcoming page. The director or sub-director will contact parents if children need to be picked up and taken home.

If an alternative evacuation location is needed, we will walk the children to the Marv's softball fields behind the YMCA. Teachers will stay with all kids until everyone has been picked up by their parents or emergency contacts.

Emergency Drills

Under the ruling of the CCLD, the center also practice the following drills: Hold, Lockdown, Lockout, Shelter, Earthquake, and Fire. Fire drills are practiced every month while the other drills are randomly chosen and practiced every other month.

Emergency Transportation

In the event your child needs to be transported due to a medical emergency, if no other authorized person can be contacted and the need for transportation is essential, an ambulance will be called for transportation. A proper escort will accompany and remain with the child until a family member or emergency contact arrive.

