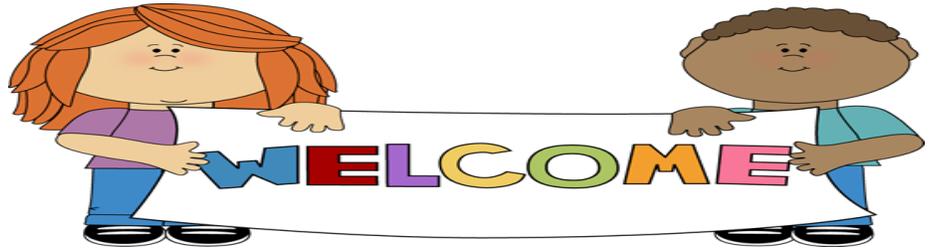


LITTLE KIDDIES
DAY CARE CENTER
1501-03 W. DEVON
CHICAGO, IL 60660
TEL: 773-465-7702
FAX: 773-856-3109



Registration Form

Dear Parents.

Welcome to Little Kiddies Day Care Center. We are pleased that you and your child will be participating in our program.

This registration form contains number of forms that you should plan to complete and return to us soon as possible.

Please do not hesitate to call or drop in. We will be happy to answer your questions or provide you with more information about the center.

Thank you
Ms. Doris
Executive Director

Requirement before Start Date!

Child's Name	_____
Start Date	_____
Date of visit to center	_____
Deposit paid (\$250.00 cash parents only)	_____
Registration \$70.00	_____
Dental (1 year and above)	_____
Copy of Childbirth Certificate	_____
Child Physical examination	_____
Face Mask (2)	_____
Food for children 3weeks to 12month only	_____
Change of Clothes, Blanket, diapers & Wipes	_____
School Weekly Tuition	_____
DHS Co-payment	_____
Numbers of days required	_____
Parent Email	_____

ALL CHILD/REN PERSONAL BELONGINGS WILL BE KEPT AT THE CENTER

COVID- 19 POLICY

1. Children will change shoes upon arrival (street shoes will not be allowed)
2. Require face coverings:
 - a. In hallways and when entering/exiting the building for all persons over age 2
 - b. In classrooms for children over age 2 to the extent practicable
 - c. During outdoor play, face coverings for children are optional.
 - d. In classrooms for staff (masks or face shields)
3. **Who should not wear?**
4. Children under age 2
5. Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

6. Little kiddies will perform daily health checks for all children, staff, and visitors.
7. Symptom checks – persons who display signs of illness must not enter the building.
8. Daily temperature checks shall be conducted and recorded for each child upon arrival at the day care center. Individuals with a temperature of 100.4° F or higher WILL NOT be admitted into the day care.

Drop Off and Pick-Up Procedures

9. Parents, legal guardians, or authorized persons are not permitted entrance to the day care center upon drop-off and pick-up.
10. Whenever possible, parents should call the center within 5-10 minutes arrival window to facilitate prompt entry and exit from the facility.
11. Parents, legal guardians, or persons authorized for pickup must wear a face mask when dropping off and picking up their children from the day care center.
12. Infants drop off/pickup on Greenview Avenue entrance open at 7.am
13. Head start drop off/pick up at Head start classroom open at 7.30am
14. All field trip activities are cancelled until further notice.
15. Graduation celebration will be limited to graduates only.
16. Families must immediately notify the day care if someone in the house tests positive for Covid-19 and the child has been in close contact with a positive case.
17. In the event of loss of employment, or changes to work schedules, parents are required to notify Little Kiddies, Inc within two (2) days to facilitate and adjust enrollment patterns.
18. Wellness calls will be placed to parents whose child has been absent for more than two (2) days. A doctor's note will be required for any child absent for more than two (2) days. Child will not be accepted without a doctor's clearance note if sick. The note must state cause of illness.

Parents Signature

Date

**COVID-19 PUBLIC HEALTH EMERGENCY-
PARENT AGREEMENT**
LITTLE KIDDIES DAY CARE CENTER
COVID-19 PUBLIC HEALTH EMERGENCY
PARENT AGREEMENT

- I understand that during this COVID-19 Public Emergency I will NOT be permitted to enter LITTLE KIDDIES beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present at LITTLE KIDDIES and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of this information.

- I understand that to enter LITTLE KIDDIES my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be picked up from the facility with 30 minutes of being notified.

Symptoms include:

- ♣ Fever of 100.4 degrees or higher
- ♣ Dry cough
- ♣ Shortness of breath
- ♣ Chills
- ♣ Loss of taste or smell
- ♣ Sore throat
- ♣ Muscle aches

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to LITTLE KIDDIES. Families with multiple children- If one child have a fever all the children may not return until symptom free for 72 hours.

- I understand that my child's temperature must be taken at home prior to arrival and again at 3pm by a director.
- I understand that I must bring a pair of shoes to the facility that will ONLY be worn inside this facility and will be left here each evening.
- I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.

- I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local stay-at-home orders, will limit my child's contact outside of care to persons living in my household/nucleus. I will not take my child out to stores unless it is necessary and then only to shop for essential items like food, medicines and toiletries and will follow any recommendations from the CDC that limits my child's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.

- I will immediately notify LITTLE KIDDIES directors if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed above, is advised to self-isolate, quarantine or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify LITTLE KIDDIES directors if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.

- I understand that while present in the facility each day my child will be in contact with children and staff who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infections. I understand that I play a crucial role in keeping everyone at LITTLE KIDDIES safe and reducing the risk of exposure by following the practices outlined above.

I, _____ certify that I have read, understand and agree to comply with the provisions listed above. I acknowledge that failure to act in accordance with the provisions listed above or

with any other policy or procedure outlined by Once Upon a Time will result in disciplinary action up to and including termination of childcare. I acknowledge that my childcare will be terminated if it is determined that my actions or lack of action unnecessarily exposes another child, staff or their family member to COVID-19.

Time of Drop Off _____

Time of Pick-Up _____

Child's name _____

DOB: _____

Child's name _____

DOB: _____

Parent Signature _____

CHILD'S INFORMATION

Child's Full Name: _____ **Birth Date:** ____/____/____

Address: _____ **Telephone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Start Date _____ **Termination Date** _____

EMERGENCY PARENT/GUARDIAN INFORMATION

Mother's Full Name: _____ **Home Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Occupation: _____ **Work Phone:** _____ **ext.** _____

Name of Employer _____ **Pager or Cellular Phone:** _____

Business Address: _____ **City:** _____

Work Hours: _____ **Driver's License #** _____

Parents email _____

Father's Full Name: _____ **Home Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Occupation: _____ **Work Phone:** _____ **ext.** _____

Name of Employer _____ **Pager or Cellular Phone:** _____

Business Address: _____ **City:** _____

Work Hours: _____ **Driver's License #** _____

Parents email _____

Parent/Guardian with legal custody _____

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___

Other Household Members:

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

LITTLE KIDDIES
LITTLE KIDDIES DAY CARE CENTER
1501-03 WEST. DEVON, CHICAGO, IL 60660
TEL: 773-465-7702, FAX: 773-856-3109

CHILD PICK-UP INFORMATION

Please list below the people who have ***Permission*** to pick up your child. ***Note: Anyone picking up your child must have picture ID.**

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please list those persons who ***Do Not Have Permission*** to pick up your child.
Please explain the reason below or talk to your caregiver so she is aware of the situation.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Reason person is **not allowed** to pick up your child:

Name: _____

Reason: _____

Name: _____

Reason: _____



Signature of parent/Guardian

Signature of Caregiver

CHILD HEALTH EMERGENCY INFORMATION

1.. Child's Physician: _____ Phone: _____

2. Preferred Hospital: _____ Phone: _____

3. Child's Dentist: _____ Phone: _____

3. Insurance Company: _____ Policy #: _____

4. Regular Medications: _____

5. Blood Type: _____

6. Medicine allergic to: _____

7. Food Allergies: _____

8. Any other Allergies: _____

9. Immunization Record: Date of Last Immunization: _____

10. Any special health conditions:

11. Child has had:

Child suffers from:

Measles

Headaches

German Measles

Earaches

Chicken Pox

Sore Throat

Mumps

Stomach Aches

Whooping Cough

Flu / Colds

Other _____

Other _____

12) Does your child have any speech, hearing or visual problems?

13) Has your child ever had any surgeries or do they have any prosthetic limbs etc.?

If yes, please describe: _____

Would there be any restrictions to play or activities? I.e. Is your child handicapped, allergic to grass, etc.

14) Age your child began to: Sit _____, Crawl _____, Walking _____

15) Age your child began to: Talk _____ Any difficulties with speech? Yes or No. If yes to above question, please specify:

16) Have you made any special arrangement for child's care during illness? Yes or No. Please specify:

17) What is your child's favorite food? _____

OTHER IMPORTANT INFORMATION/PROVISIONS

Child will need special provisions such as:

[] Extra curricular activity [] Yes [] No

If yes, please give details: (what activity, specific arrangements to attend with other family members/friends, etc.)

[] Other provisions we should be aware of: _____

Do you have any outstanding concerns? _____

FOR INFANT CHILDREN ONLY (6WKS - 14 MONTHS)*

Is your baby: Breast-fed? _____ Bottle-feed? _____ Both _____

If bottle-fed, what type of formula does your child drink? _____

What food(s) is your baby eating now?

Fruit _____ Vegetables _____

Cereals _____ Juices _____

Meats _____ Milk (formula) _____

Typical Daily Feeding Schedule

Time, Food Given and Amount



Dear Parents:

Please complete the following information listed below concerning your child's diet.

Student Name: _____

Date: _____

Students' age _____

List of food or drinks that the student cannot receive.

Parent / Provider Contract

Child(ren): _____

- I have read the Little Kiddies Day care Handbook and agree to comply with all policies and procedures.
- I have read the Little Kiddies Day Care Handbook and agree to comply with all policies and procedures except as noted below and discussed with provider:

My typical hours and days are:

Monday _____ am to _____ pm

Tuesday _____ am to _____ pm

Wednesday _____ am to _____ pm

Thursday _____ am to _____ pm

Friday _____ am to _____ pm

Average days: _____

Therefore, my weekly flat rate is \$ _____ and is due at *drop off* on Wednesdays each week. I understand that a \$20.00 late fee will be added for each day my payment is late



Parent Signature: _____

Date _____

Provider Signature: _____

Date; _____

Little Kiddies
1503 West Devon Avenue
Chicago, Illinois 60606
773-465-7702

Guidance and Discipline Policy

Children displaying aggressive behavior will be separated from the group for a short period of time talked to calmly and repeating the rules, re-route energy in a positive manner, or talking away privileges temporarily. If at this point the child does not yet cooperate, he or she will be taken to the director/assistant director and the parent will be contacted. For students who continuously disrupt the class a day will be scheduled with the parents so that they may observe the child interacting with the class.

Unacceptable punishment includes spanking, humiliation, deprivation of food, rest or free play, which are grounds for termination.

Any child who, after attempts have been made to meet the child's individual needs demonstrates inability to benefit from the type of care offered by the facility or whose presence is detrimental to the groups, shall be discharged from the facility.

In all instances, when the school decides that it is in the best interest of the child to terminate enrollment, the child and parents need shall be considered by planning with the parent to meet the child's needs when he or she leaves the facility, including referrals to other agencies or facilities.

Mission Statement

Little Kiddies Day Care Center will be dedicated to the development of young minds. Servicing children between the 6 weeks through 6 years old, our principal goal is to produce highly esteemed students who grow into lifelong learners. By providing a liberal curriculum, safe and sanitized environment, and an array of age-appropriate material, which allows the child to explore and learn freely. Caring, capable instructor help guide the exploratory process to ensure the child's proper development. Since preschool is a child's first formal impression of education, it is our aim to make it a positive one that is followed by several steps in the same educational direction.

We have toured little Kiddies Day Care Center and have been informed of services the programs offered. We have read the foregoing policy/parents handbook and agreed to these policies.



Child's Name

Parent signature

Date

Employee Signature



CONSENT FORM FOR SKIN TREATMENT DURING DIAPER/PULL-UP CHANGES

Dear Parent/Guardian

Your written permission is required to apply any over the counter skin treatment on your child. Any over the counter ointment is considered medication for the prevention of rashes or other. The item should be in its original container and must be labeled with your child's name and director for application

Child's Name _____ Date _____

Name of application _____

Quantity to be applied _____

Instructions (after changes, every other change, once daily, as needed)

Parent Signature _____ Date: _____

Staff Signature _____ Date : _____

TUITION AGREEMENT

WEEKLY RATE

Infants (6 week – 14 Months)	- \$450.00 per week
Toddlers (15-23 months)	- \$400.00 per week
2 years (24 -36 months)	- \$350.00 per week
Preschool(3-5 years)	- \$300.00 per week
6 years	- \$200.00 per week

DAILY RATE (Maximum days allowed - 3 days)

2 years	- \$70.00 per day
Preschool 3 -5 years	- \$60.00 per day

A deposit of \$250 deposit is required for parents PAYING OUT OF POCKET. Tuition is paid a week in advance, due on Fridays for upcoming week.

PAYMENT AGREEMENT FOR PARENTS ON DHS PROGRAM

1. I agree to pay my DHS co-payment on the **1st of the month** or **first Monday** of the month.
2. I agree to pay school co-payment of \$10.00 weekly in addition to my DHS monthly copayment (due on Tuesday of every week)
3. I know that a late charge of \$20.00 will be added to the weekly fee. **Post-Dated checks will not be accepted.** If my family is three days behind. The center will request withdrawal.

PARENT/GUARDIAN SOCIAL SECURITY NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Center Policy & Procedures Agreement and Consent
Very Important – Read this Entire Form Carefully Before Signing

Child's Name _____ Effective Date (First date of care)_____

I understand the following fee policies (please INITIAL the following as you read and understand them)

___ **Deposit:** A deposit in the amount of **\$200.00** (cash parents only) and a registration fee of **\$65.00** is required to reserve my child spot. I understand fees related to my child's care start on _____. The deposit amount above will be applied to my child's tuition beginning/ or end of child service.

___ **Tuition Fees:** My child's tuition rate is \$ _____ per ___ week ___ Month. Tuition is due each month. If my child is attending on a part time basis, fees are due at the time of pick up.

___ **Returned Checks:** I understand Little Kiddies will re-deposit a returned check as a courtesy, there will be a \$30.00 returned check charge assessed each time the check is returned. If three (3) checks are returned within one (1) year, cash or money order payment will be required for a six (6) month period.

___ **Late Pick up Fees** I understand that I will be charged \$1.00 for each minute after closing beginning at 6.01pm. Late fees are assessed regardless of circumstances and are to be paid directly to the teacher on duty at time of pick up. Late payments are paid to the teacher (not Little Kiddies for the teacher inconvenience).

___ **Late Payment Fees:** I understand \$15.00 late fee will be assessed to tuition payments not received by Wednesday at 6.00pm. Little Kiddies will waive (2) late fees per year. After the second late payment a \$15.00 late fee will be charge for every late payment thereafter regardless of circumstances.

___ **Withdrawal Notice:** I understand that in order to withdraw my child's enrollment at Little Kiddies, **two weeks written advance notice is required**. If I withdraw my child without giving two weeks advance written notice, then I will be responsible for paying two weeks tuition before the last date of attendance.

--- **Collection Fee:** I understand if a distance is maintained on my account, I will be notified of the balance. I will be given reasonable opportunity to dispute charges, if necessary, if payment or payment arrangements are not made on disputed changes, my account will be referred to a Collection Agency and/or the Cook County Courthouse for collection. On the day paperwork is filed with Cook Courthouse, my account will be charged a collection plus any and all postage fees incurred during the entire collection process. In addition, I will be responsible for all application court costs.

___ **Observed Holiday:** New Year, Good Friday, Memorial Day, Independence day, Thanksgiving, Day After Thanksgiving, Christmas Eve and Christmas Day. If the holiday falls on Saturday, we will close the previous day.

___ **Illness:** I understand I may not bring my child to the facility if he/she is ill. I have read and understand State Licensing requirements regarding illness and agree to be completely cooperative in the terms set forth. I will be notify if my child becomes ill while in attendance at Little Kiddies. I understand that I have one (1) hour from the time of notice to pick up my child. Late fees of \$1.00 per minutes will apply after one (1) hour.

___ **Absence/Vacation Policy:** So that we can maintain the highest quality of education and care for all children, your child's tuition fees must be paid in full regardless of his/her attendance. This policy applies to absences for any reasons including illness, family vacation and center closing such as observed holiday and severe weather closings.

___ **Damage Property:** I am responsible for all property including toys, books, cot sheets etc that my child may damage.

___ **Acknowledge:** I have read and understand the term set forth. I understand that the documents are a signed agreement between Little Kiddies and you. I will not dispute or negotiate these terms after my child first day of attendance

___ **Bus Ride/Walk:** Parents allow the children to ride the school bus or go on a walk, to public park facility, and special excursions with sufficient staff supervision.

___ **Pictures:** Parents gives permission for the Center to take pictures of their child for the purpose of displaying an activity or for publicity purpose. At no time will a child picture be exploited in this regard.

___ **Arrival Time:** Parents or alternative designated by the parents are responsible for signing children in and out each and every day. Children are expected to attend school daily except in case of illness. Student should arrive to the Center no later than 9.00am

___ **Daily Activities:** All children are required to actively participate in all activities, which are for the well being of the Center and the child's development, including field trips, science project, etc.

___ **Returning child:** In the event a child is removed from the Center either by the parent or due to automatic absence policy for about 3 months and the parent wants to re-enroll the child. The parent shall do so in the same manner as the child was initially enrolled (registration fee and deposit).

___ **If your child or children are not picked up by 7.00pm, the DCFS requires that Little Kiddies call the police because that is considered child neglect**



Signature of Parents

Date

Signature of Staff

Date

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY

