

Robin's Nest Parent Check List

I need these things the day you start at RN

Please take the time to go over this checklist & check off the items you turned in to RN at the time of enrollment.

- ___ \$75 Registration Fee to hold a slot. **Without this fee the slot is not guaranteed.**
- ___ Contract agreement: ***Fill in accurate times & days. We schedule based on this form!***
- ___ Signed rate sheet.
- ___ Deposit for 1 week's tuition: *Can divide over 5 weeks if need to. Check here for that option* ___
- ___ Read over & sign contract Email Address _____
- ___ Tuition Express ___ **Not using automatic billing \$ 5.00 weekly fee**
- ___ Orientation checklist
- ___ Enrollment record Cell Phone Carrier _____
- ___ Two-week notice form
- ___ Drop off policy
- ___ DCFS Verification form
- ___ Parent Consents Form (DCFS)
- ___ Authorization to pick up the form.
- ___ Sick policy
- ___ Family photo to be displayed in classroom
- ___ Emergency Medical consent form
- ___ Health form: on state form. ___ Shot records: a copy will be fine
- ___ Birth Certificate
- ___ Food paperwork ___ Infant feeding agreement
- ___ **CCAP paperwork w/ pay stubs & school schedule to drop off on the first day.**

I understand by signing this form that I will provide the above needed paperwork within 30 days of the date of this form to avoid the **35.00 per month administration fee.** These are forms required by the state for compliance.

Parent Signature: _____ Date _____

Robin's Nest Sick Policy

Robin's Nest understands that children will have stuffy noses & coughs. Some children have allergies and constantly have runny noses. We do ask that if your child has had any of the following symptoms, please keep your child home. This is the best way to keep the staff healthy to care for your child & keep other children from getting sick. **If your child comes to daycare & we call you to pick up your child, you have 1 hour to decide. After 1 hour, there is a sick child fee is 15.00 per hour.** Please help us keep sickness down at Robin's Nest.

Please do not bring your child to the center with any of these symptoms or illnesses listed here:

*** Fever of 101.0 or more**

- Ringworm
- Head Lice
- Impetigo
- Chicken Pox
- Pink Eye
- Strep Throat
- Discharge from eyes
- Severe cough: sound croup or whooping.
- Difficulty in breathing:
- Bacterial Meningitis
- Sore throat/trouble with swallowing.
- Spots/rashes on body.
- Vomiting*** This is a big one. If your child was throwing the night before: Please do not bring your child!
- Severe headaches.
- COVID:

Here is a good rule of thumb: If your child needs Tylenol or cold medication, they should probably be at home with you. **We can not give your child medications without a signed medical form from your physician.**

**If your child needs a prescription, ask your pharmacist to split the medication into two labeled bottles. One for home & one for daycare.

Please be sure to sign in your child's medication daily to be given at school. We can not give medication if it has not been signed in by you and permission to be given by both you and your doctor. Please see attached form.

Parent Signature _____

Date _____

Robin's Nest Authorization to Pick up Form

Please list any family member, friend, co-worker that may be picking up your child. If there is a parent that is not allowed to pick up the child be sure to note that also. (Please highlight)

Child's name _____

4 Digit Code for Parents _____

Parent's Names

_____ & _____

I authorize the following to pick up my child/children:

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

1. Onsite Director Location address (map posted on door)

2.

3.

4.

5.

This person can pick up my child on certain days according to court ordered parenting time: _____

**Robin's Nest Staff can NOT add or take anyone off the list.
Please initial and date all changes.**

Robin's Nest Emergency Medical Release

I, _____ being the parent or legal guardian
of _____ give my consent for emergency medical and
surgical treatment of this minor by a licensed physician should his/her condition so
require it in my absence. I understand that in such a case a reasonable attempt
would first be made to contact me, time & condition permitting.

If the medical or surgical treatment considered necessary in the situation is in
accordance with generally accepted standards of medical practice for the particular
type of injury or illness involved. I impose no specific limitations or prohibitions
regarding treatment other than those that follow:

My child is allergic to these medications: _____

My child takes these medications on a regular
basis _____

Child's Birth date _____

Mom's name _____ Dad's _____

Home address _____

Home number _____

Work number _____

Pager/cell _____

Work address _____

Other Emergency contact Name _____

Address _____

Phone _____ Work phone _____

*I also understand children play & do sometimes get hurt by tripping, falling off play
equipment & other various activities. I/we will not hold Robin's Nest responsible for
medical attention needed in such a case unless the licensing finds the center negligent.*

I do not have medical Insurance _____

I have medical Insurance _____ *please provide a copy of your
card or print out insurance information.*

Parent's signature _____ Date _____

Robin's Nest Contract Agreement

Date filled out _____

Date contract becomes effective _____ (Starts the Monday after receipt)

I agree that my child/children _____ will be enrolled at Robin's Nest Learning Center for _____ days per week. The days I have reserved are _____. (varied or drop in) circle if applicable. Any other days not noted here will be billed at drop-in rate of _____

CCAP parents: these are the rates you will be charged for days not covered by CCAP. CCAP allows for 4 (80%) absences per month and then you will be billed private pay rates.

The hours of care I need are _____ - _____. I understand anything outside these hours will add an additional fee as outlined in our drop-in rates.

My weekly tuition is _____ due the first day my child attends Robin's Nest to avoid the 20.00 per week late fee. Tuition per day is _____. My transportation fee is _____. The total weekly amount due on Monday is _____. In the event there is no school and your child is school aged, you would add _____ to the weekly amount on the Monday of the week the full day is used.

Any variance of the scheduled times and days needed as outlined in this contract need to be submitted two-weeks in advance in writing in the tuition box to avoid drop-in fees. This would include switching days, vacation requests, termination of contracts, change of days or times & transportation needs outside of agreed school runs. *Please note these requests are based on staff availability and current ratios. Robin's Nest is very full, and we do our best to accommodate schedule requests with proper planning.*

A two-week notice is required to change and or terminate care. If no notice is given, the deposit of _____ will be forfeited and any outstanding balance is subject to the weekly late fee until balance is paid or a written payment plan is signed. In the event this account goes to collections, there is a \$150.00 collection fee that will be added, and the account will go to collections and court for resolution. The deposit left here will be your last week of tuition with a two-week written notice. **All notices, changes take effect the Monday they are received. Please email all changes to: Moore42601@mail.com**

If this form has been signed to hold a spot, a deposit of the total weekly amount is required and is not refundable.

Parent Signature _____ Date _____

Director Signature _____ Date _____

Change of Classroom _____ Change of Days _____ Change of Times _____

Classroom Name _____ Lead Teacher's Name _____

Classroom Information Sheet

This information is for your child's teacher: Please fill out completely for a nice first day transition.

Can you please provide us with a family picture so we can add your family to our classroom tree?

Legal Name _____ Birthdate _____

Allergies _____

Any daily medications taken _____

Any known Fears _____

Things to provide comfort _____

Is your child potty trained? Yes No

Does your child still have potty accidents?

Can you child write their name?

The name you would like your child to learn to write:

Facebook: Follow us on Robin's Nest Learning Center Page!_