

Blake's Playroom Daycare Inc.



Call 718-678-3189 or 917-900-6912
or email: daycarebest2@gmail.com
or btorain29@gmail.com

Our mission is teaching your child to love, learn, share, be positive, and most of all to be secure. Our nurturing and enriched patience is a daily experience here at Blake's Playroom Daycare Inc.

As parents you guys are the best and very supportive, you make my job a life learning experience everyday with trusting me to care for and being in the presence of you little ones, each of them have their own personality and I look forward to waking up and providing for them every day of the week.

Thank you again for your time and see each of you soon!

Limited Openings Now Available

- Warm, caring atmosphere
- A clean safe environment
- Ages 6 weeks to 4 years
- Hours: 8:00 am to 6:00 pm

BLAKE'S PLAYROOM DAYCARE INC.

Enrollment Contract

This agreement is made by and between Brittany Torain, Licensed Child Care Provider and _____, parent/guardian of _____. The following has been agreed upon between the two parties beginning _____.

I have read and agree to the full contents of the Parent's Handbook. I understand that disregarding these policies can result in termination from child care enrollment. I understand that I must follow the termination policy as it is written in the Parent's Handbook.

I agree to the [☐ **daily rate of \$50.00 x ____ days**] or [☐ **weekly rate of \$175.00**], to be paid the Monday before the week begins for my child, _____. Our arrival will be _____ and pickup times will be no later than 6:00pm, Monday through Friday. Any added time before or after those times will be discussed beforehand or will be subject to late pickup fees [\$15.00 after 6:00pm and \$1.00 per minute after 6:15pm] and or early arrival fees [\$10].

All parents are accountable for fees even if child only attends one day. This agreement shall be in effect until such time parent/guardian or provider has given termination notice in accordance to the Parent Handbook policy, or negotiated a new contract.

THIS AGREEMENT AND THE PARENT HANDBOOK WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

Licensed Child Care Provider

Date

BOTH PARENTS MUST SIGN OR PARENT / GUARDIAN WITH SOLE CUSTODY OF THE CHILD:

Parent / Guardian

Date

Parent / Guardian

Date

Registration Form - Blake's Playroom Daycare Inc.

Child's Full Name: _____

Address: _____

Mother's Name: _____

Work Place: _____

Phone #: _____

Father's Name: _____

Work Place: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Is your child allergic to any foods? ☐ NO ☐ YES: _____

IMPORTANT:

- **There is a one-time registration fee of (\$50) per child.**
 - Pick up time is 6:00 pm unless special arrangements have been made.
 - There will be a (\$15) late fee.
 - Payments are due every Monday. There will be a (\$25 fee) of any checks that bounce.
 - All payments must be one week in advance.
 - The contract rate is (\$50 per day). The hourly rate is (\$10 per hour) without a contract.
- If a child is registered for 5 days per week the weekly cost is reduced to (\$175 per week)

This is a Child Care/Learning Center. Your child will have learning time. I will prepare your child for school. I will provide (3) meals per day. Your child will not be released to any other adult unless you contact your Child Care Provider before pickup time. This will be a great experience for your child; he or she will be in great hands.

By signing below, you are agreeing to the terms and rates listed above.

Parent

Child Care Provider

Daily Schedule

Monday - Friday

8:00 AM	Children arrive Will get snack or fruit, and juice
8:30 AM	Children will use bathroom
9:00 AM	Breakfast will be served
9:30 AM	Creative / Group Activity
10:00 AM	Group Reading & Counting
11:00 AM	Play Time
12:00 Noon	Lunch / Bathroom
1:00 PM	Nap Time
3:00 PM	Bathroom / Kids Exercise Music or Dancing Activity
3:30 PM	Snack
4:00 PM	Table Activity / Clean-Up
4:15 PM	Story Time
4:30 PM	Dinner
5:00 PM	Bathroom / Ready for Home

Student Information

Please help me get to know your child better.

Name: _____ Nickname (if any): _____

Address: _____

Birthday: _____

Family members at home: _____

Favorite food: _____ Favorite hobby: _____

Favorite thing to do as a family: _____

Does your child watch television daily? _____ How much? _____

Favorite television program: _____

Does your child read daily? _____ How much? _____

Favorite type of reading: _____

Does your child have any allergies? _____

Does your child have any special restrictions or limitations? _____

Please add any other information that you think would be helpful. _____

Medical Information

1. Your child is required to have a physical exam in order to attend childcare.
2. Please notify me if your child will be absent due to illness.
3. I MUST BE NOTIFIED IMMEDIATELY OF ANY CONTAGIOUS SICKNESS:
Your child may return once he/she is no longer contagious.
4. Medication will only be administered if there is a signed permission note from parent.
The note should include:
 - Name of medication
 - Number of doses
 - Amount of each dose
5. If your child becomes ill during the day, you will be asked to pick your child up.
If you cannot be reached, I will then notify one of the emergency contacts.
Your child may return once he or she recovers.

Clothing

Parents should provide 1 complete set of changing clothes:

- Underwear, diapers
- Shirt, pants, socks, bibs
- Powder for baby

Holidays and Vacations

1. HOLIDAYS

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Thanksgiving Day
- Christmas Day

Childcare will not be provided on these holidays.

- **THESE ARE ALL PAID HOLIDAYS**

2. You will be notified one (1) month in advance if I take a vacation.
3. I **MUST** be notified two (2) weeks in advance of any vacation days planned.
4. Parents are required to pay fees when child is on vacation.
5. Providers are allowed three (3) personal days per year.
6. Early dismissal the day before a Holiday. ***All children must depart by 3:00 pm.***
7. The Center will be closed the day **after** Thanksgiving and Christmas.
8. All parents are still responsible for payment every week or biweekly if child doesn't attend care.

Substitute Caregivers

- A substitute may be used in an emergency situation.
- All substitutes will be qualified and accounted for by State.

ATTENTION:

Illness Policy

Parents agree to keep their child/children at home or seek alternate care arrangements for the following conditions:

- Pain - any complaints of unexplained or undiagnosed pain
- Fever (100°F / 38.3°C or higher)
- Sore throat or trouble swallowing
- Headache or stiff neck
- Constant coughing
- Unexplained diarrhea or loose stool combined with nausea, vomiting or abdominal cramps. The child will be kept at home until all symptoms have stopped.
- Nausea or vomiting
- Severe itching of body and scalp
- Known or suspected communicable diseases

It is required to keep (or take) a child home when the child:

- Is suffering from one of more of the above symptoms
- Is not well enough to take part in the activities at the day care.

Ultimately the care of the child is the parent's responsibility

Parents will inform the daycare within 24 hours of a diagnosis of a serious illness or contagious disease of a communicable nature in the family. This is to protect my family and the other families who attend daycare. Failure to do so is grounds for immediate termination of care.

Parents agree that a child will be symptom free, without the aid of symptom reducing medications such as Tylenol, for a full 24 hours prior to returning to daycare. We reserve the right to ask for a note from your family doctor, depending on the illness/disease.

Medications:

Prescription medications will only be given to a child in care with the following conditions:

- Parent gives written permission to the caregiver, with full instructions as to dosage, and times to administer medication. (Forms are available from the daycare for this purpose)
- All prescribed medications must have the child's name on the prescription bottle.
- Nonprescription medications will be administered as per recommended dosages on the medicine bottle.

SLEEPING and NAPPING ARRANGEMENT

I understand that my child _____ while
under the care of _____ will be
(Name program provider)

napping on a _____ in _____
(cot, mat, bed or crib) (area of the home)
of the provider's home. He or she will be supervised. If my child is an infant, I also
understand that my child will be placed on his/her back to sleep.

CONSENT for EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the day care program staff to obtain necessary emergency
medical treatment for my child.

(Name of Child)
with the understanding that the family will be notified as soon as possible.

PERMISSION FOR OUTDOOR ACTIVITIES

The provider _____ and staff may take my child
_____ for short walking trips and any
(Name of Child)
activities checked below as part of the Day Care program activities.

☐ Provider's backyard ☐ Neighborhood park ☐ Other _____

Name of Parent/Guardian (print) _____

Signature _____ Date _____

PROVIDER'S AGREEMENT:

THE CHILD CARE PROVIDER AGREES TO DO THE FOLLOWING:

- Give your child careful attention, love and affection
- Stimulate activities in a happy, healthy environment
- Furnish nutritious meals at regular schedules
- Keep you informed of your child's progress/problems, strengths/weaknesses
- Cooperate with you in your child's planning needs

TERMINATION OF CHILD CARE

In the event that I am unable to provide child care for you, you will be given (2) weeks prior notice, EXCEPT in extenuating circumstances.

PARENT AUTHORIZATION

- Inform the day care provider if someone other than myself will be picking my child up:

Child's name _____

These people are authorized to pick up my child:

Name	#	Name	#
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- Report change of address and/or telephone numbers at home or work to child care provider
- Allow my day care provider to call my child's doctor if emergency medical care is necessary. Efforts will be made to locate parents before any action is taken
- Understand that the provider may not release my child/our child if she feels this action is in the best interest of the child. (i.e. if the parent/guardian is intoxicated or there is a question of custody)

I understand that I must give providers 2 weeks notice if I will be removing my child from her care, so this space can be offered to another child that may be waiting to enter childcare.

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND THE TERMS OF CHILDCARE AND I AGREE TO EVERYTHING WITHIN THIS CONTRACT. I UNDERSTAND THAT THIS CONTRACT IS SUBJECT TO CHANGE AND THAT PRIOR NOTIFICATION WILL BE GIVEN.

THIS IS A LEGAL DOCUMENT

PROVIDER'S SIGNATURE

DATE

PARENT/GUARDIAN'S SIGNATURE

DATE