

**My Little Stars
Family Day Care & Preschool**



**12 Pammer Road
Youngsville, NY 12791
845-594-4282
www.mylittlestars.org**

Child Care Contract

PARENT AGREEMENTS: Please read and initial and then sign below.

_____ I have read the Family Handbook and agree to comply with all provisions contained therein.

_____ I understand that a non-refundable deposit equal to my first week's tuition is required to reserve my spot. This deposit will pay your first weeks tuition.

_____ I understand the \$50 registration fee and enrollment packet must be received a minimum of 3 days before my child's start date.

_____ I understand the NO PAY, NO PLAY POLICY. My child care tuition is due on FRIDAY for the upcoming week of care and if my tuition is not paid on time my child may not attend.

_____ I will provide a ready to serve lunch for my child every day. Lunches must be packed in a lunch box or bag. Your child's full name must be written on the lunch box and on all non-disposable containers including bottles and sippy cups. *We do not prep, cook or re-heat foods.*

_____ I agree to follow my schedule of care as described in this contract. I agree to notify My Little Stars before my scheduled drop off time if my child will be late or absent. I understand that there will be a \$25 fee per child if I drop off or pickup my child outside my approved schedule of care.

_____ I have reviewed the closings calendar and snow day policy. I understand that it is my responsibility to know when the daycare is closed and to have back up care in place.

_____ I have reviewed and read the Sick Policy and understand that if my child is sick, they may not attend daycare until they have been symptom free for a minimum 24 HOURS without medication or have a doctor's note clearing them to return. I understand that if my child is sent home sick, they may not return for 3 days and must have proof of a negative covid test and/or doctor note clearing them to return. I understand that if anyone in my (child's) household tests positive for covid they may not attend for 10 days.

_____ I understand that Child Care Assistance Program (CCAP) may reduce my child care costs but that it does not cover all of my tuition. I understand that I am responsible for any and all fees not covered. Be aware that they WILL NOT PAY for any of our closings. You will be billed accordingly for these days and expected to pay your full tuition on time. Please plan ahead for our extended closings.

_____ I understand that a staff member will greet us on the front porch each day for drop-off and pick-up. My child must be checked in and out on the Brightwheel App and a daily health screening must be completed as part of the check in process each day.

Parent Signature

Date

CHILD RELEASE FORM

I give the following people permission to pick up my child from Little Stars Family Day Care. I understand that if the person picking your child up is not on this form, my child will not be released to that person.

<u>Name:</u>	<u>Phone:</u>	<u>Relationship to Child:</u>

**** Please advise anyone picking up your child that they must present a valid NYS ID.**

MISCELLANEOUS PERMISSION SLIPS:

The following permission slips are required by NYS. Please check the appropriate response and initial.

1. _____ I give Little Stars permission to photograph my child. Yes No
I understand that such pictures are the sole property of My Little Stars Family Day Care and that these pictures may be used for both personal and business use.
2. _____ I give Little Stars permission to apply sunscreen to my child. Yes No
 - I will provide a sunscreen with a sun protection factor (SPF) of 30 or higher.
 - I will apply sunscreen before bringing my child during the summer months.
3. _____ I give Little Stars permission to allow my child to play outside without direct supervision. Yes No
 - Child must be school aged.
 - My Little Stars will check on my child every 15 minutes.
4. _____ My child will nap/rest: On a cot In a playpen
 - Nap time occurs after lunch in the playroom.
 - Children will be in direct visual contact of provider during naptime.
5. _____ **Formula/ Breast Milk Feeding Schedule:**
 - A. Please feed my child _____ oz bottles of
 Breast Milk Formula
 Whenever he/she is hungry Every _____ hours.
 - B. Bottle Preparation:
 I give My Little Stars permission to make the formula I supply into _____ oz bottles (1 Scoop formula to every 2 oz water) and to be given to my child.
 I will supply ready-made bottles.

Parent Signature

Date

SCHEDULE OF CARE

- You must follow your schedule of care. If you need to make changes let us know ASAP.
- You must notify us if your child will be more than 15 minutes late.
- You must notify us if your child will be absent.
- There will be a \$25 fee per child if drop off or pickup falls outside your approved schedule of care.

1st Childs Name		Childs Age	Childs Date of Birth	
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
___ to ___	___ to ___	___ to ___	___ to ___	___ to ___
2nd Childs Name		Childs Age	Childs Date of Birth	
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
___ to ___	___ to ___	___ to ___	___ to ___	___ to ___
3rd Childs Name		Childs Age	Childs Date of Birth	
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
___ to ___	___ to ___	___ to ___	___ to ___	___ to ___

Parent Signature

Date