

WELCOME TO MY HOME

First, A Little Something About Me and My Services:

I am a licensed Day Care Provider, not just a babysitting service. Your child will not be in front of a television all day. I provide daily activities for your child, including crafts, indoor and outdoor play and occasional outings.

I wish to provide a “*home-like*” environment for your child. In order to do this, **your cooperation is essential**. I will listen to any suggestions that you may have, but it is necessary that you respect my rules as well.

This is **my business and livelihood**. As you go to work to earn your living, so do I. I am just fortunate in that I get to stay home to earn my living.

Please read over this agreement carefully. If you have any questions, please feel free to ask me. I provide this information to you in an effort to provide you with a little peace of mind and your child with a new, learning experience.

DRESS/ CLOTHING

As long as the weather permits, my Day Care children will participate in outside play. Please dress your child appropriately so that he/she may enjoy their outside playtime.

Additionally, please ensure that a complete change of clothes is available for your child. Please put your child’s name on every article of clothing that is brought to the Day Care home.

For those children still wearing diapers, the parents must provide enough disposable diapers and wipes to the Day Care for use by their child.

PAYMENT

The Day Care fee is payable every Monday morning (first day) in the amount of _____ and every Monday morning then after.

Any additional attendance will be billed. There will be a \$ 10.00 late fee for each day that the payment has not been paid as scheduled. A service charge of \$ 50.00 shall be due for any returned check. In case of a returned check – for any reason - subsequent payments shall be made in cash.

OVERTIME

Overtime will be earned for any drop-off before 7:15 a.m. or any pick-up after 5:00 p.m. The overtime fee is \$ 5.00 per half-hour or portion thereof, unless other arrangements have been agreed upon between the Day Care Provider and parents.

CHILD PICK-UP

NO ONE – other than the authorized persons from your list will be allowed to pick up your child from my Day Care. Additionally, I must know in advance if someone else will be picking up your child and this person must present proper identification to me, such as a pictured driver's license. Otherwise, I **WILL NOT** release your child to them. Should this situation ever arise, I will attempt to reach you or another responsible person by telephone so that an alternative arrangement can be made.

Please do not ask that I deviate from this policy as **I WILL NOT**. This policy is in place for the **safety of your child!**

SICKNESS/HEALTH DEPARTMENT REGULATIONS

In the event that your child is sick and will not be attending my Day Care, you need to notify me by telephone as soon as possible.

Per Health Department Regulations, no child may be admitted to a Day Care Home or Center with the following symptoms: *rash, fever (99 degrees or higher), colored discharge from nose, discharge from eyes and/or ears, diarrhea, hacking cough, vomiting or any communicable disease*. If such symptoms should occur while your child is in my care, I will notify the child's responsible person.

Your child must **be clear of all symptoms for 24 hours** prior to being allowed to return back to my Day Care.

Should an emergency occur and either you or your alternates cannot be reached, I will use my own judgment in seeking appropriate medical attention for your child.

MEDICATIONS

Under Maryland State Law, no medication can be administered to your child unless a "Physician's Medication Form" accompanies it. This includes prescription and nonprescription medications. Your child's name, the date and instructions for its use must be on the label and the medication must be in its original container.

You must give your child's first dose of medicine prior to their arrival at my Day Care.

Please bring your child's medicine in a bag and ensure that the bag has been clearly marked with the following: your child's name, the time the medication should be administered, the amount of medication to be given and where the medication needs to be stored.

Toys-Here at (TU) am pleased to provide lots of educational and stimulating toys. Please reframe from bring any toys to daycare. I also would appreciate if the toys stay at (TU) so all the kids can enjoy them.

MEAL/SNACK TIMES

Meal times shall follow this schedule:

8:00 a.m. Breakfast
10:30 a.m. Snack
12:00 p.m. Lunch
3:30 pm. Snack

Drink is always available all day!!

If you plan on bringing your child to my Day Care after one of these meal and/or snack times, please ensure that you feed your child the appropriate missed meal and/or missed snack prior to arriving at the Day Care.

PROVIDER SICKNESS/EMERGENCY

If I am not available due to an illness or an emergency, I will notify you as soon as possible so that you may make other arrangements for that day. Any sick day that I use shall be deducted from my yearly personal leave accrual.

SCHOOL AGE CHILDREN

If your school age child has off from school for any holidays or snow days and you wish to enroll them in my Day Care for that day, please notify me as soon as possible as there may be space limitations. Should space become available, there will be an additional charge of \$ 35.00 per day per child, which will be added to your regular weekly fee.

VACATION / PERSONAL LEAVE

I shall receive two (2) week of vacation (one paid) and one non-paid and seven (7) days of paid personal leave every year. Holidays, snow days, sick days and vacations are not discounted. Full fee is due as usual for these days.

HOLIDAYS

My Day Care will recognize the following as paid holidays and will be closed Accordingly:

New Year's
Good Friday
Memorial Day
Fourth of July

Day Labor Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve

Christmas Day
Day after Christmas
New Year's Eve

MISCELLENEOUS

All necessary forms, such as: emergency notification cards, enrollment agreement, and health records, etc., **must** be completed prior to your child attending my Day Care.

The parent(s) hereby agree to allow the Day Care Provider to administer first aid and/or to obtain medical treatment in the event of any emergency or injury to their child.

The parent(s) hereby agree to pay all expenses incurred for such medical treatment and to hold the Day Care Provider harmless from any and all liability relating to such medical treatments.

TERMINATION CLAUSE

Either party may cancel this enrollment agreement without cause by providing two (2) weeks written notice.

The parent(s) hereby agree to provide a two (2) week written Notice of Termination of Enrollment to the Day Care Provider. Should the parent(s) fail to provide such written Notice of Termination, the parent(s) shall still be held liable for the full payment to the Day Care Provider for these two (2) weeks of enrollment.

The Day Care Provider reserves the right to terminate this agreement for any child who in the Day Care Provider's discretion, can not adjust to the program or who can not interact well with the other children. While instances such as this are rare, such termination is for the well being of not only your child, but for the remaining children at the Day Care as well.

DEPOSIT

A non-refundable one-week security deposit shall be required to hold a spot for my daycare. This deposit shall go towards your child's first week of service.

ENROLLMENT AGREEMENT

This agreement, dated and effective this _____ day of _____, 20__, by **DAWN M. MYNAUGH, a licensed Day Care Provider (hereafter referred to as "Day Care Provider")** and _____, (hereafter referred to as "Parent(s),")

WHEREAS in consideration of the mutual agreements contained herein and for good and valuable consideration, the parties hereto covenant and agree:

That _____, consent to the enrollment of my child / children
Parent _____ w

ith Dawn M. Mynough, a licensed
Name of Children
Daycare Provider.

It is agreed that the cost of providing day care services for the above child/children shall be set at \$_____ per week, payable each Monday morning.(ahead) Additional fees will be assessed as per the contract addendum, the receipt of which the Parent(s) hereby acknowledge.

Furthermore, it is agreed that neither Dawn M. Mynough nor her family or any employee shall be responsible for any sickness or injury of my child/children while in the Day Care Provider home or in transit to or from their home.

Furthermore, I give my consent for my above referenced child/children to take part in field trips and/or excursions under proper supervision in the Day Care Provider's vehicle.

Furthermore, I agree to pay the stated fees and to abide by the rules and regulations as contained in this contract.

Furthermore, I agree that in the case of an accident or injury to my child, emergency medical care may be given immediately. I will not hold the Day Care Provider responsible for any medical bills accumulated from such accident or injury.

Furthermore, I confirm that I have given the Day Care Provider a medical insurance form with all accurate information as well as a release note for my child's treatment in case of an emergency in which a doctor's care or hospitalization is necessary.

Furthermore, I confirm that I have read this agreement and contract and I understand all the Policies as set forth. I agree to abide by each and every policy as stated. I further acknowledge that all guidelines in this handbook are fully understood.

BY PARENT (S):

BY DAY CARE PROVIDER:

Mother/Father Date

Dawn M. Mynaugh Date

*Please sign above and return to Dawn Mynaugh. Keep all other pages for your records