

Parent Handbook Acknowledgement

I/We have read and do understand and agree to abide with all policies and procedures as described in the "Parent Handbook."

I/We also understand that Shelley Harris, providing 30 days notice to me/us, may change the contents of this handbook at any time. I have received a copy of this handbook. (Please initial each topic, sign and date.)

Check Off List of Items

- | | |
|--|--|
| ☐ Employees | ☐ Food & Nutrition |
| ☐ Parent & Families | ☐ Methods of Discipline |
| ☐ Academic Experiences | ☐ Holidays |
| ☐ Infants | ☐ Illness |
| ☐ Toddlers & Preschoolers | ☐ Medication |
| ☐ Over All Goals | ☐ Injuries |
| ☐ Curriculum Tools | ☐ Open Door Policy |
| ☐ Outdoor, Sensory & Dramatic Play | ☐ Outdoor Playtime |
| ☐ Daily Schedule | ☐ Parties |
| ☐ Activities, Entertainment & Events | ☐ Pictures |
| ☐ Communication | ☐ Supplies |
| ☐ Policies & Procedures | ☐ Donations |
| ☐ Operating Hours and Days | ☐ Termination |
| ☐ Arrival & Departure | ☐ Toys from Home |
| ☐ Inappropriate Language | ☐ Transportation |
| ☐ Changes | ☐ Fees |
| ☐ Yearly Recertification & Conference | ☐ Verification of Legal Custody |
| ☐ Child Abuse & Neglect | ☐ Visitors |
| ☐ Children with Disabilities | ☐ Volunteers |
| ☐ Children's Absences | ☐ Substitutes |
| ☐ Closing | ☐ Drop Offs |
| ☐ Clothing | ☐ Withdrawal |
| ☐ Toilet Training | ☐ Health Requirements |
| ☐ Emergency Drills | ☐ Enrollment Requirements |
| ☐ Equal Opportunity Provider | |

Parent or Guardian Signature _____ Date _____

Providers Signatures _____ Date _____

Children Learn What They Live

If a child lives with criticism,

He learns to condemn

If a child lives with hostility,

He learns to be shy.

If a child lives with ridicule,

He learns to be shy.

If a child lives with jealousy,

He learns to feel guilty.

If a child lives with tolerance,

He learns to be patient.

If a child lives with encouragement,

He learns to confidence.

If a child lives with praise,

He learns to appreciate.

If a child lives with fairness,

He learns justice.

If a child lives with security,

He learns to have faith.

If a child lives with approval,

He learns to like himself.

If a child lives with acceptance and friendship,

He learns to find love in the world.



NOAH'S ARK QUALITY ACADEMY CONTRACT AGREEMENT

1. Upon agreement of admission, parents are requiring to pay \$85.00 as a deposit to reserve space for your child. Said deposit beheld as a part- payment for our two week notice requirement. Admission deposit is non-refundable. (See paragraph tour.)
2. Parents are required to pay fees one week in advance (ON MONDAY), upon delivery. Child care fees are based on a 5 day week, including vacation, holidays and absences due to illness. Over time will be charged at a rate of \$1.00 per minute you are late. For children that have been here during the day and need to stay an hour or two later the rate is \$10.00 an hour per child over 1 year and less than 1 year are 12.00 an hour. Parents are required to call at least 2 hours prior. If no phone call is made 2 hours prior the prearranged time of pick up, than parents are required to pay (out of pocket) the original late fees price the following day. If agreement is not made 2 hour prior alternate arrangements must be made for pick if parent cannot be here at the agree upon time of ____,. Perpetual lateness jeopardizes your child's continued placement in my home.
3. My holidays include New Years Eve & New Years Day; Martin Luther King's Birthday; Good Friday (Half a Day); Memorial Day; 4th Of July; Labor Day; Veterans Day ; Thanks Giving Day & Day After; Christmas Eve & Christmas Day ;Presidents Day. There will be no adjustment for absence or holidays.
4. Two weeks notices or the equivalent payment is required for removal of your child from this home. Provider will also grant two weeks' notice, if necessary. Additional notice is sincerely appreciated.
5. Parents are required to notify the day care provider two full weeks in advance of schedule vacation or leaves (this helps us in scheduling activities and events appropriately). Parents will then be required to pay the regular weekly rate in advance for the vacation time in order to insure readmission.
6. Give prompt notice of change of address or telephone number at work or home. Please advise your day care provider if you cannot be reached at these numbers during the day. This is for your child's safely.
7. Please notify me by 8:00 a.m. if your child will not be coming for the day or if your child will be late. Failure to comply may result in refusal of service for the day and payment will not be waived.
8. Children are not to be brought to the daycare home with a fever, excessive diarrhea or contagious illness. If your child is running a fever, has greenish/yellow mucus, and/or excessive diarrhea contact your doctor and arrange to have your child seen. The child will not be readmitted to the daycare home until either the child's temperature has returned to normal for 24 hours or the child has been on antibiotics for 24 hours. **THERE WILL BE NO EXCEPTION TO THE RULE.** I am concerned for the welfare of all the children.
9. All children must have their immunization or receive them within 30 days after placement in this home. This is of course, age appropriate.
10. Please no candy, gum or money. Please no toys, as we have a good variety and children this age find it hard to share their personal property. A blanket from home is OK to be use for naptime **only**. Not to be carried about.
11. Children must be bathed and dressed in loose clothing (full outfits permitted for weather with close toes shoes and socks, and jacket) and ready to begin the day.

12. Please bring at least 2 change of clothing. For those in diapers, please bring plenty of diapers & wipes.
13. Reimbursement will be required for any **MAJOR** damage caused by your child
14. Non-Cash paying parents are required to pay original rates, fees, and late fees if child(ren) attend Noah's Ark Quality Childcare other than hours permitted by government assistant programs (Crystal Stairs, Charles Drew, Children Home Society, Head Start, Forster and Adoption Programs, etc.)

CONTRACT EXCEPTIONS

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

 Provider Signature Date Parent's Signature Date

15. I, _____ give my permission for _____ my children to travel by car at the discretion of _____ the day care provider.
16. I will pick up _____ promptly by _____ each day. Overtime will be _____ for each fifteen minutes late.
17. I agree to pay \$ _____ per _____ for child care to _____ (this fee subject to change with inflation).

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND THE POLICIES OF THIS DAY CARE HOME. I AGREE TO THE ABOVE

Parents Signed _____ Date _____

Parents Signed _____ Date _____

Providers Signed _____ Date _____

Noah's Ark

Quality Child Care

Health & Safety Code Requirements

An earth quake preparedness kit is required. In accordance with this requirement, I've been well trained and have structured the emergency plan at my facility.

Listed below you will find some suggestions that will aid myself in keeping your child safe. In order to put our emergency plan into effect, we need your cooperation.

Please fill all items below into a large zip lock baggie or a toy size backpack for your child's own personal survival kit

Please be sure that your child's name is clearly marked in the kit

ITEMS FOR THE KIT

<u>Quantity</u>	<u>Description</u>
2	8 oz. Boxed Fruit Juice
2	4 ½ oz. Canned Fruit (No Pop-Tops)
2	3 oz. Tuna or other canned lunchmeat with pop-top
2	2 Peanut Butter or cheese and crackers snack packs
1	Granola Bar
1	Small box of raisins
2	Plastic Spoons
1	One small package of tissues
1	Picture of family members
1	Note from Mom and/ or Dad
1	Index Card with name and telephone numbers of a Friend living outside the state of California
1	Flashlight (Small)

Parent Signature

____/____/____
Date

Provider Signature

____/____/____
Date

Getting to Know Your Baby

(Child's Name) _____ **Record**

Hi. I want to take this time to welcome you and your child into my child daycare. This form is all about your child. With this information it will help me to get to know your child before he/she starts and help me to decide how best to proceed with your child's care. I want to make your child's day as enjoyable as possible and would like to know his/her normal routine. I will try to follow your routine as much as I can his/her first few days and as your child adjust to me and the other children here. I will try to get him used to our daily routine and rules. This can be a big adjust for some children especially if they have never been in daycare before. It usually takes a week or two for children to adjust to their new surrounds and friends. If you have any concerns just ask me or give me a call so we can discuss it. I want you and your child to feel comfortable in my home.

How would you describe your child's temperament?

☐ Happy ☐ Moody ☐ Quiet ☐ Chatty ☐ Testing ☐ Cooperative

Does your child play well with other children ☐ Yes ☐ No ☐ Not sure

Has your child been in daycare before ☐ Yes ☐ No

Did your child like the other daycare ☐ Yes ☐ No

Do you give your child a nap ☐ Yes ☐ No

How long does your child usually sleep during the day _____

Do you have a routine for putting your child to bed ☐ Yes ☐ No

If yes, Please describe:

What time does your child get up in the morning _____ What time does your child go to bed at

Night? _____

What are you looking for in daycare ☐ Play time for your child ☐ Learning Program ☐ Art program ☐ Fun & learning
☐ Other

If other, please describe:

Does your child have any siblings ☐ Brothers; ages _____ ☐ Sisters; ages _____
Do you allow your child to watch TV ☐ Yes ☐ No ☐ Limited Viewing Only
How would you describe your child's eating habits? ☐ Likes to eat ☐ Picky Eater
What are some of your child's favorite Foods?
Is your child allowed to have treats on occasions? ☐ Cookies ☐ Candy ☐ Cake ☐ Never
When we go for walks can your child walk in front of me by himself? ☐ Yes ☐ No
Do you mind if we take Video's or pictures on special occasions? ☐ Yes ☐ No
Is your child toilet trained ☐ Yes ☐ NO
Does your child drink out of a sippy cup or a bottle?
Does your child have a pacifier? ☐ Yes ☐ NO
If your child gets upset or hurt how do you soothe him/her?
Does your child have a favorite toy or blanket?
Is your child "scared" of anything such as bugs, dogs, lightning, etc.?
How do you discipline your child?
Does your child have any problems that I should be aware of? ☐ Yes ☐ NO If yes, please explain:
How does your child react to strangers?
What are your expectations of my child daycare?

Non-Paying Parent Form

Who Will Pay For Child Care? _____

Are You Currently On AFDC? Yes Or No

Case Number: _____

AFDC Worker's Name: _____

AFDC Worker's File Number? _____

Are You Currently On Gain? _____

Gain Worker's Name? _____

Gain Worker's File Number? _____

Which government assistant programs are you with ie. (Crystal Stairs, Charles Drew, Children Home Society, Head Start, Forster and Adoption Programs, etc.)? _____

Is This Your First Time Enrolling In This Program? _____

YOU ARE OBLIGATED FOR EVERY DOCUMENT TO BE TO BE RECEIVED BY MYSELF/EMPLOYER/ECT. AND/ OR GIVEN TO ORGANIZATION IN A TIMELY MANNER. IF NOT PAID BY PROGRAM, PARENTS ARE OBLIGATED TO PAY FOR CHILD CARE!

****ALL INFORMATION IS USED FOR PAYMENT PURPOSES ONLY AND IS CONFIDENTIAL****

Before signing this document, verify that the content you are signing is correct!

X
