



Phone: (516) 596-3130 Fax: (516) 596-0884

PARENT CONTRACT FOR CHILD CARE SERVICES

My child, _____ will be attending TINY TYKES CHILD CARE for child care services beginning _____ for _____ days, _____ hours, for a monthly fee of \$ _____ payable in advance on the 1st of each month. Tuition is always paid in advance. There will be a \$100 non-refundable registration fee payable upon registration of your child.

LATE FEES: If my monthly tuition is not paid by the 5th of each month, I will pay a late fee of \$50.00. If my monthly tuition is not paid by the 7th, there will be an additional \$10 per day late fee. I understand that there will be no reimbursement for days missed, vacation days and/or holidays. I realize that in the case of any uncollected debt to TINY TYKES CHILD CARE, I will be responsible for late charges accrued until payment is made in full. There will be a \$50 service fee for all checks returned from the bank. After two returns all fees must be paid in cash or bank check. I will be responsible to inform TINY TYKES CHILD CARE if my child is not picked up/dropped off on their scheduled time. There will be a \$10 per hour (or any part) charge when a child arrives before or after their scheduled time. These charges are due immediately. There will be a \$50 late charge for the first 10 minutes if your child is picked up after 6:00PM and \$5 for every 5 minutes thereafter.

CONTRACT CHANGES: I will be required to submit one month's written notice prior to withdrawal and/or any changes to your child's schedule to TINY TYKES CHILD CARE. I will pay a full month's tuition as well as the remainder of the month of the child's withdrawal and/or schedule change to TINY TYKES CHILD CARE if no notice is given. If I breach or default on any portion of my enclosed contract, I will be liable for all collection fees including any legal fees in order to collect debt.

OVERTIME CHARGES: \$10 per hour for any unscheduled hours.

FUNDRAISER: All of our families will be required to participate in our End of the Year Show Raffle. It will be necessary to submit the \$75 equaling one booklet, if no raffles are sold. The raffle money is used to offset the cost of the stage, production and graduation book. All raffle money MUST be submitted no later than June 1st. No Exceptions.

TINY TYKES CHILD CARE will provide my child with a snack. I will be responsible for my child's labeled lunch and/or breakfast if applicable. I will also provide diapers, pull-ups, wipes and a full change of clothes (seasonally appropriate), sippy cup (toddlers only), sheet and blanket. All belongings brought to school must be labeled with your child's name.

I, _____ hereby authorize TINY TYKES CHILD CARE to include my child, _____ on buggy rides (18mo-2yrs).

I have read and agree with the terms stated above:

PARENT SIGNATURE _____ DATE _____

DIRECTOR SIGNATURE _____ DATE _____

This organization publicized its racially nondiscriminatory policy during the registration period in a way that makes the policy known to all parts of the general community it serves.



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GENERAL INFORMATION:

Name of Child: _____
Name Child goes by: _____
Date of Birth: _____ Gender: _____
Home Address: _____
Telephone Number: _____

Mother's Name: _____
Occupation: _____
Business Address: _____
Business Telephone: _____ Cell Phone: _____
E-mail address: _____

Father's Name: _____
Occupation: _____
Business Address: _____
Business Telephone: _____ Cell Phone: _____
E-mail address: _____

OTHER CHILDREN IN FAMILY

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

Please list any other people living with the child and their relationship (if any) to the child.

PICK UP INFORMATION

Persons *authorized* to pick up child:

Persons who *MAY NOT* pick up child:

PERSONAL HISTORY

Is the child left or right handed? _____

Has the child had a previous group or preschool experience? _____

If so, where and when, and your reason for leaving:

Does your child have any *allergies*? _____

Are there any medical problems of which we should be aware? _____

What words does your child use for toileting? _____

Does your child have any bowel or bladder irregularities? _____

Are there any special eating instructions? _____

Are there any sleeping or napping instructions? _____

Any additional information such as discipline, child's communication, comforting and so forth?

NAPPING AGREEMENT

I understand that my child _____ will sleep on a

_____ COT MAT _____ CRIB _____ PLAY PEN

All mats will be individually labeled with child's name. All mats must be covered with a sheet and blanket. Room doors where a child naps will remain open at all times.



(Parent Signature)



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Parental Medical Authorization for Pediatric Emergency Medical Treatment

For the safety of our attending children, we require that the authorization of this form be completed and kept on file at Tiny Tykes Child Care. In emergency situations, the authorization granted by this form will only be used when absolutely necessary and only after every attempt has been made to contact the parent/ guardian or other emergency contact. As you know, time can be a crucial factor to your child when medical attention is needed and this form will assist your child in receiving prompt medical attention.

In case of emergency, I _____ hereby authorize the doctor or the hospital which my child or children may be brought and whomever they may designate as their assistant(s), to perform any emergency procedure or operation and to give treatment and the administration of anesthetic as deemed necessary in an emergency situation to my child during his/her stay in the program.

Parent's Name: _____ Parent's Signature: _____

Name of Child: _____ Relation to Child: _____

Date of Birth: _____ Age: _____ Gender: _____

Address of Child: _____

Daytime Phone #: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

Alternate Emergency Contact: _____ Phone #: _____

Does the family have medical insurance? Yes _____ No _____

Name of Insurance Company: _____

Policy Number: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION CONSENT FORM
Child Day Care Programs

Provider Name: Christine Balchaitis

Facility ID Number: 00042896DCC

Program Name: Tiny Tykes Child Care

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan _____

I give permission for my child (name) WE Transport Bus Company

to be transported by (caregiver

names and/or transportation

contractor arranged for by the

program) _____

At the following times (check all that apply):

Only as recorded on the posted transportation schedule for my child

Other (explain) Field Trips

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: **X** _____

Date _____



FACEBOOK AUTHORIZATION

I _____ (parent/guardian name), **DO** or **DO NOT** (circle one) grant authorization for Tiny Tykes to take pictures of my child _____ (child's name) and post the pictures on the Tiny Tykes Facebook page.

Any and all pictures posted on the website are only visual to friends of the Tiny Tykes Facebook page. Tiny Tykes will only "friend" parent/guardians of children that are cared for at Tiny Tykes Child Care. Children's full names or any other personal information will not be posted on the Facebook page at any times.

To add us on Facebook, type in this website address:

<http://www.facebook.com/TinyTykes96>



I _____ (parent/guardian name), **DO** or **DO NOT** (circle one) grant authorization for Tiny Tykes to take pictures of my child _____ (child's name) and post the pictures on the Tiny Tykes Instagram page.

Unlike Facebook, this page will be **OPEN**. You will see updated information, children's projects and more daily! Your child's name and face **WILL NOT** be shown unless authorized to do so. If you would like your child on our page.

To add us on Instagram:

Our Account Name: TinyTykes_ChildCare



Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. People reportedly can be infected and show no symptoms and therefore spread the disease.

Tiny Tykes Child Care cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while utilizing Tiny Tykes Child Care's services or premises. It is not possible to prevent against the presence of the disease. However, Tiny Tykes has adapted new protocols and procedures to help prevent the spread of germs. Please see the attached.

WAIVER OF LAWSUIT/LIABILITY: I hereby release and waive my right to bring suit against Tiny Tykes Child Care, Saint John the Evangelist Episcopal Church, its owners, directors, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Tiny Tykes Child Care's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

My Child(ren)'s Name: _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Parent's Signature : _____ Date: _____

Name (printed): _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are "Yes," individuals **cannot** enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing ANY of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature

Date

/ /

Signature

Date

/ /

Note: This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child: _____	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ___ / ___ / ___
 Attach lead level statement
Lead Screening (Include All Dates and Results)

1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
 2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

