

Dear \_\_\_\_\_,

I want to thank you for choosing my daycare for your childcare needs. I realize the importance of this decision and how hard it was to make.

It is my goal to provide you with quality childcare. If, at any time, you have any questions or concerns regarding my care for your child(ren), please feel free to come to me immediately. I would much rather discuss and resolve issues in the early stages rather than waiting until they become bigger than life.

In order to assure a friendly, yet professional relationship, please be sure to read through my policies and procedures. I also ask for respect in regards to my business hours. Please do not show up before your scheduled time or after your normal pick-up time without giving me proper notice.

I look forward to getting to know your child(ren) and your family on a personal level and strive to build a healthy relationship between us.

Thank you again!

\_\_\_\_\_  
\_\_\_\_\_

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b) 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
TELEPHONE NUMBER WHEN CHILD IS IN CARE		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

03691A

ORIGINAL

CY 857 - 1/93

# In Case of Emergency

Today's Date: \_\_\_\_\_

## CHILD'S INFORMATION

Name:		Nickname:
Birth Date:	Primary Language/Communication:	
Home Address:		
Parents/Guardians:	Relationship:	Home #: Other #'s:

Diagnosis:

Medications	Dose	Time

Allergies:

Emergency Contact:	Relationship:	Phone #'s:
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## PHYSICIAN INFORMATION

Primary Doctor:	Phone:	Fax:
Specialist:	Phone:	Fax:
Specialist:	Phone:	Fax:
Insurance:		

## HOSPITAL INFORMATION

Name:	Phone:
Address:	ER Phone:

## PHARMACY INFORMATION

Name:	Phone:
Address:	

## OTHER

Most Important Things to Know About My Child in an Emergency:

# AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

☐ received complete written program information at the time of enrollment (§ 3270.121, 3280.121, 3290.121)

☐ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

\_\_\_\_\_  
SIGNATURE-OPERATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE-PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE-PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**ENROLLMENT CONTRACT**

**This is a child care agreement between:**

**TT's ToyBox DayCare  
Center**

**707 Chartiers Ave.**

**McKees Rocks, Pa 15136**

**412 458-1088**

**AND:**

**Mothers Name:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For the care of the following child(ren): List full name(s) and current age(s).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency contact (in the event a parent cannot be reached):**

\_\_\_\_\_

\_\_\_\_\_

## ENROLLMENT CONTRACT

The terms of agreement are as follows:

Days of care: \_\_\_\_\_

Hours of care: \_\_\_\_\_

There will be a fee of \$ \_\_\_\_\_ per week, payable in advance, no later than the 1st day of care in any given week.

Early starts/Late pick ups (any time after your regular scheduled pick up time) will be charged a fee of \$5.00 for every 15 minutes you are early/late. This fee is expected paid promptly on the day you are early/late.

There will be an added fee of \$25.00 for any checks returned NSF. Should the NSF result in any charges to my bank account, you will be expected to cover all costs on top of the \$25.00 fee. Once the fee is paid, you will receive grace for the first check returned. A second Non-Sufficient Funds check will result in all fees paid strictly in cash.

Meals and/or snacks are provided for children over 12 months of age, and included in the weekly rate. Parents are asked to provide the following:

pampers, wipes, formula extra clothes, blankets etc.  
Anything extra child may need while in the center.

My policy regarding a child who is absent: The weekly fee remains the same.

Holidays:

The following are considered days off and paid holidays for the provider providing they fall on a regular day of care:

New Year's Day

Fourth of July

Labor Day

Thanksgiving, the Friday following Thanksgiving

Christmas Eve Day, Christmas Day

My vacation policy is as follows:

Should you take a vacation, I expect a two week notice, and your fee is ½ of your regular fee to hold the child(ren)'s spot. Should you take more than one week of vacation in any year (your year begins on the date your contract is signed), subsequent weeks are charged at the full rate.

In the event of termination of care, by either party, there is a required two week notice.

During the two week notice time frame, you will be expected to pay each week in full regardless of whether your child attends daycare or not.

There is a two week trial period, during which either party may terminate this agreement at any time. At the end of the two week trial period, the contract will be in full effect. This contract will be up for renewal in \_\_\_\_ months. The undersigned agree to the terms of this contract:

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**Parent Signature**

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**Parent Signature**

---

**Date**

---

**Provider signature**

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**Date**

**What you should have with you on your child's first day at TT's  
To/Box Day care & Child care Learning Center.**

**INFANTS**

**Fitted Crib Sheet**

**3 pairs of extra clothing (labeled)**

**Bibs (labeled)**

**Diapers (labeled)**

**Wipes (labeled)**

**4-5 bottles (labeled)**

**Formula- You can bring your bottles already made, with  
Water in them, and we can make them, if you do not send water  
We unfortunately, will have to use tap water.**

**Toddler**

**Sheet and Blanket**

**2 pairs of extra clothing**

**Diapers/Pull-ups (labeled)**

**Wipes (labeled)**

**2-3 cups or bottles (labeled)**

**Preschool**

**Sheet and Blanket**

**2 pairs of extra clothing**

**Pull-ups (labeled)**

**Wipes (labeled)**

**After-School**

**2pairs of extra clothing**

# CHILD HEALTH REPORT

(85 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

## DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): <input type="checkbox"/> NONE
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEET: IF NECESSARY. <input type="checkbox"/> NONE
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> NONE
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. <input type="checkbox"/> NONE
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:
<div>             HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a>)  <input type="checkbox"/> YES <input type="checkbox"/> NO           </div> <div> <b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b> </div>
VISION (subjective until age 3)
HEARING (subjective until age 4)
LEAD

## RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/DT						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:
	DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

## **CONFIDENTIALITY AGREEMENT**

I agree to terms stated in this contract, written by T-T's ToyBox Daycare Center 707 Chartiers Ave McKees Rocks, Pa 15136. This is a binding agreement or contract for protection of the staff and the children enrolled in our center. I have agreed to the following:

1. I will not discuss or disclose information about children and their families.
2. I will not disclose or talk about information regarding the family's legal, career, asset, or personal business, to any third party.

I have read and do understand the information presented above and will agree to abide by this confidentiality statement.

**PRINT NAME:**

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**SIGN NAME:**

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**Thank you for your cooperation and understanding  
T-T's ToyBox Daycare Center, Management and Staff**

Dear \_\_\_\_\_

I want to make sure you have any questions you want to discuss and talk to me about before your scheduled procedure. I want to get to know you on a personal level and help to build a trust between us.

This photo release form will remain in effect unless and until I revoke it in writing. I have carefully read and understood the terms of this photo release form, and I voluntarily give my consent for the use of my child's photographs and/or videos as described above.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Witness (if applicable):

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Prevention of Shaken Baby Syndrome and Abusive Head Trauma  
SAMPLE Policy**

**Parent or guardian acknowledgement form**

I, the parent or guardian of \_\_\_\_\_  
Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

\_\_\_\_\_  
Date policy given/explained to parent/guardian

\_\_\_\_\_  
Date of child's enrollment

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

## **Fees:**

Late/Early Fee: \$1.00 per minute that client is late unless prearranged by Center manager - Late Payment Fee: \$10.00 per day that payment is not received

### **Definitions:**

**Full Time - Childcare contract :**On a set schedule time slot 5-10 hours per day or 4-5 days per week

**Part Time-Childcare contract** on a set schedule time slot less than 4 hours per day or 3 days per week

**Drop Ins** are not permitted

**Before/After School-** Including morning snack or p.m. snack, Care will not begin before 6:00 am or end no later than closing time which is 6:30 pm, any day that school is not in session, a full rate will be charged.

**Late/Early** -If the child is brought more than 15 minutes early or picked up more than 15 minutes late from the continued or arranged time, the Late/Early fee will be assessed as described.

**No Show-**If your child will not be attending, please as a courtesy inform or call the center due to staffing and curriculum daily routines.

**Matters of Money - Matters of Money-** All payments and copays are due on Mondays by the end of the scheduled work day, After the work day is complete on Mondays by the end of the scheduled work day. After the work day is complete and payments are not posted, the late fee will be assessed (\$10.00) Per day. Payment is not made within 3 business days, your child will not be accepted until the payment has been made including all late fees. If a period of 1 week passes without payment received, the contract

will be terminated, the position filled, and the collection process begins. You will be responsible for any costs related to collection of the child care fees. Cash, MasterCard, Visa, and all cards that are acceptable. Sorry for any inconvenience. Childcare fees are due regardless of whether your child attends or not. You are paying for a slot/position, as well as a service. A position will be considered open until the first weeks fees are received. All childcare services will be contracted. The contract is a legal document obligating me to provide services for you and obligating you to pay me for that service. There are other requirements in the contract, I urge you to thoroughly read the contract and realize that it is legal and you will be held liable for each item. By signing you are accepting it in all its terms.

Thank you again for all your cooperation and patience.

Parent Signature & Date\_\_\_\_\_

# Daycare Contract & Forms

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707 Chartiers Avenue  
McKees Rocks PA 15136  
(412) 458.0119  
TT's ToyBox Daycare Center

## Hours of Operation

My hours of operation are from 6:00am-6:30pm, Monday through Friday. Hours of care will be contracted from child to child. No child care will be provided on Saturdays and Sundays at this time.

The following holidays our center will be closed are:

New Year's Day

½ Day New Years Eve

President's Day

Easter

Columbus Day

Memorial Day

Independence Day

Labor Day

Veterans Day

Thanksgiving Day/Day After

Christmas Day/Day After

The above days are paid holidays, if they fall on a contract for your child, please have a backup child care provider for these occasions. WE are not responsible for finding alternative care for your child.

## Payment Procedures/Rates:

<b>Full Time Infants 0-1 yrs olds</b>	Daily Rate: \$70.84	Weekly Rate:\$354.20
<b>Full Time Young Toddlers 1-4 yrs old</b>	Daily Rate: \$69.61	Weekly Rate: \$348.35
<b>Full Time Older Toddlers 2-4 yrs old</b>	Daily Rate: \$67.51	Weekly Rate:\$337.55
<b>Full Time Preschoolers 3-5 yrs old</b>	Daily Rate:\$62.82	Weekly Rate:\$314.10
<b>Full Time Young School Age 6-8 yrs old</b>	Daily Rate:\$62.82	Weekly Rate:\$314.10
<b>Full Time Older School Age</b>	Daily Rate: \$55.73	Weekly Rate:\$278.65

9-13 yrs old		
Summer Care 6-12 yrs old	Daily Rate: \$55.73	Weekly Rate: \$278.65

**Payment Procedures/Rates:**

Part Time Infants 0-1 yrs olds	Daily Rate: \$60.47	Weekly Rate:\$302.35
Part Time Young Toddlers 1-4 yrs old	Daily Rate: \$57.57	Weekly Rate: \$287.85
Part Time Older Toddlers 2-4 yrs old	Daily Rate: \$55.10	Weekly Rate:\$275.50
Part Time Preschoolers 3-5 yrs old	Daily Rate:\$51.99	Weekly Rate:\$259.95
Part Time Young School Age 6-8 yrs old	Daily Rate:\$51.99	Weekly Rate:\$259.95
Part Time Older School Age 9-13 yrs old	Daily Rate: \$43.44	Weekly Rate:\$217.20
Summer Care 6-12 yrs old	Daily Rate: 43.44	Weekly Rate: \$157.30

**Additional Information for Parents:**

- No drop off service for Summer Care at this time
- Overtime is \$10.00 per hour for each contracted hour over the 10/hr approval time, and a dollar a minute for each additional minute a client is late.

**\*\*Attention Parents:** A \$75 annual fee will be charged each beginning calendar year for processing fees, mats, and sanitary supplies.

MONTH		YEAR
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PW 00129A 2/05