

SAGUARO INFANT CARE AND PRESCHOOL REGISTRATION AGREEMENT

Child's Name _____ Birth date _____

Address _____ Zip code _____

Mother's name _____ Home phone _____

Mother's Work _____ Work phone _____

Work Address _____ Dept _____

Alternate phone numbers _____ Cell _____ pager _____

Father's name _____ Home Phone _____

Father's work _____ Work Phone _____

Work address _____ Dept _____

Alternate phone numbers _____ Cell _____ pager _____

Full time Y N Times _____ Times _____

First day of attendance _____ Formula _____ Milk _____

Payment of registration fee _____ One week tuition _____ One week DES charges _____

Registration is not complete without fees. I understand payment of above fees entitles my child to the above mentioned space to be held until first day of attendance also listed above. If I fail to register on above date, all fees are forfeited.

SICP Policy page is enclosed with all areas initialed, as being read and understood _____

Social Developmental form Y N USDA Income Y N Food list (infants only) Y N

Blue Immunization form Y N Shot records Y N Emergency contact info Y N

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Director's signature _____ Date _____

Referred by _____

SAGUARO INFANT CARE AND PRESCHOOL POLICY PAGE

Please read and initial all below statements. This document will stand as legal verification of understanding of policies at SICP.

Health and Illness

I, the parent of _____ understand that it is a Department of Health Services regulation that if my child runs a fever of 101 or above, **they must be excluded from daycare and contact with the children and staff enrolled until the child is fever free for 24 hours without the use of aspirin , Tylenol etc.** I further understand and agree to the illness policy set by SICP. I understand it is my responsibility to arrive promptly if called to pick up my child due to illness. Intentional delays may result in the notification of CPS, withdrawal of the child or both. I further understand the policy on colds, flu, viral infections etc. that require exclusion, and agree to those conditions for the health and welfare of all children and staff in the Center. I understand it is my responsibility to have alternative care for time of illness ahead of time, and that tuition is not reduced for illness or exclusion.

Sign In/Out Policy

I understand the sign in/out policy as set in the Parent Handbook. I agree to sign my child in/out accurately with a legible signature each day on all required forms. I understand I may be called to return if I fail to sign a child in or out. I understand the late pick up fee and agree to all enforcement as stated in Parent Handbook. I understand the policy regarding emergency pick-up and authorization requirements as stated in the Parent Handbook.

Medication Policy

I understand the medication policy and agree to abide by the terms set in the Parent Handbook. I will not request staff to give medications not authorized by a physician. I agree to accurately complete all forms required regarding the administration of medications. I agree to arrive and administer any medications that cannot be given by SICP staff.

Nutrition/Meals

I understand the nutrition/meal policy as stated in the Parent Handbook. I agree to return income verification forms as requested to remain compliant in the USDA Food Program. I understand that food and drinks MUST be consumed on the premises. I agree to the list of formulas available and will provide any formula that is not listed as available in the Parent Handbook. Parents will be responsible to accommodate for food allergies by bringing necessary supplements like Lactofree, soy milk etc.

Accident/Insurance Policy

I understand the accident and illness procedures as explained in the Parent Handbook. The staff at SICP will do their very best to protect my child from injury or harm. I agree to indemnify the SICP for accidents resulting from normal child activity of children age 4 weeks to 5 years. I understand the insurance policy held at SICP is a secondary policy. If my insurance will not cover an injury, then SICP policy will. We carry full coverage insurance as required by Arizona Law.

This payment agreement should be submitted with your enrollment package. One must be on file for each child. This side is for **DES SUBSIDIZED ENROLLMENTS**. Those not receiving DES funds, please fill out the reverse side.

As stated in the Parent Handbook, your tuition will be _____ for your newly enrolled child per week. SICP reserves the right to increase this amount in accordance with Arizona regulations regarding notification of rate changes. Co-pays/allowable charges payments are in advance of service rendered, regardless of option chosen. If you require extra time i.e. arriving earlier/staying later you must notify the Director in advance to assure proper staffing is available. There currently are no hourly or drop in rates. Please note a \$10 late fee per 5 minute increment is charged for late pick up after 6 p.m.

The first DES payment is due at the time of registration and subsequent fees are due weekly, each Monday. Payments are late after Tuesday and will accrue a \$10 late fee per week. Late fees will be added first thing Wednesday morning. Children may be denied entry for non-payment. DES will be notified and you may be dropped from DES coverage for non-payment. Please review the options below and choose the one that best suits your needs. Upon choosing, you agree to the terms therein. If there is a financial hardship resulting in co-pay difficulties, please stop by to discuss particular options. Return the completed form with the enrollment packet. Payment agreements **MUST** be on file for each child. Parent is responsible for all subsequent renewal of application. The Director will give you a copy of the stop notification as reminder if it is sent in the mail to the Center.

Co-pays/allowable charges are calculated and billed weekly. For those paying monthly, co-pay/allowable charges are calculated by counting the number of Mondays in a month and multiplying by the amount of tuition. Monthly payments are due by the 7th of each month and a \$10 late fee will be charged **per week** the co-pay is late. Subtract what DES pays from the tuition to determine co-pay/allowable charges.

Co-pay/allowable charges pay for a daycare "space" at the Center, and full payment is due regardless of attendance. No reduction can be granted for vacation, illness or holidays. DES recipients will be charged fully for absent days over the two allotted per month per DES ruling. No tuition is charged for the week of VBS. DES cannot be billed for absence days over 2 per month and the full tuition becomes the financial responsibility of the parent.

Please choose an options , return with enrollment packet.

NAME _____ 5 Full days 5 Half days

_____ Monthly Payment plan. By choosing this plan you agree to pay allowable charges in one monthly payment, **always in advance**. Monthly payments are due on the 1st Monday of each month and are late after the 7th. Late fees of \$10 per week will be charged after the 7th for any outstanding amounts. Be aware, the late fee will be charged on the 8th whether it is a business day or not. Be aware that some months will contain 5 weeks, counting Mondays. Regardless of whether all 5 Mondays are business days or not, the tuition should be multiplied by 5, resulting in a slightly higher pay amount for that month.

_____ Weekly Payment plan. By choosing this plan you agree to pay co-pay/allowable charges weekly, every Monday and late after Wednesday. A \$10 late fee per week will be charged for co-pay/allowable charges received after Wednesday. Children will be denied entry for late co-pay/allowable charge payments.

Parent signature

Date

This payment agreement should be submitted with your enrollment package. One must be on file for each child. This side is for **Private Pay Enrollments**. Those receiving DES funds, please fill out the reverse side.

As stated in the Parent Handbook , your tuition will be _____ for your newly enrolled child per week. SICP reserves the right to increase this amount in accordance with Arizona Regulations regarding notification of rate changes. Tuition payments are in **advance of service rendered**. If you require extra time i.e, arriving earlier/staying later you must notify the Director in advance to assure proper staffing is available. There currently are no hourly or drop in rates. Please note a \$10 late fee per 5 minute increment is charged for late pick up after 6 p.m.

Please review the options below and choose the one that best suits your needs. Upon choosing, you agree to the terms therein. If there is ever financial hardship resulting in tuition difficulties, please stop by to discuss particular options. Return the completed form with the enrollment packet. Payment agreements **MUST** be on file for each child.

Tuition is calculated and billed weekly. For those paying monthly, tuition is calculated by counting the number of Mondays in a month and multiplying by the amount of tuition. Monthly payments are due by the 10th of each month and a \$10 late fee will be charged per week the tuition is late.

Tuition pays for a daycare "space" at the Center, and full tuition is due regardless of attendance. No reduction can be granted for vacation, illness or holidays. No tuition is charged for the week of VBS.

Please choose on option , return with enrollment packet.

NAME _____ 5 Full days

_____ Monthly Payment plan. By choosing this plan you agree to pay the tuition in full in one monthly payment, **always in advance**. Monthly payments are due on the 1st Monday of each month and are late after the 10th. Late fees of \$10 per week will be charged after the 10th for any outstanding amounts. Be aware, the late fee will be charged on the 11th whether it is a business day or not.

_____ Weekly Payment plan By choosing this plan you agree to pay tuition amounts weekly, every Monday and late after Wednesday. A \$10 late fee per week will be charged for tuition received after Wednesday. Children may be denied entry for late tuition payments.

Parent Signature

Date

**SAGUARO INFANT CARE AND PRESCHOOL
FAMILY, SOCIAL AND DEVELOPMENTAL HISTORY**

Name _____ Birthdate _____

Was the child carried full term? Y N If no, gestational age _____

Name of Mother _____ Name of Father _____

Siblings names/ages _____

Has the child been in daycare before? Y N Center? Y N Home daycare Y N Family care Y N

Was it a pleasant experience? Y N Explain either _____

Does your child sit alone? Y N Creep on hands and knees Y N Pulling up on furniture Y N

If currently walking, at what age did your child begin to walk? _____

Speaking single words Y N Two word phrases? Y N Sentences? Y N Well understood? Y N

Child's Play experiences:

Favorite toys: _____

Like swing Y N Exersaucer Y N Floor/Tummy time Y N

Favorite games: _____

Favorite books _____

Friends _____

Outdoor play _____

Water play/bath _____

Security items _____

Dietary needs: Type of formula _____ whole milk _____

Breast/bottle fed?

Does the child eat solid foods? Y N Favorites _____

Any known allergies? Food or environmental _____

DEVELOPMENTAL HISTORY, CONTINUED

SLEEPING HABITS:

What time does your child usually go to sleep at night? _____ to _____

Does your child sleep through the night? Y N Sometimes Usually

Does your child have regular nap times? Y N Sometimes Usually

How does your child usually go to sleep? Rocked Patted Pacifier Bottle Just laid in bed

Explain: _____

GENERAL INFORMATION:

Does your child have any special fears? _____

Does your child have any problems/issues we should know about? _____

What method is used for discipline at home? _____

How would you describe your child's personality? _____

Any other comments? _____

If you have developed a fairly consistent routine for your child at home, use the space to write that schedule for us.

Parent Signature _____ Date _____

Arizona Department of Education
 Child & Adult Care Food Program
Infant Feeding Preference Form



Name of Infant: _____

Date of Birth: _____

This center participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed. Only breastmilk and/or infant formula are served to infants 0 through 5 months old. Solid foods are gradually introduced around 6 months of age, as developmentally appropriate.

Policy requires a center participating in the CACFP to provide formula or breastmilk to infants who are in care during meal service times. Parents/Guardians may decline the formula that is offered and supply the infant breastmilk and/or formula.

_____ will feed your infant breastmilk or formula provided by you and/or
 (Name of Provider)

we will provide iron fortified infant formula. The formula we provide is: _____
 (Name of Formula)

Breastmilk & Formula Preference: 0-11 Months <i>Check All That Apply & Update As Needed</i>	Date:	Date:	Date:
I will bring expressed breastmilk for my infant.			
I will return to the center to breastfeed my infant on site.			
I want the center to provide formula for my infant.			
I will bring formula for my infant. <i>Please list the type of formula you will bring:</i> _____			

Policy requires a center participating in the CACFP to provide solid foods to infants around 6 months of age, as developmentally appropriate, who are in care during meal service times. The CACFP Meal Pattern for infants 6-11 months of age includes fruits, vegetables, meat/meat alternates, and grains in addition to breastmilk or formula.

Solid Food Preference: 6-11 Months <i>Check All that Apply & Update as Needed</i>	Date:	Date:
I want the center to provide solid foods for my infant based on CACFP guidelines.		
I will provide <u>some</u> solid foods for my infant when he/she is developmentally ready.		
I will bring <u>all</u> solid foods for my infant when he/she is developmentally ready.		
Comments (If Applicable): 		

Signature of Parent/Guardian: _____ Date: _____

INFANT FEEDING INSTRUCTIONS

Child's name:		Date of birth:
Feeding		
Breastmilk, Type of Milk, or Formula:		Bottle: Yes <input type="checkbox"/> No <input type="checkbox"/>
If child is receiving breastmilk and supply of pumped milk runs out, what do you want staff to do?		
Allergies		
<input type="checkbox"/> No	<input type="checkbox"/> Yes – Explain:	
Does child have any problems with feedings, such as choking or spitting up?		<input type="checkbox"/> No
<input type="checkbox"/> Yes – Explain:		
Foods		
Introduced: See Attached List on page 2.		
Consistency: <input type="checkbox"/> Puree <input type="checkbox"/> Junior <input type="checkbox"/> Table		
Food Likes:	Food Dislikes:	
Method of Feeding:		
Utensils used: <input type="checkbox"/> Cup <input type="checkbox"/> Fork <input type="checkbox"/> Spoon <input type="checkbox"/> Other:		
Explain:		

Feeding Schedules and Updates:

Date	Time	Foods	Amount	Time	Foods	Amount

Comments:	
Date:	Parent's signature:

**Update as new foods are introduced or changes occur.
Post in kitchen and activity area.
All feeding instructions must be retained for 12 months (centers).**

FOODS LIST

Child's Name: _____

Foods and dates introduced at home:					
VEGETABLES					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Carrots		Squash			
Creamed Corn		Potatoes			
Creamed Spinach		Sweet Potatoes			
Green Beans					
Peas					
FRUITS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Apple Sauce		Prunes			
Bananas		Plums			
Peaches		Apple Strawberry			
Pears		Banana Strawberry			
Bananas w/Apples		Apricots			
Prunes w/Apples					
MEATS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Beef		Lamb			
Chicken		Ham			
Turkey		Veal			
MIXED FOODS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Veg/Ham		Mixed Turkey			
Veg/Bacon		Chicken Noodle			
Veg/Turkey		Lasagna			
Apples/Turkey		Spaghetti			
Apples/Chicken		Veg/Pasta			
Pears/Chicken					
CEREALS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Rice					
Oatmeal					
Mixed					
COMMENTS and Additional Information:					
DATE: _____			SIGNATURE: _____		

All feeding instructions must be retained for 12 months (centers).

SAGUARO INFANT CARE AND PRESCHOOL

STANDING ORDER FORM

I, _____ the parent of,
_____ do here by authorize
the staff at Saguaro Infant Care and Preschool to apply the below initialed items
to my child as needed:

Diapers Type _____ provided by parent

Diaper Wipes Type _____ provided by parent

Powder Type _____ provided by parent

Diaper rash cream Type _____ provided by parent

Lotion Type _____ provided by parent

Sunscreen Type _____ provided by parent

Bug Spray Type _____ provided by parent

I understand that the above items will be provided by the parent. Medicated
creams and powders will require a medication form.

Parent Signature

Date