

Sun, Stars & Moon Daycare
 510 Curtis Street, Watertown, NY 13601
 Phone # 315-779-9296
 Cell # 778-8630

www.sunstarsmoondaycare.com

Agreement Contract

The following is an agreement between _____ (Parent's name) and Sun, Stars & Moon Daycare for childcare to be provided for
 1st child's name _____ Child's age _____ DOB _____
 2nd child's name _____ Child's age _____ DOB _____
 Address _____
 Home Phone Number _____
 Mother's Work Number _____ Social Security# _____
 Father's Work Number _____ Social Security# _____

Childcare will be provided: If schedule varies notification is due on prior Friday by 4:00pm

Days	Time in OPEN AT 6:30	Time out CLOSE AT 5:15
Monday		5:15
Tuesday		5:15
Wednesday		5:15
Thursday		5:15
Friday		No later than 5:15

WE PICK UP OUR KIDS FROM SACC ALSO. THANKS

Total number of hours per week _____ (rate) _____ 1st child

The cost of care will be \$ _____

Payments will be made _____ monthly _____ weekly

Total number of hours per week _____ (rate) _____ 2nd child

The cost of care will be \$ _____

Payments will be made _____ monthly _____ weekly _____ DISC

★ Two week deposit \$ _____ plus the first week of tuition is due on the Friday by 4:00pm and before the first day of attendance during the first week of care.

★ \$125.00 to (hold only) a slot weekly for up to 2 week before a child starts. NO longer!

- ★ Deposit is used to pay for the last two weeks of attendance at daycare. This fee is based on child's weekly rate by age X 2.
- ★ 20% discount on the oldest child (1 only) and must be full time.
- ★ Failure to give two-week notice on Fridays to start on the following Monday will forfeit your deposit, and must start Monday & end on a Friday.
- ★ Payments are to be made monthly or weekly.
- ★ Weekly payments are due the Friday by 4pm before the scheduled day of the new week.
- ★ Monthly payments are due the first scheduled Monday of the month
- ★ If your child's account becomes 4 days past due, your child is not permitted to return until payment is received with a \$20.00 late fee per 4 days
- ★ A \$35.00 fee will be applied for all returned checks
- ★ DSS families are given ½ hr travel time to work and ½ hr. travel time home from work in addition to working schedule. This means if you work 8 hrs your child is only permitted to be in daycare 9 hrs. each day. All fee Assurances or subsidies will be credited to your account ONLY! No refunds. Any fees not covered by Department of social services are the parent's responsibility.

Ask about Rates on oldest full time YEARLY Sibling DISCOUNT when you pay on time only. Daycare is only for when you're at work. **When Parents or other siblings are sick their other children are most likely to get it so please be kind and think of other children keep all your children home- this is imperative.**

RATES for up to 55hours. Starting January 1st 2010, over is the hourly rate.

Age	Weekly 30+ hrs	Daily 6-8	Part- time 3-5	Addition al Hours	Misc.
6 weeks to 2years 11 months	\$173.00			\$6.00	Hourly is for under 3 hours
3 to 5	\$156.20			\$6.00	Hourly is for under 3 hours
School Age 6 & up full week	\$150.00 during vacations, school closings	\$34.00		\$5.50	Before & after care only \$50.00 for 10 hours minimum wky

1. The provider will be notified an hour before arrival time if the child is not coming for the day. Parents must have their own backup daycare for closings & sick days.
2. The provider will be notified before pick up time if the parent will be late in picking up their child. A late charge of \$10.00 will be applied if not

notified. The difference in fee for the week will be applied to the following week if the child unexpectedly needs to stay later than contracted hours.

3. The provider will be paid for **ALL** sick, extreme weather, holidays, and vacation days. We also are Closed on all **FEDERAL** holidays and some early closings before the holidays see the list attached, **WE CLOSE** for all **Weather Alerts** and **Travel Advisories due to weather BEING UNSAFE TO TRAVEL** you will have a 1 hour notice to pick up your child when we leave a message or call you. Thanks for understanding we are looking out for your child's safety.
4. The following people are allowed to pick up the child at the provider's home. A picture ID will be required from the person picking up your child. If ID is not presented your child will not be released.

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

5. Emergency Telephone Numbers

(In addition to parents work number)

Neighbors or Friend _____

Child's Doctor _____

Other Important Numbers:

a. _____

b. _____

c. _____

CAN OTHER PARENT PICK UP CHILD? YES OR NO

DO YOU HAVE LEGAL CUSTODY OF SAID CHILD? YES OR NO

IF SO WE NEED A COPY ON FILE,

Person to contact other than a parent in case of an emergency:

Name _____ Address _____ Phone # _____

6. Nature Walks around the block

I, _____ (Parent's Name) hereby authorize Sun, Stars & Moon to walk my son/daughter _____ (Child's Name) to and/or from Sun, Stars & Moon Daycare around block for nature walks. **In the event of an unforeseen accident, I will not hold Sun, Stars & Moon Daycare and its employees liable.**

7. In the event that this contract needs to be terminated by Sun, Stars & Moon Daycare based on the best interest of the child and the other children in the daycare a two week written notice will be provided. Terminations of enrollment may be the result of:

★ Non-payment of weekly tuition for 4 days includes weekends

★ Abuse of children, staff or property

- ★ Disruptive or dangerous behavior
- ★ Daycare's inability to meet the child's needs
- ★ Violation of Sun, Stars & Moon policies

Parents will be responsible for any legal or collection fees
incurred in settling delinquent accounts

8. This agreement can be changed or terminated by either party with two weeks written notice. All 2-week notices are due on Fridays before the week starts. . If written notice is not provided on the Friday before notice starts on Monday the parent will forfeit the two weeks deposit fee.

9. All meals and snack will be USDA and healthy. If parents bring any snacks please bring ONLY healthy snacks to be shared with all 12-14children even during the Holidays.

I have read this agreement carefully and fully understand the policies of this daycare, I agree to all of the above.

Signature of Parent

Date

Signature of Parent

Date

Napping Agreement Form

New York state regulations (NYCRR sections 416.7: 417.7: 416.8: 417.8) require that sleeping and napping arrangements must be made in writing between the parent and the provider. These arrangements include: The area of the home where the child will nap; whether the child will nap on a cot, mat, or crib; and how the napping child will be supervised.

NAPS:

My child may nap in (initial all that you allow):

daycare room other area

My child may nap on (initial all that you allow):

cot crib other

I hereby give permission for my child(ren) to nap in a room where an awake adult is NOT present IF the provider physically checks on my child(ren) every 15 minutes and ALL doors between the provider and my child(ren) are open. If children are over night or during sleep hours parent give permission for provider to sleep and use a baby monitor in room where children will sleep in living room area on cots.

Parent Signature

Date

How to determine if your child will be permitted to attend daycare:

1. **No temperature greater than 100.4 for that's 99.4 degrees under arm for child** -is unable to return back to daycare until fever free and Tylenol Motrin free for 24 hrs. Plus 24 after the start of prescription medications.
2. **Vomiting-** the child must be able to keep food/liquid down for 24 hrs. before returning to daycare and eat regularly
3. **Diarrhea- (two loose stools)** and your child will need to be sent home and can not return until 24 hours free from loose stools if side effect by medication then it's ok only if they don't run out diaper or cloths. Need proof of meds.
4. **Skin rashes-** under no condition will you be allowed into daycare with a Raw rash must be cleared up go see a doctors get note saying being treated. Or any bumps /rash on body must be checked can't be contagious in order to return.
5. **Pink eye 48 hours after treatment has started and no leaking from the eyes at all.**
6. **Head lice-** If you are identified as having head lice you are not permitted back to daycare until you have a doctor's note stating that you are nit and lice free.
7. **Uncontrollable coughing get dr note**
8. **Severe mucous Example :or continuous runny nose for 5 days**
9. **Flu like symptoms**
10. **Cold sores get a Dr note**
11. **Coxsackie**
12. **Uncontrollable crying for 30 minutes and no colic babies**
13. **Bronchitis or any upper respiratory symptoms NO DAYCARE UNTILL ALL GONE WITH A DR NOTE SAYING ITS GONE!!!!!!!**
14. **Urinary track infection**
15. **Gastro intestinal disease**
16. **Chicken pox**
17. **Strep throat** – you must be on the antibiotic 24 hrs and no fever before you are able to return to daycare 1 full day out of daycare
18. **Measles**
19. **Tuberculosis**
20. **Scabies**
21. **Impetigo**
22. **Hepatitis A**

Your child will need a doctor's note stating what they were checked for! The daycare has the right to send your child home if your child is displaying signs of (being ill or uncomfortable)then will go home. Without a statement from their doctor your child will not be allowed to return to daycare.
READ PLEASE!!!!!!!

Parent's Signature _____ **Date** _____

When Parents or other siblings are sick their other children are most likely to get it to so please be kind and think of other children keep your child home or keep them together **this is a must!!!!!!**

I give
Permission to use Sunscreen,
rash cream, lotion, diaper
cream, and all over the counter
topical creams

My child _____ may have sunscreen applied to exposed skin areas before going outside on warm sunny days in afternoon . If more is need when we are going outside in the afternoon.

I will provide a sunscreen with protection factor (SPF) of 15 or more (without PABA is recommended). Paba gives some children rashes.

I will mark my child's name on his/her sunscreen PLASTIC container with a permanent marker. Parent will apply SUNCREEN on their child before arrival in morning.....We will follow all state and federal guidelines when applying all creams.

Signature of Parent/ Guardian: _____

Date: _____

MY CHILD'S DAILY SCHEDULE FROM WAKE UP TO
BED TIME, AND DISLIKES AND LIKES.