



LITTLE BLUE TOTS DAYCARE

Provider Agreement

Enrollment Date: ____/____/____

Provider's Name: **Little Blue Tots** c/o: **VALLIE MASSEY** and **PATRICE WILBORN**

Address: 6225 East Sydney Drive, Fresno, CA 93727

Work Phone: (559) 840-1848 License Number: 103911169

Mother's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Address: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Address (if different): _____

For the care of the following child(ren): List full name(s), gender and current age(s). **Note: Please include date of birth.**

ANY ALLERGIES? LIST THEM HERE:

HOW DID YOU HEAR ABOUT US? WE'D LIKE TO KNOW...(please be specific):

INTERESTED IN STARTING SOON? TELL US WHEN:

GENERAL INFORMATION:

1. Your child/children will arrive and depart according to the following schedule (Please check all that apply):

Note: Part-time rates are not available; Tuition will only be accepted on a weekly/bi-weekly/monthly basis.

- Monday _____ a.m. _____ p.m.
- Tuesday _____ a.m. _____ p.m.
- Wednesday _____ a.m. _____ p.m.
- Thursday _____ a.m. _____ p.m.
- Friday _____ a.m. _____ p.m.

**Scheduled pick-up / drop-off time must NOT exceed hours of operation: 7:00 am - 5:30 pm.*

HOLIDAYS AND TIME OFF

Little Blue Tots will be closed for the following holidays:

- New Year's Eve (Open Hours 7AM-12PM)**
- New Year's Day**
- Martin Luther King Day**
- President's Day**
- Memorial Day**
- Independence Day**
- Labor Day**
- Veterans Day**
- Thanksgiving (Closed Thursday & Friday)**
- Christmas Eve (Open Hours 7AM-12PM)**
- Christmas Day**

SICK DAYS AND VACATIONS

There is not a charge for any time taken off by the Childcare Provider for sick days or emergencies. In case of emergency or illness, the childcare provider will make every attempt to provide substitute care. However, parents should be prepared with their own backup.

Please notify us no later than **8:00 a.m.** if your child will not be coming that day. If your child is out sick, no tuition reimbursement or rollover will be granted.

We take **1** week of paid vacation each year and we will give you at least **2** weeks written notice of our vacation plans.

You may have **1** week of vacation per calendar year after **6** months of continuous enrollment, for which you do not have to pay, however, if your vacation exceeds **1** week, you will be responsible for the full weekly amount on Monday, following. Please provide as much notice as possible.

SIGN-IN, SIGN-OUT

The parent binder will be made available once you arrive for drop-off and pick-up. The name of your child/children will be displayed on an individual tab that will include a signature form to allow easy signing. This form **MUST** be signed each day your child is in our care. Sign in when you drop them off and sign out when you pick them up.

Parent(s) Initials _____ Date _____

MEALS

The following meals are served each day at no additional charge:

Breakfast	Morning Snack	Lunch	Afternoon Snack
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Should your child arrive after a mealtime, you will be responsible for feeding him/her. Except for special occasions or conditions requiring a special diet, please do not send food with your child. **Never send gum, candy, money or junk food with your child.**

Birthdays are very special days! We will always acknowledge your child's birthday. If you wish to bring treats or something special, that's great! Please let us know in advance what your plans are.

We ensure every effort to provide enjoyable and nutritious meals that offer a variety of foods. Your child is encouraged to try new things, but never forced.

SICK CARE

Should your child become ill during his/her day here, you will be called, and we will determine the best course of action regarding appropriate care, which may include the child being picked up and taken home.

Please keep your child home whenever he/she has a fever or during the first two days of a bad cold or cough. No child will be accepted if he/she is vomiting, has excessive diarrhea, green or yellow thick mucus from the nose, or any potentially contagious disorder. If there are any questions about whether you should bring your child or not, please call us first. We have to be concerned with the well-being of our little ones during a time of illness to prevent an outbreak.

Any medication to be given must come in a clearly labeled, original prescription bottle with dosage information. Non-prescription medicine, if needed, will also be administered, if provided by parent. Written permission is required. We have forms available that must be filled out.

PARENT RESPONSIBILITIES

Parents are responsible for providing:

- 1) Diapers/Wipes/Special Creams or Ointments
- 2) A complete Change of Clothes (including extra socks), labeled with child's name or initials, appropriate for the weather and child's size, to be maintained in child's cubby or drop off bag.
- 3) Specialty Items such as Baby Formula, Parent-preferred Foods/Drinks/Snacks

We welcome toys from home! It is our policy that whatever is brought to daycare is to be shared with the other children. The childcare provider will not be responsible for any theft, damage, or loss of the "share" items. If your child is unwilling to share, we will ask that all items remain at home.

DRESS CODE

Parents are encouraged to bring their child in comfortable, safe, and weather-appropriate attire suitable for playtime. Infant onesies, soiled diapers and pajamas are prohibited upon arrival.

NAP TIME

We ask that parents are respectful and adhere to our naptime schedule. Arrival during naptime is disruptive and will wake the children. Our daily naptime schedule is 12:30pm-2:30pm. If you need to pick-up your child during this time, please notify us in advance and we will make arrangements.

Parent(s) Initials _____ Date _____

PHOTOGRAPHY CONSENT

I, the parent of _____ give / do NOT give (*circle one*) **Little Blue Tots** permission to photograph my child during daycare hours. I understand that the photos may be used on displays within the daycare, for artwork or possibly on my own daycare web page. Children’s full names will never be used on the web page.

SOCIAL MEDIA



It’s our priority to engage parents in day-to-day activities and photos that allow us to share the little things about our tots. For your convenience, Little Blue Tots Daycare is online! If you would like to be tagged in photos/videos of your child, please give us your username:

Instagram: _____
Facebook: _____
Twitter: _____

YouTube: _____
Snapchat: _____

CHILD ABUSE

We are required by law to report any sign of neglect or abuse of the children in our care and will promptly do so. We are liable as childcare professionals for this responsibility and can be fined and/or jailed for failure to do so.

TOILET TRAINING

We will coordinate with you when your child is ready. An appropriate age for 24-30 months is normal, however, this process can vary from child to child. Extra clothing will be required during the training period.

NOTIFICATION OF CHANGES IN VITAL INFORMATION

Any change in address, telephone numbers (home, work or emergency contact) **MUST** be given to us as soon as possible. All names and telephone numbers on your child’s emergency forms **MUST** be kept current. Your child will only be released to persons listed on the form who can show us proper identification. **NO EXCEPTIONS!**

OTHER SPECIFIC INSTRUCTIONS/ARRANGEMENTS

Parent(s) Initials _____ Date _____

FEE AND PAYMENT AGREEMENT:

(I) (WE), _____, the parent(s) or the responsible financial party for _____

Name of child(ren)

Agree to pay **Little Blue Tots** c/o: **VALLIE MASSEY** and **PATRICE WILBORN** _____
Name of Child Care Provider

for the care services according to the following:

Based upon the hours arranged for childcare the agreed payment rate is \$ _____ per week/bi-week/month.

*NOTE: *If you are enrolled in a Tuition Assistance Program, such as the County, State Subsidized Program, etc., please be advised, if at any time tuition is interrupted or you are no longer enrolled in the assistance program, you are required to remit payment of the rate shown above, if you intend to continue care. You must provide us notice **2 weeks** in advance, of any changes.*

1. Payment is made to secure and maintain a position on our childcare roster for your child(ren).
2. Payment is expected for each day regardless of illness or should you decide to keep your child home with you on certain days.
3. Payment is due and payable every **Monday** at morning drop off. Please be advised, if your payment is not received on **Monday**, your child will not be accepted for care on **Tuesday**, unless other arrangements were discussed with the childcare provider.
4. If you arrive for pick up after **5:30pm**, an additional charge of **\$1.00 per minute** will be due upon arrival. The maximum time allowed for late pick up is **30 minutes**.
5. Inform us, in advance, if your child(ren) cannot be brought or picked up at the regular time.
6. Reimbursement will be expected for any damages done by the child to the childcare provider's residence while the child is in our care. The amount will be the replacement cost.
7. **2 weeks** advance notice is required if the child is to be permanently withdrawn from our care. **2 weeks** pay will be required in lieu of the **2 weeks** notice. Provider will also give **2 weeks** notice prior to stopping care, except in cases of gross misconduct on the part of the parent or child.

Parent(s) Initials _____ Date _____

NAMES OF PERSONS AUTHORIZED TO TAKE MY CHILD(REN) FROM FACILITY:

Persons authorized to pick up your child from daycare must be provided below. These individuals need to be at least 18 years of age and may be required to show proof of identification. Future amendments to this list must be provided in writing by the parent.

Name of Person	Relationship	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER SPECIAL ARRANGEMENTS:

CONTRACT CHANGES AND RENEWAL

2 weeks notice will be given by provider prior to any significant changes in this contract. This contractual agreement will be reviewed at the beginning of each year. If you have any questions, please ask. Keep this copy of the contract so that you may refer to it at any time.

By signing this agreement, I agree to comply with all the terms contained herein. A copy of this contract will be provided to all parties.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Childcare Provider Signature _____ Date _____