



# ENROLLMENT CONTRACT 2011-2012

**The Bear's  
Den**  
Home Child Care

Welcome to my daycare home. This contract will explain the rules and regulations of The Bear's Den Home Child Care, outline the responsibilities of the parent/guardian, and the provider, and set rates and holidays for daycare. My business hours are from 9am-4pm. Everyone must be picked up on or before 4pm each day: Exceptions may apply if set-up ahead of time.

## **Parent/Guardian Responsibilities:**

- Have all necessary forms returned BEFORE care begins.
- Payment is expected in full the first day of **each month or week** your child is in my care.
- A one-time \$150 processing fee is required to guarantee your child's enrollment and hold their spot.
- Provide the child with proper clothing for indoor and outdoor play (hat/sunglasses etc...). Also provide an extra set of clothing daily.
- Sunscreen prior to arrival when needed.
- Provide a car seat for child (when requested).
- Inform the provider in advance, if possible, if your child will be late in arriving, will not be coming, or if your child cannot be picked up on time.
- Promptly inform the provider of any illness or contagious disease that your child might have been exposed to.
- Ask the provider for a conference if any questions and/or concerns arise.
- Be familiar with the provisions outlined in the contract.
- Parents/Guardians are expected to provide diapers & bottles/sippy cups.
- Please remember: This is my HOME, not a Daycare Center.

## **Provider Responsibilities:**

- To provide a loving home environment for the children in my care so that they will be happy healthy children.
- To provide a home that supports the physical, social and emotional needs of the children.
- To furnish toys, games, books, learning activities etc., which stimulate growth and development
- I will journal daily in the child's personal notebook, which I will provide, on the day's activities, behaviors etc... I ask that you read daily and return the following day. Your notes are also appreciated.
- To provide nourishing meals and a snack. (breakfast, lunch and pm snack).
- To provide naps/rest time daily for children. I will try to accommodate individual schedules.
- To keep the children as safe as possible.
- To inform parents in advance, if possible, if I am temporarily unable to provide care.
- To attend workshops and classes that would further my knowledge in any area of child care.
- To report to the Department of Social Services any suspicion of abuse or neglect of a child.

Initials: \_\_\_\_\_ (both parents/guardians)



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## **Discipline:**

I have several methods for managing misbehavior and teaching cooperation: redirection, natural and logical consequences, "Love and Logic", and "Sit and Watch", (as opposed to "Time Out"). I am always ready to work with a parent to form a co-operative plan in the best interest of the child. My goal is not to punish, but to encourage children to make the right choices. I believe that by empowering children, we are fostering an increased level of self-esteem. I redirect negative behavior and encourage children to engage in constructive activities. To support the development of empathy, I encourage children to think of ways they can help the child they upset feel better, for ex: Draw them a picture, or offer a favorite toy. By supporting problem solving skills and a providing a nurturing environment, children effectively and respectfully learn from conflict.

## **Meals & Snacks:**

Adequate child care is defined as a safe and wholesome environment where the child is cared for and offered two (2) meals and one (1) snack per day in accordance with the USDA regulations. The Bear's Den works in conjunction with Wildwood, which is a government subsidized child and adult care food program. A representative from Wildwood will drop-in and have scheduled visits to oversee that proper food prep and menus are within the Wildwood guidelines. NOTE: The child needs to be in care at the times the meals and snacks are served. The child has access to beverages/water throughout the day.

Times are as follows: Breakfast 9am-9:30am, Lunch 1 lam-12:00pm, Snack 3pm-4pm. If your child cannot be here when a meal begins, it is your responsibility to feed your child before he/she arrives.

NOTE: Times may vary based on age of the children.

NOTE: I will be offering Organic Milk and other organic products when available.

## **Naps:**

The Colorado State Licensing Regulations require that children under the age of 5 have a nap/rest period each day. Times will vary due to the childs/parents schedule initially. We will work toward having a set morning and afternoon nap schedule that is agreeable to the parents, child and provider.

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### **Illness/Emergency:**

Please inform me if your child has been ill. I will continue to care for an ill child if the illness is minor, such as a cold. I will NOT care for a child that has the following: a temperature 100.5 and above, an unusual rash, red/pink eyes, vomiting or continuous diarrhea. If your child becomes ill during care, I will provide a separate space (sick room) for the child. The parent will be notified and we will assess the situation on a case by case basis. If I, the provider, feel the child is too ill to remain in care, you will be notified. I would expect and ask that you please make prompt arrangements for your child to be picked up. At the discretion of the provider, the child may not be readmitted to the daycare home until the provider receives written or verbal word from the child's doctor concerning the health of the child. I reserved the right to refuse care for any child that is obviously too ill to be in care. This is for the protection of the other children in my care, my family and myself.

In case of an emergency, I will contact the child's doctor, a hospital, or a rescue squad. This notification will take place immediately after the onset of an unexpected illness or if an accident occurs. Parental notification will be as soon as the child is in the care of the professionals and out of danger.

### **Sick Days:**

You will be notified as soon as possible when I am unable to provide care due to my own illness or the illness of someone in my family. Sick days are paid. Provider is entitled to 3 sick days per calendar year. I will notify each family when I can resume care. NOTE: Sick days do not roll-over or count as vacation days.

### **Children's Absences:**

Please inform me as soon as possible if your child will be absent. I will offer **one (1) complimentary sick day for your convenience per calendar year**. After it has been used, there will be no refunds or adjustments made to your daily charge for your time missed due to illness.

### **Medications:**

Prescription and over the counter medications can and will only be administered after proper completion of a medication administration form for each medication. The form must be signed by the doctor with specific directions regarding dosage, time and storage. Medications must be brought in the original containers with the original instructions as well. I have enclosed some of these forms in your packet. I would recommend leaving a few in your diaper bag for emergencies. I am aware this is tedious; however, it is necessary per Colorado State Law and is a Child Care Licensing requirement.

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## ENROLLMENT CONTRACT 2011-2012

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### **Vacation:**

Provider is entitled to **10 days of paid vacation per calendar year**. These days do not rollover to the following year. Parents will receive 30 days notice prior to my daycare home temporarily closing\*. There are certain holidays when my child care home will be closed: New Years Eve and New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving & the day after and Christmas Eve, Christmas Day and day after. These days are not paid.

When children are removed for their own vacation/holiday, a 100% daily charge will apply as I will be holding their spot.

\*not guaranteed; however will be honored whenever possible.

### **Toilet Training:**

I will be glad to assist you when your child is ready to enter the toilet training phase. This is an important period for your child and is most successful when we work together. I ask that you provide an adequate supply of training pants/pull-ups for your child. Clothing for this stage should be selected for easy on and off.

### **Fundraising:**

**Casino Night is the only fundraiser that The Bear's Den participates. The parents will be asked to volunteer their time, help sell tickets and use their resources when possible. This event has been a great source of funding for new equipment, supplies etc... Thank you in advance for your support.**

### **Emergency Plan:**

In the event an emergency does occur, the children's safety would be the first priority. Then notification of parents, and proper authorities, if applicable, would follow. Our evacuation plan will be posted on our Bear's Den Bulletin Board, which we will review periodically during your child's care.

### **Damages:**

If your child damages or breaks a toy, a piece of equipment, etc., it is the parent/guardians responsibility to replace the item within (2) two weeks of the incident. If the item is not replaced, that charge will be added to the next week's daycare fee before care continues for your child.

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## **Dismissal Policy:**

If it becomes necessary to remove your child from my daycare home, parents/guardians must give the provider a paid (2) two week notice. If there is need for debt collection, registered services will be used at the expense of the negligent party.

## **Training/Continuing Education:**

I am required by the state to take, at least, 15 hours of continuing education per year. I will try to take most of my training in the evenings and on weekends but that is not always possible for some of the courses. I will inform you in the event I will need to take time during the week.

## **Early Childhood Partners/ Child Find:**

The Bear's Den works closely with Early Childhood Partners and Child Find, to offer a better more advanced program. Representatives from both organizations are available to The Bear's Den and families of enrolled children. Their services are free and The Bear's Den will be taking advantage of them throughout the year. A questionnaire will be offered to all parents in February of each year so the provider and family's work toward developmentally appropriate practices and preventative screenings (i.e. hearing, vision, motor, speech). NOTE: This service is COMPLIMENTARY and can be performed on location at The Bear's Den.

## **Outings & Transportation Policies:**

I ask for the parents/guardians cooperation when the rare occasion occurs to transport the children for a field trip or outing. Car seats are the responsibility of the parent/guardian.

The parent/guardian agrees to pay for expenses for field trips (Expenses will be minimal and not the norm). Such expenses include: meals purchased outside the daycare home and admission fees. Please pay the morning of the field trip unless pre-payment was required. Again, this will not be the norm.

## **Tuition & Fees:**

The fee schedule will be \$50 for a full day (9am-4pm), \$35 for a half day (4 hours/less), and \$15 hourly. A \$10 late fee will be assessed for every 10 minutes. Payment would be appreciated at the beginning of each week or if you prefer to pay monthly, payment will be expected at the beginning of the month.

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**House Rules:**

There are certain rules that I have established for my daycare home that are essential to the safety and smooth functioning of the home. These rules are to be respected by the children at all times:

1. Play, Smile and Learn
2. NO hurtful name calling
3. NO biting
4. Treat others as you would like to be treated
5. Practice table manners at each meal
6. All toys are to be shared with the other children (exceptions would be a special toy or blanket)
7. Help clean up after each activity
8. Best behavior is required on ALL outings, field trips etc...
9. Gain an appreciation for the outdoors.
10. Most of all: HAVE FUN!!!!

**Additional:**

Please make sure your diaper bag is fully stocked with your child's personal items. I will have some items available but would appreciate parent's assistance in replenishing supply.

Signature: \_\_\_\_\_ (both parents/guardians)

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

Taralyn Walters  
Owner/Operator  
The Bear's Den  
License #: 1524948



The Bear's Den is a Brightstart Supporter and  
Funding Recipient



# CHILD'S HEALTH REPORT

**The Bear's  
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The day care facility must obtain for every child who enrolls in childcare programs a signed and dated statement of the child's current health status, which indicates the child's abilities, and/or limitations to participate in a regularly scheduled child care program. **This report is to be filled out by a licensed physician** or other health care professional, who has seen the child in the last twelve months. The physician may use his or her own form if so desired. **Please Print:**

Name of Physician: \_\_\_\_\_

Name of facility: \_\_\_\_\_ Type: \_\_\_\_\_

Address of facility: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Pager: \_\_\_\_\_

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

Address of child: \_\_\_\_\_

Past Illnesses and approximate dates:

Chicken Pox: _____	Asthma: _____	Epilepsy: _____
Rubeola: _____	Hay Fever: _____	Whooping Cough: _____
Rubella: _____	Diabetes: _____	Poliomyelitis: _____
Rheumatic Fever: _____	Mumps: _____	Other: _____

Surgery/Accidents/ Illnesses / Chronic Health Problems: \_\_\_\_\_

Describe any physical condition requiring the facility's special attention: \_\_\_\_\_

Prescribed medications: \_\_\_\_\_

Dose and routine: \_\_\_\_\_ Allergies: \_\_\_\_\_

Tuberculin test given: Date and Result: \_\_\_\_\_ Vision: \_\_\_\_\_

Chest x-ray taken: Date and Result: \_\_\_\_\_ Hearing: \_\_\_\_\_

Date of my most recent examination of the child: \_\_\_\_\_

**Please record all immunizations and dates (must be current) and attach to this form.**

\_\_\_\_\_  
**Licensed Physician** or other health care professional

\_\_\_\_\_  
Date



# EMERGENCY RELEASE

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### Consent to Emergency First Aid and Transportation:

I hereby give permission that my child, \_\_\_\_\_, may be given Emergency treatment by a staff member at The Bear's Den. I also give permission for my child to be transported by car or ambulance, to and emergency center for treatment, and agree to hold The Bear's Den and its employees harmless.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent To Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold The Bear's Den and its employees harmless.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Information

1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

3. Regular Medications: \_\_\_\_\_

4. Blood Type: \_\_\_\_\_

5. Medicine allergic to: \_\_\_\_\_

6. Food Allergies: \_\_\_\_\_

7. Any other Allergies: \_\_\_\_\_

8. Any special health conditions: \_\_\_\_\_

### Field Trip Permission:

I hereby request that my child, \_\_\_\_\_, be permitted to participate in field trips, to the park, or any other activities that would involve taking my child outside of The Bear's Den.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Permission to Use Sunscreen

My Child, \_\_\_\_\_, may have sunscreen applied to exposed skin areas before going outside on sunny days. I will provide a sunscreen with a sun protection factor (SPF) of 30 or more (without Paba is recommended).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# CHILD'S ADMISSION RECORD

**The Bear's  
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Date of Enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Name/Employer: \_\_\_\_\_

Business #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name/Employer: \_\_\_\_\_

Business #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Who should be called if parents are not available? \_\_\_\_\_

Person's designated to pick-up: \_\_\_\_\_

Anyone NOT ALLOWED (if yes, why): \_\_\_\_\_

Child's Doctor's Name and #: \_\_\_\_\_

Other children in the family (list names and ages): \_\_\_\_\_

Please list play habits: \_\_\_\_\_

Sleep Patterns: \_\_\_\_\_

Likes/Dislikes: \_\_\_\_\_