

WELCOME TO TOTS 'R' US

Our Promise:

Tots R Us daycare staff will notify you if your child(ren) becomes ill during the day. That includes, fevers of 101 degrees or more, vomiting, diarrhea, a rash or not enough to participate in childcare that day. If Tots R Us staff is worried about your child(ren) passing their condition on to the other children or the child(ren) would be more comfortable at home resting. Tots R Us staff will notify you. Note Tots R Us daycare staff will not give any type of medication to your child(ren) unless it is an EPI PEN!

If your child has a special diet please send those items with your child, as I may not have the necessary items on hand.

If your child(ren) have been exposed to any contagious diseases or is diagnosed with one, please inform Tots R Us Daycare staff immediately so we can contact other parents.

MEALS:

Your child will be enrolled in the Child Care Food Program. Meals will be served at the following times:

Breakfast: 8:00am-8:30am

Snack: 10:00am-10:15am

Lunch: 11:30am-12:00pm

Snack: 1:30pm-1:45pm

If your child will be arriving after a meal time has begun, but you still want your child to eat here, prior notice is required. Bringing a meal from a restaurant and having the child eat here causes hard feeling from the rest of the children and is therefore, not allowed.

Infant formula: If you have an infant using formula, you have the choice of providing the formulas yourself or having me provide the formula. If you choose a premium-priced formula, you must provide it yourself.

NAPTIME/QUIET TIME:

All children are required to participate in a nap or quiet time.

PERSONAL ITEMS:

- Change of clothing for infant/toddlers
- Pamper/pullups/wipes (A week supply at a time)
- Formula, 1 bottle/sippy to keep at daycare

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TOYS FROM HOME:

Please DO NOT let your child(ren) bring toys/personal items from home. When a new toy/item comes into daycare all children want a turn to check it out. It is extremely hard to share with all the other children no matter how good a child is at sharing.

TOILET TRAINING:

I feel most children are ready to begin toilet training when they are between two and three years of age. This is something we should discuss between us when you feel your child(ren) is ready to be toilet trained. When that time comes dressing your child in a one piece outfit such as overalls, or using pants with difficult snaps will cause frustration. Please take that into consideration each morning enduring the toilet training process.

LICE POLICY:

If your child(ren) has lice, your child(ren) will need to complete two treatments as stated on the bottle before returning back to daycare. Every monday we will do lice checks for the safety of everyone.

OPENING/CLOSING:

Opening time is: 7:30am (Drop off times: 7:30-9:00 **NO LATER THAN 9AM**)

Closing time is: 4:45pm (**NO PICKING UP LATER THAN 4:45 OR \$1.00 A MINUTE WILL BE DUE THE DAY OF LATE PICK UP**)

UNENROLLMENT:

When un-enrolling your child(ren) in Tots R Us Daycare you must give a two weeks notice, or you will be billed for those two weeks. This may cause you not to enroll your child(ren) in Tots R Us Daycare again.

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PAYMENTS:

All childcare payments will be due the 1st of each month, if you pay out of pocket a deposit will be required for the first month of childcare. If you go through childcare assistance you will need to have your child fully enrolled into childcare before their first day of childcare. If you have a copay you must pay the 1st of each month and no later! If you don't pay the 1st day of each month a \$10.00 charge will be added daily as you are late for payments. Late payments may cause being unenrolled in Tots R Us Daycare.

Mandy R. Davis

701-472-1526

Mandy.Morin07@gmail.com

Parent/Guardian Signature

Date

____/____/____

Notice - There must be a **Two-Week Notice** or you'll be charged the weekly rates.

CHILD CARE REGISTRATION FORM

The information requested below needs to be filled out by the Parent/Guardian.

Child Care Registration Form				Date child entered care	Date child left care
Child's name	Last	First	Middle	Name (Nickname) used	Birthdate
Street address			City	Zip code	
Child's parent/guardian name		home phone # () -	cell phone# () -	alternative phone # () -	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Child's parent/guardian name		home phone # () -	cell phone# () -	alternative phone # () -	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Other than you, who else has permission to pick up your child?					
Name		Address		Telephone number	
Name:				Home: () -	
Relationship:				Cell: () -	
				Alternative: () -	
Name:				Home: () -	
Relationship:				Cell: () -	
				Alternative: () -	
Name:				Home: () -	
Relationship:				Cell: () -	
				Alternative: () -	
Name:				Home: () -	
Relationship:				Cell: () -	
				Alternative: () -	
In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.					
Parent/Guardian signature: _____					
Name		Address		Telephone number	
Name:				Home: () -	
Relationship:				Cell: () -	
				Alternative: () -	
Name:				Home: () -	
Relationship:				Cell: () -	
				Alternative: () -	
Name:				Home: () -	
Relationship:				Cell: () -	
				Alternative: () -	

Child Care Provider Name: _____ Provider #: _____

Is this child(ren) related to the provider? Yes ☐ No ☐ If yes, how? _____

Check if enrollment is for ☐ new child(ren) ☐ update of a previous enrollment

CHILD ENROLLMENT FORM

The information requested below needs to be filled out by the Parent/Guardian.

Parent/Guardian Name: _____

Parent/Guardian Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ Work Place: _____

Cell Phone: _____ Email Address: _____

If new to this child care home, your child's start date is/was ____ / ____ / ____

Record your child's name and birth date and check (X) the meal(s) and snack(s) your child(ren) will **NORMALLY** receive at this child care home.

Child's first and <u>last name</u> (circle child's gender)	(✓)if Foster Child	Birth Date	Age	Breakfast	Morning Snack	Lunch	Afternoon Snack	Dinner	Evening Snack
M F									
M F									
M F									
M F									
M F									

If you have chosen **NOT** to enroll your child(ren) in the food program, check here ☐

My child's(ren's) NORMAL arrival and departure times are from _____ to _____

Circle the days your child(ren) will NORMALLY be attending this child care home. M T W T F

Describe any variations in their schedule: _____

CHILD ENROLLMENT FORM

The information requested below needs to be filled out by the Parent/Guardian.

PARENTS OF INFANTS:

Your child care provider must offer at least one brand of iron-fortified formula. The brand of formula offered by my child care provider is

brand and supplying your own formula. Infants must be served breast milk or iron-fortified formula until they are one year old. By 8 months, it is expected that your child will be receiving semi-solid foods along with breast milk or formula.

You have the option of declining that

My choice for CACFP Infant Participation is:

I choose to supply expressed breast milk to my child care provider to serve at meal times.

I choose to accept the iron-fortified infant formula that my child care provider has offered.

I have chosen to decline the brand of formula from my provider. I will supply the formula for my infant.

Civil Rights Information: Please indicate the ethnic **AND** racial identity of your child(ren) by checking both categories below. The collection of this information is used for statistical reporting and to ensure all children receive benefits under this program

1. Mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino **AND**

2. Mark one or more racial identities: ☐ White ☐ Black or African American

☐ American Indian or Alaskan Native ☐ Asian

☐ Native Hawaiian or Other Pacific Islander ☐ Other

I understand my child(ren) will receive meals at no extra cost, nor will I be asked to provide food (except infant formula, if my preference of formula is different than the type my provider supplies) while enrolled in the CACFP under this provider's care. I have received the parent guide which explains the food program and know that I may call the CACFP office with any questions and/or concerns for reimbursement.

Parent/Guardian Signature

Date

____/____/____

This child enrollment will expire after one year.

USDA is an equal opportunity provider and employer.

BITING POLICY

Even though biting is a perfectly normal stage of development during childhood, it is required by Turtle Mountain Child Care Assistance Program that Child Care Providers maintain a safe and healthy environment for all children in child care.

Biting occurs for many reasons whether it is teething, a lack of language, frustration, attention getting, being overly tired or simply just trying to get a reaction from someone.

Here is a biting policy that is recommended for providers to abide by:

- If your child bites 3 times (as long as the skin on the other person is not broken) on any one day, then your child will be sent home for the remainder of the day.
- If at any time the skin is broken due to a bite, then the child will be sent home immediately.
- If the biting continues and is severe to where it becomes necessary to send the child home on a daily basis or is adding excessive tension on the other children or the environment, it may become necessary to terminate the child.

Parent/Guardian Signature

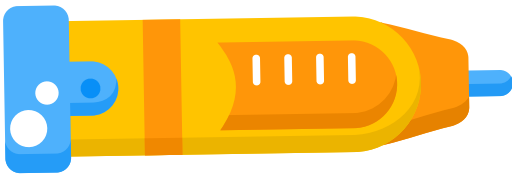
Date

____/____/____

MEDICATION FORM

Medication

- Providers are no longer allowed to be administering medication.
- Parents are welcome to go to the daycare and give their child medication.
- Medication cannot be left at the daycare.



Epinephrine (EpiPen): is used to treat severe allergic reactions to insect stings or bites, foods, drugs, and other allergens.

Epinephrine is also used to treat exercise-induced anaphylaxis.

Epinephrine auto-injectors such as EpiPen and EpiPen Jr. may be kept on hand for self-injection by a person with a history of severe allergic reaction.

Providers should have an EpiPen on hand if there are any children with allergens. Providers should get information on the EpiPen.

Parent/Guardian Signature

Date

____ / ____ / ____