

Enrollment date:



Child's Full Name: _____ D.O.B.: _____

Nickname or what child is typically called: _____

Teacher's Information

Name: _____ Home Address: _____

Cell Phone: _____ Texting ok? Employer (county): _____

School: _____ Teacher Contract Hours: _____

School Address: _____

School's main Phone: _____ Classroom Direct Phone: _____

School Email: _____ Check if preferred email

Other email: _____ Check if preferred email

Other Parent or Guardian Information

Name: _____ Home Address: _____

Cell Phone: _____ Texting ok? Employer: _____

School (if applicable): _____ School/work Hours: _____

School/Work Address: _____

School/Work's main Phone: _____ Classroom Phone (if applicable): _____

School/work Email (if applicable): _____ Check if preferred

Other email: _____ Check if preferred

Emergency Contact #1

Name: _____ Phone: _____

Relationship: _____

Address: _____
(Street) (City) (State) (Zip)

Employer: _____ Work Phone: _____

Cell / Other Phone: _____ Texting ok?

Emergency Contact #2

Name: _____ Phone: _____

Relationship: _____

Address: _____
(Street) (City) (State) (Zip)

Employer: _____ Work Phone: _____

Cell / Other Phone: _____ Texting ok?

Medical Info

Doctor's Name: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Preferred Hospital: _____ Phone: _____

Is your child up to date on shots? (Yes / No) Date of last checkup: _____
(Please circle one)



This agreement is entered into on the _____ day of _____, _____
(Month) (Year)

between

Parent / Guardian #1

Parent / Guardian Signature Printed Name Relationship Date

Parent / Guardian #2 (if applicable)

Parent / Guardian Signature Printed Name Relationship Date

and

Childcare Provider (hereinafter referred to as "Special Blessings")

Name: **Special Blessings Home Daycare** Phone: **703-472-2780**

Address: **10907 Walter Taylor Road** **Bristow,** **VA** **20136**
(Street) (City) (State) (Zip)

Provider Signature Printed Name Date

for the care of

Child's Name: _____ D.O.B.: _____

for the school year of

_____ - _____.

Authorization Signature(s)

By signing this agreement, all parties agree to abide by the policies and procedures specified within. The procedures for termination of this contract are located within this document under the Termination of Services section.

(Childcare Agreement - Page 1 of 6)

1.) Length of Contract

This contract refers to the 2018-2019 school year. If snow or other circumstances force the schools to remain open later than this date, *Special Blessings* will remain open until the last contracted teacher work day.

2.) Hours of Service

Under this agreement, childcare will be provided for the above named child during the following hours of 7am -4:30pm.

It is important that the above hours are adhered to. If the *Parent / Guardian* is late in picking up their child, they are responsible for notifying *Special Blessings* as soon as possible so that arrangements can be made. It is also understood that there are occasional before or after school meetings, so if the *Parent/Guardian* needs to come early or stay late, arrangements need to be set with the provider in advance.

Repeated late pickups can result in termination of this agreement by *Special Blessings*. In addition, a fee of **\$15.00** will be charged for **the first 15 minutes, and then \$1.00/minute thereafter** that the parent is consistently late in picking up his/her child. A warning will be given before a parent begins receiving late fees.

3.) Rates and Fees

Upon registration for full time enrollment, a **\$210.00** deposit will be collected. The deposit will be returned within two weeks of the child's last day of daycare, provided all terms and conditions set forth in this agreement have been met, and the child is not interested in returning for the next school year. The agreed upon fee for childcare is **\$9,030.00/school year**. This fee can be paid weekly, **\$210.00** is due on the first day of the week attended, and will be due each week for the 43 weeks enrolled. It can also be paid monthly at **\$820.91** (11 equal payments Aug-June) and will be due on the first day of care in each month. (See payment schedule below.)

The Provider may change the agreed upon rates of this section by supplying the *Parent / Guardian* with **two** week(s) written notice.

4.) Attendance

The agreed upon rate in Section 2 "Rates and Fees" for both full and part time enrollment is payable regardless of whether the child actually attends the daycare on the days. Please notify *Special Blessings* in the case of an absence or late arrival.

5.) Payments

Payments are promptly due on the terms of Section 2 "Rates and Fees". If a payment for childcare is late, a late fee for the amount of **\$15.00** per day will be assessed. One grace day will be provided.

Repeated late payments can result in termination of this agreement by *Special Blessings*.

Any returned check fees will be the responsibility of the parent. If the bank returns **two** checks, *Special Blessings* reserves the right to demand that all future payments be made in the form of cash only.

6.) Termination of Services

The contract is in effect from the first teacher work day in August to the last teacher work day in June. If the *Parent/ Guardian* chooses to remove their child from *Special Blessings* within the school year, the deposit will be forfeited. If the *Parent / Guardian* chooses not to come back in the fall, *Special Blessings* must receive written notice at least **two** weeks prior to the last full week in **June** or your deposit will be forfeited.

Special Blessings may terminate the agreement immediately in the event that the child's behavior endangers the other children or the care provider.

Special Blessings may also terminate the contract early for repeated violations of this agreement by the parent.

7.) Holidays

Daycare will be closed, and no services will be provided during school holidays. When teachers are off, *Special Blessings* will be closed.

8.) Snow Days/ Delays

In the event that schools are closed for a snow day, *Special Blessings* will also be closed. Snow days will not be pro-rated. If time needs to be added to the school day or to the end of the year, *Special Blessings* will accommodate the teachers adjusted schedule.

In the event of a two-hour delay, *Special Blessings* will open at 8am. If the *Parent/Guardian* needs to drop off earlier than 8am, please simply contact *Special Blessings* ahead of time.

9.) Teacher Work Days

Special Blessings will be open for every teacher work day.

10.) Personal Days

The *Special Blessings* Daycare provider will take up to four personal days per year. The daycare provider will give written and verbal notice when these dates will occur as soon as possible. The provider will try to give **two** weeks notice, but circumstances may arise where the need to take a day will be immediate. *Special Blessing's* personal days **WILL NOT** be prorated.

11.) Summer Vacation/Christmas Break/Spring Break

Special Blessings will be closed for Christmas Break, Spring Break and Summer Break. Dates are based on the official school calendar, and may shift and change based on snow day make ups. If students are in school, *Special Blessings* will be open.

If the *Parent / Guardian* chooses not to come back in the fall, *Special Blessings* must receive written notice at least **two** weeks prior to the last full week in **June** or your deposit will be forfeited.

If the *Parent / Guardian* chooses to take vacation during the school year, the *Parent/Guardian* is responsible for the full weekly cost.

Special Blessings agrees to give the *Parent / Guardian* **four** weeks notice if *Special Blessings* intends to close the daycare to accommodate a vacation by the care provider if it occurs during the school year. *Special Blessings* may close the daycare for a maximum of **one** week per school year for vacation purposes. The *Parent / Guardian* WILL NOT be required to pay *Special Blessings* while the caregiver is on vacation.

It will be the responsibility of the parent to find care for the child when the care provider at *Special Blessings* is on vacation. You can ask the caregiver for some recommendations for alternate care if interested.

12.) Supplies

The *Parent / Guardian* will be responsible for providing the following supplies to *Special Blessings* for use in the care of the child:

- Diapers
- Wipes
- 2 Sippy Cups
- Rash Creams or ointments
- One extra full set of clothes to remain at *Special Blessings* in case of spill or accidents.
- Infant's parents are to provide their own formula and baby food. Each item must be clearly labeled with the child's name.

13.) Sickness of the Provider

In the rare instance the care provider at *Special Blessings* is personally sick, she will notify parents as early as possible. It will be the responsibility of the *Parent / Guardian* to provide alternate care for the child. If interested, ask the caregiver at *Special Blessings* for alternate care providers. Sick days are not prorated for full OR part time care.

14.) Sickness of the Provider's Child/Children

In the case of the daycare provider's own child/children being sick with something that is contagious, she will notify the parents as soon as she can about the illness. In most cases, daycare will remain open, and it will be up to the parent's discretion as to whether or not to send her child to *Special Blessings*.

There may be an instance where the daycare provider will need to close the daycare due to her child/children's illness. If this is the case, she will notify all parents immediately. It will then be the responsibility of the parent to find alternate care for their child. The daycare cost will not be reimbursed if this incident were to occur.

15.) Meals and Snacks

The following meals and snacks will be provided at no charge as part of the rates agreed upon in Section 2 "Rates and Fees":

Number provided	
Breakfast	1 per day
Lunch	1 per day
Snacks	1-2 per day

Children are permitted to bring food from home. Please label all food brought from home.

(Childcare Agreement - Page 4 of 6)

16.) Potty Training

If the child has had success in potty training at home, *Special Blessings* will attempt to provide assistance in the potty training process at their discretion during daycare. The *Parent / Guardian* agrees to keep the child in diapers or “pull-ups” until the child has demonstrated the ability to remain “accident-free” for a period of at least **two** weeks at home.

17.) Child’s Illness

If the child is exhibiting any of the following symptoms, the child will not be accepted for care that day and alternate care arrangements should be made.

- fever of 101 degrees or above
- vomiting
- diarrhea
- sore throat
- frequent coughing
- heavy runny nose

The child will return to the family daycare when the symptoms have ceased or with a note from the child’s physician stating that the child does not have a contagious conditions.

If a child develops symptoms of illness while at the daycare, the parent will be immediately contacted. If a child develops a fever of 101 degrees or above, the parent must pick up the child within an hour of being notified.

When a child has a fever of 101 degrees or above, he/she must be fever free for 24 hours before returning to the daycare.

This policy is implemented to ensure the safety and well being of the other children in the daycare and the care provider.

18.) Guidance Policy

Special Blessings will try to manage behavior by providing an environment where there are enough toys, activities, and stimulation to keep children occupied. *Special Blessings* also always uses positive reinforcement, modeling, and strives to daily teach the children how to communicate with one another to avoid struggles. When a problem arises, children will learn problem-solving skills, responsibilities and consequences for their choices. Discipline will be positive and constructive rather than instating a sense of punishment.

Some techniques used:

1. Redirection – removing the child from the situation, and redirecting attention to another object or activity.
2. Calm Down Time – Often this will mean being moved to an isolated location where the child has space and toys to play with on his or her own. Basically, this is a version of time out, but instead of the child sitting in a chair, watching his or her peers play, he gets to play, but on his own until he is ready to rejoin the group. Of course, the child will be monitored while “calming down.”
3. Removal of privileges – One way to show that there are consequences for a child’s actions is to remove a privilege from the child. An example of this could be anything from not allowing the child to play with a particular toy for a certain period of time, to sitting out of an activity for a short period of time.

If a child does need Calm Down Time or has a privilege removed, the care provider will always talk about the choices that the child made and what other choices could have been made to avoid the consequences.

(Childcare Agreement - Page 5 of 6)

19.) Child Release Policy

Under no circumstances will the child be released to anyone other than the individuals named on the "Child Pickup Authorization" form.

20.) Visitors

On occasion, *Special Blessings Home Daycare* will have a drop in visitor. Often it will be friends or family traveling from out of town. Other times, it may be a local mom with a young child looking for some play time for her little one. Be assured that if a visitor is here, the provider's focus and purpose is always to the children. The visitor always acts as an extra set of hands to help with the needs of the daycare children. If the provider knows about the visit ahead of time, she will always notify the *parent/guardian* prior to the visit.

21.) Unlicensed

Special Blessings is an unlicensed home daycare, but has been operating since 2009 this way. It has been in compliance with local and state regulations.

<http://www.pwcgov.org/government/dept/planning/zoning/Pages/Childcare-within-a-Residence.aspx>

Virginia law now requires that unlicensed daycares must provide in writing that they are unlicensed and not regulated by the Department of Social Services. For further info, see <http://law.lis.virginia.gov/vacode/63.2-1704.1/>

(Childcare Agreement – Page 6 of 6)



This payment schedule is subject to change. It is based on the PWCS school calendar year.

Weekly Payment option:

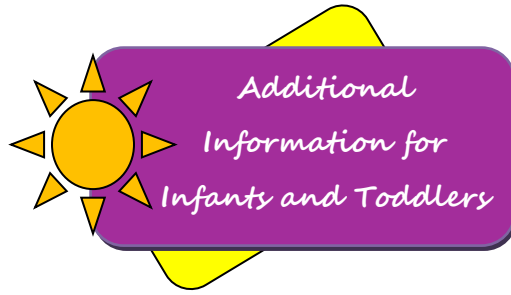
Week	Payment
1. Aug 20-24	210
2. Aug 27-31	210
3. Sept 3-7	210
4. Sept 10-14	210
5. Sept 17-21	210
6. Sept 24- 28	210
7. Oct 1-5	210
8. Oct 8-12	210
9. Oct 15-19	210
10. Oct 22-26	210
11. Oct 29-Nov 2	210
12. Nov 5-9	210
13. Nov 12-16	210
14. Nov 19-23	210
15. Nov 26-30	210
16. Dec 3-7	210
17. Dec 10-14	210
18. Dec 17-21	210
19. Dec 24-28	210
20. Dec 31-Jan 4	210
21. Jan 7-11	210
22. Jan 14-18	210
23. Jan 21-25	210
24. Jan 28- Feb 1	210
25. Feb 4-8	210
26. Feb. 11-15	210
27. Feb 18-22	210

Week	Payment
28. Feb 25-Mar 1	210
29. Mar 4-8	210
30. Mar 11-15	210
31. Mar 18-22	210
32. Mar 25-29	210
33. Apr 1-5	210
34. Apr 8-12	210
35. Apr 15-19	210
36. Apr 22-26	210
37. April 29-May 3	210
38. May 6-10	210
39. May 13-14	210
40. May 20-24	210
41. May 27-31	210
42. June 3-7	210
43. June 10-14	210
44. June 17-21	0
45. June 24-28	0
46. July 1-5	0
47. July 8-12	0
48. July 15-19	0
49. July 22-26	0
50. July 29- Aug 2	0
51. Aug 5-9	0
52. Aug 12-16	0

Yearly Payment option:9030.00

Monthly Payment option:

August 20: 820.91
 September 1: 820.91
 October 1: 820.91
 November 1: 820.91
 December 1: 820.91
 January 1: 820.91
 February 1: 820.91
 March 1: 820.91
 April 1: 820.91
 May 1: 820.91
 June 1: 820.91



Today's Date: _____

Child's Name: _____ Date of Birth: _____

Food

Is your child breast-fed? Yes No

If Yes: Do you plan to continue breast-feeding? Yes No

If yes, how do you plan to carry this out? _____

Do you supplement? _____

Is your child bottle-fed? Yes No

If yes, what is your child's bottle feeding schedule?

Type	Amount	Time

What position does your child like to be in while bottle-feeding? _____

What position does your child like to be in while being burped? _____

Has your child been introduced to solid food yet? Yes No

If yes, what type? baby food table food

If yes, what is your child's feeding schedule?

Solids	Type	Consistency	Amount	Time

Does your child have any food sensitivities? Yes No

If yes, please identify: _____

What type of foods does your child like/dislike?

Sleep

Describe your child's sleep routine (include naps & lengths of naps):

Does your child usually cry when going to sleep? Yes No

If yes, for how long? _____

Where does your child normally sleep? _____

(Additional Information for Infants and Toddlers - Page 2 of 4)

Diapering

What type of diapers does your child use? _____

Describe your child's diapering routine (include double diapering, liners, creams, powders etc.)

Is your child prone to diaper rash? Yes No

If yes, what type of treatment do you use? _____

Social/Emotional Development

Describe your child's temperament: (i.e. colic, likes to cuddle) _____

What signs does your child give of being hungry, tired or over-stimulated? (i.e. pulls at ears, rubs eyes) _____

Does your child separate easily from you? Yes No

Comments: _____

Is your child afraid of anything? Yes No

Comments: _____

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

Does your child spend time with other children? Yes No

Comments: _____

What activities does your child enjoy? _____

(Additional Information for Infants and Toddlers - Page 3 of 4)

Please provide any other information relating to your child that would be helpful in understanding and caring for your child:

Parent / Guardian Signature	Printed Name	Relationship	Date
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(Additional Information for Infants and Toddlers - Page 4 of 4)



Child's Name: _____ Date of Birth: _____

Food

What is your child's eating habits? _____

What type of foods does your child like/dislike? _____

What foods does your child dislike? _____

Does your child feed himself / herself? _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps):

(Additional Information for Toddlers and Preschool Children - Page 1 of 3)

Potty Training

Is your child in diapers? Yes No Remarks: _____

Is your child potty trained? Yes No Remarks: _____

If yes, does your child require assistance with using the potty? Yes No

Remarks: _____

Social/Emotional Development

Circle the personality traits which describe your child:

Shy	Independent	Outgoing	Talkative
Friendly	Assertive	Happy	Dependent
Impulsive	Quiet	Stubborn	Attentive
Emotional	Other : _____		

Feel free to elaborate if you would like: _____

Does your child separate easily from you? Yes No

Comments: _____

Is your child afraid of anything? Yes No

Comments: _____

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

(Additional Information for Toddlers and Preschoolers- Page 2 of 3)

Does your child enjoy spending time with other children? Yes No

Comments: _____

What activities does your child enjoy? _____

How do you discipline your child? _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child:

Parent / Guardian Signature	Printed Name	Relationship	Date
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(Additional Information for Toddlers and Preschoolers- Page 3 of 3)



Child's Name: _____ Birth Date: _____ Sex: _____

Does your child have one of the following:

Known allergies or sensitivities: Check those that apply

If yes, please describe below

Medications Yes No

Foods Yes No

Other: _____ Yes No

Has your child ever had any of the illnesses listed below?

Chicken Pox Yes No If yes, date: _____

Whooping cough Yes No If yes, date: _____

Mumps Yes No If yes, date: _____

Rheumatic Fever Yes No If yes, date: _____

Measles Yes No If yes, date: _____

German Measles Yes No If yes, date: _____

Rubella Yes No If yes, date: _____

Scarlet Fever Yes No If yes, date: _____

Does your child frequently suffer from the following:

Sore throats: Yes No Headaches: Yes No

Ear infections: Yes No Upset Stomach: Yes No

Other: (please describe): _____

(Child's Health Record – Page 1 of 2)

Does your child have any of the following:

Visual Impairments Yes No

Physical impairments Yes No

Hearing Impairments Yes No

Emotional problems Yes No

Provide details here:

Has your child had any surgeries? Yes No

If so, please provide details and the date it occurred:

Are all of your child's immunization records current? Yes No

If no, which are still needed?

Medical Provider: _____

Phone: _____

Address: _____

Parent/Guardian Signature

Print Name

Relationship

Date



I authorize *Special Blessings* to administer the following on an as needed basis or as directed bases, in accordance with the manufactures directions.

Baby Wipes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby Lotion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-itch Cream	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Bacterial Ointments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antihistamine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vaseline	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diaper ointments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Band-aids	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decongestant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insect Repellant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Signature

Print Name

Relationship

Date



Today's Date: _____

Child's Name: _____

Parent's Name: _____

I grant permission to photograph/ videotape my child for the following reasons:

Use photographs on bulletin boards, scrapbooks, or other similar uses.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use photographs for promotional materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Give video to current parents of enrolled children.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use video for promotional materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
Placement of child's picture/ video on specialblessings.info website.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Posting videos/pictures with your child in them on social networking sites like Facebook to share with you or others. (We have a Special Blessings Secret FB group.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent / Guardian Signature

Printed Name

Relationship

Date



The following individuals have my permission to pickup my child from daycare.

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

Special Remarks or Concerns: _____

Under no circumstances will my child be released to anyone other than the individuals named above without prior written authorization.

Parent / Guardian Signature Printed Name Relationship Date

Parent / Guardian Signature Printed Name Relationship Date



I have liability insurance coverage in force on my family day home business, Special Blessings, in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services (\$100,000 per occurrence and \$300,000 aggregate).

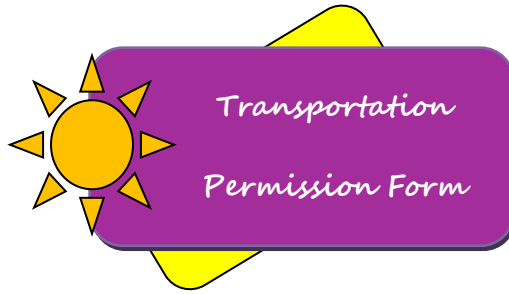
Jessica Poe

Date

I _____, acknowledge having received the above referenced
(Signature of Parent / Guardian)

notification on _____.
(Date)

THIS FORM COMPLIES WITH THE REQUIREMENTS OF 63.2-1809.1 OF THE CODE OF VIRGINIA AND MUST BE MAINTAINED ON FILE IN THE FAMILY DAY HOME AT ALL TIMES WHILE THE CHILD IS IN ATTENDANCE AND FOR 12 MONTHS AFTER THE CHILD'S LAST DAY OF ATTENDANCE.



I give permission for my child _____
(child's name)

to leave the residence of Special Blessings Home Daycare for purposes of drive to the bus stop, field trips, activities out of the house, errands, etc. at the discretion of the daycare provider.

I understand that I will be notified when my child will be traveling with Special Blessings Home Daycare.

Should travel take place by vehicle, the driver will have a valid driver's license, and vehicle will be registered and insured according to state laws.

Car seats may also be requested on the days of travel.

(Parent Signature)

(Date)