



Enrollment Checklist:

- Membership Application**
At least ONE emergency contact should be written.
Written allergies for Allergy list.
- Policies and Procedures Agreement**
- Illness Guidelines**
- Topical Products Consent Form**
- “Don’t Miss Out on the News” Form**
- Confidential Income Statement Form**
- A Physical Exam (or within the first 30 days)**
- Credit Card Permission Form**
- Up-To-Date shot record**
- \$20 Registration fee**
- \$65 School Supplies Fee**

What to Bring:

Fitted crib sheet and blanket for nap (if over 1 year old)
Extra clothes (at least 3 outfits)
Diapers (if not potty trained)
3-5 bottles (if under 1 years old)



Early Learning Center Policies & Procedures Agreement

Child's Name _____

Please carefully review all procedures and guidelines prior to signing.

The purpose of this document is to provide protection for our parents as well as the Center. In order to assure that we can provide the services that your children are entitled to, it is essential that the financial status of the Center be stable. The Center's salaries and overhead expenses cannot be reduced because of "absentee losses" in income. In essence, This Agreement is a personal guarantee to the center that you will financially support the enrollment space guaranteed for your child.

Please initial after reading each policy.

- | | |
|---------------------|--|
| _____ (Initials) | 1. Preschool Program Fees are _____ (Full time 10 hours or less. Hours of operation are M-F _____) Part Time Days Schedule as follows *Part time NOT available at all sites (Circle days) Monday Tuesday Wednesday Thursday Friday |
| _____ (Initials) | 2. 5% discount for multiple children enrolled in The Early Learning Center |
| _____ (Initials) | 3. 5% discount for monthly auto payments |
| _____ (Initials) | 4. 5% discount for Washoe County School District teachers |
| _____ (Initials) | 5. Fees are due by the Friday before each week childcare is provided or a \$5 late fee per day shall be charged to the account per child. There will be no deductions for illness, absences, vacations or holidays. |
| _____ (Initials) | 6. Parents are still required to pay for days when the center is closed for observance of holidays and an annual staff development day. |
| _____ (Initials) | 7. Annual Registration is \$20 and Materials Fee is \$65 and will be charged when you first begin and additionally every May for the following school year. |
| _____ (Initials) | 8. I understand that I may change my membership contract 1 time per school year. If additional changes need to be made, I agree to a \$10 processing fee. Also it is understood that a switch may not be able to happen depending on availability. |
| _____ (Initials) | 9. A 2 WEEK WRITTEN NOTICE MUST be given PRIOR to WITHDRAWL. If this notice is not given, I agree to pay the full 2 weeks tuition. |
| _____ (Initials) | 10. Regular tuition will be due throughout the year including holiday weeks . Each family may utilize one vacation week per year (Aug to Aug) in which tuition will be credited. |
| _____ (Initials) | 11. The Early Learning Center is open from 6:30 am to 6:00 pm. Each child must be picked up by 6:00pm. A late fee will be applied for anyone picking up after 6:00pm. The charge is \$30 for the first 10 minutes, starting at 6:11 an additional \$3/minute will be added. Each time you are late will result in a Late Pick up notice which you will need to sign. <input type="checkbox"/> After the 3rd late pick up you will be suspended from the center for ONE week. If you wish to remain at the center, it is your responsibility to pay for that week in full before returning. Furthermore we do ask out of curtesy for our staff if you are running late please call your Site's Office number. |
| _____ (Initials) | 12. Parents needing their children in care over TEN hours in a day will be charged at the hourly rate after the 10 th hour, of \$5.00 per hour, if prior arrangements have been made. With no prior arrangement, charge is |

\$30 for the first 10 minutes, starting at 6:11 an additional \$3/minute will be added for the time a child remains in the center. If your family receives assistance from any of the state agencies you will need to call your case manager and request that they pay for the overtime, if it is work related. If your child will not be attending for any period of time due to sickness or for other reasons, please call and let us know as soon as possible so we can plan for the day's meals, staff and activities. If, for any reason, your child will be in later than 9:00 am, you **MUST call before 9am to reserve your spot for the day. Children being dropped off after 9 am, that did not call, will not be accepted.**

(Initials)

13. Children are not allowed to be dropped off at naptime (11:00-3:00 pm).

(Initials)

14. Parents are expected to sign their child in and out daily, and to make sure your child is under the supervision of a teacher prior to leaving. At pick up children will not be released to any adult not listed on the pickup sheet. Children may not be released to anyone under the age of 18 without written authorization from a parent releasing the center from liability. If you are not signing in and out daily you will be charged a \$5 fee.

(Initials)

15. Each family is given one key faub that must be used to enter the building. Additional key faubs can be purchased for a \$10 fee.

(Initials)

16. Parents must provide the necessary health form as stated by the State of Nevada and the Health Department, these include; Immunizations which are current and what is called a well baby check stating that your child is able to attend preschool with no limitations. **We do NOT accept any immuziation exceptions.** This also can contain a statement for OTC Medicines or Prescription medication needed during the day. (Tylenol or Albuteral as examples) **OTC medication cannot be given without a doctor's note.**

(Initials)

17. I understand that the Department of Social Services Community Care Licensing personnel, State Health Department, School Readiness Nurses, Counselors and/or staff have the right to access and/or review all children's file. Child care licensing personnel also have the right to interview

(Initials)

18. The Department of Social Services requires you to bring a fitted sheet and a blanket for your child at naptime. There will be a \$5/day fee if not brought in. We do not utilize extras. If your child is under 1 year we will provide the sheet and blanket until they transition onto a cot.

(Initials)

19. Parents must provide an adequate amount of disposable diapers if your child is not fully potty trained. We will give you a reminder prior to you fully running out. If you run out we will charge you \$5/diaper of ours used. If you run out for 3 days your child will not be allowed back in until you bring in new diapers and pay the fees.

(Initials)

20. Parents please send your children in comfortable, washable, play clothing each day. Remember your child will be painting, cutting, water play and other messy activities. Jeans, shorts, old t-shirts are very appropriate for our program. Good fitting shoes or athletic shoes are acceptable. Please no cowboy boots or open toed shoes. Parents of potty trained children are required to provide a 2 complete backup set of clothing (**shirt, pants, underwear, socks, shoes** etc.) for their child. The backup set will be stored in the child's cubby. For potty training children, parents are required to supply (6) complete sets of clothing.

(Initials)

21. In the event of an emergency, the Center has my permission to administer first aid or obtain emergency medical treatment in the child's best interest. I agree to pay all expenses incurred due to emergency involving my child.

(Initials)

22. Children who become ill may not remain at the Center, the parents will be called to pick their child. The State of Nevada requires that children be picked up within 1 hour of notification. It is the parent's responsibility to make sure that they have an alternate person we can call if they are not available. If the child is not picked up within one hour a late pickup fee of \$3/minute will be charged. Children absent from the center with a contagious disease will be readmitted following the proper steps that are outlined on the Illness Guidelines form in the parent enrollment packet.

(Initials)

(Initials)

(Initials)

(Initials)

(Initials)

(Initials)

(Initials)

(Initials)

(Initials)

(Initials)

(Initials)

(Initials)

23. The center will provide a nutritional Breakfast, Lunch, and afternoon snack daily. There will be monthly menus available in the front lobby and electronically. Parents may not bring any outside food. Although we do our best to accommodate all children, due to our participation in a federally funded food program and the large number of children that we serve, we cannot always accommodate children with allergies. Please discuss your child's allergies with the site director prior to enrollment
24. Each classroom has meal times posted, we ask that if your child isn't here by the meal time that they are fed prior to drop off.
25. To ensure that children in classrooms receive the teacher's full attention teachers are not permitted to make outside phone calls. However they may use their phones for updating parentes with pictures of daily activites. All incoming parent calls will be answered by the front counter. If a teacher is needed we will take a message and get it to the teacher.
26. The Center is committed to providing an all-inclusive program for your children. Our inclusive program includes children with special needs. In adherence to Americans with Disabilities, ADA, our program does not discriminate based on the child's disability and we strive to offer reasonable accommodations to enable children with disabilities to become fully included in the program.
27. The Center recognizes that in most situations both parents have the legal right to be a part of their child's life. If the center has a Court Order/Temporary Protective Order we will follow the instructions on that order.
28. The Center is committed to working with all of our families. We expect families to participate in every aspect of their child's program. It is very important to you, as parents/guardians to communicate your needs and desires regarding your child's development openly an honestly with your child's teachers and/or the Center's Director. You are encouraged to discuss any changes in the child's schedule, parenting, or home situations that may affect their time at school.
29. Parents are encouraged to attend an annual parent-teacher conference. Additional conferences may be set up on an individual basis. Parents can set up a meeting with the site director at any time.
30. **Smoking is never allowed in the building or on the property at any time.**
ANIMALS ARE NOT ALLOWED IN THE BUILDING. SERVICE ANIMALS WELCOME
31. Should the Center Director determine that your child cannot adjust to the program offered, or if any of the above contract agreement is not fullfilled your child will be withdrawn and this contract terminated.
32. I have read and understand the following policies, procedures, and illness guidelines
33. I understand that this agreement is subject to change with 30 days notice to comply with government or state regulations or for any other reason.
34. I understand that the Center is closed for some holidays. These days are posted in the front lobby and will be sent electronically. I also understand that I am still responsible for paying for these closure days.

Signature of Parent/Guardian

Date

Admin Signature

Date



Early Learning Centers

ILLNESS GUIDELINES

(Initials)

1. Our child care program is licensed for healthy children. We do not have facilities for sick children. Therefore, if your child has any of the following symptoms, please **DO NOT SEND HIM/HER** to the Center until he or she is symptom free for at least 24 hours. At the Director's discretion, a doctor's note may be required for re-admission. In such cases, you as a parent are responsible for scheduling the doctor's visit and any cost associated with the doctor's visit.
 - a. Fever over: Oral – 100.4 degrees Rectal - 101.4 degrees Axillary – 99.4 degrees
 - b. Infectious rhinitis, i.e., colored nasal discharge, or nasal congestion associated with a cough and fever.
 - c. Vomiting, for any reason.
 - d. Conjunctivitis – (pink eye) or thick discolored drainage.
 - e. Coughing associated with respiratory infection.
 - f. Skin rash and/or eruptions of unknown origin.
 - g. Parasites, i.e. nits, crabs, lice, etc.
 - h. Diarrhea – change in consistency, frequency, color, or odor of stool that cannot be contained.
 - i. If a running nose is related to allergies, a child's medical record must reflect the allergies, or we need a note from the doctor stating that the child has allergies.

(Initials)

2. All prescribed medicines will be given for well child maintenance following an illness, providing the following conditions are met:
 - a. It must be prescribed medication in original container.
 - b. Over the counter medication will not be given unless accompanied by doctor's note, and written permission by a parent/guardian.
 - c. The exact time and dosage must be stated in writing (either 11 am or 3 pm).
 - d. Written permission of the parent or guardian must accompany the medication.
 - e. For safety reasons, medicine must be kept in the office. Please do not leave medicine of any kind in your child's backpacks or classroom.

(Initials)

3. If your child is diagnosed with an illness and prescribed antibiotic or medication, it is permissible to return to the Center 48 hours after diagnosis and medication is started with a confirmed diagnosis, in writing, from your doctor.

(Initials)

4. If your child becomes ill at the Center, he/she will be isolated in the office and must be picked up **WITHIN THE HOUR**. We suggest that you have back-up care for your child in the event that he/she gets ill and cannot attend the Center. There will be a \$3 per minute fee after the hour.

(Initials)

5. Please let us know if your child has or has been exposed to, a communicable disease (chicken pox, mumps, Covid-19, etc.), so we can be alerted to early symptoms. We will notify parents when a child has been exposed to a communicable disease in the Center.

(Initials)

6. Following an illness involving elevated temperature, a child must be fever-free without the aid of fever reducers for at least 24 hours before returning to the Center.

(Initials)

7. A child's immunizations must be up to date before he/she will be permitted to start at the Center. **We do not accept any immunization exemptions.** Parents must provide documentation or immunization dates. Please keep the Center informed of new booster shot



Topical Products Consent Form

I authorize the use of the following items as preventative care for my child by the staff at Early Learning Center: sunscreen, toothpaste, (children under 2 will receive a fluoride-free product), insect repellent (children under 2 will receive DEET-free product), hydrogen peroxide, Neosporin, Bag Balm, baking soda.

- I will indicate on this form any personal preference or known allergies to the “over the counter” items noted above.
- If you have a personal preference and do not want the staff to use the above noted products, it will be your responsibility to provide alternate products, at your own expense. You will also be required to label the product with your child’s name.

Child’s name: _____

Known allergies: _____

SPECIFIC PREFERENCES OR INSTRUCTIONS

Parent Signature: _____ Date: _____



Don't miss out on the news!

Parent's Name _____

Child's name _____

Email address/s _____

Mailing address _____

- I would like to get text pictures during the week of my child. Please send to _____
- I understand that the text message is one way and if I have questions or concerns I must call the main number:
 - E.L Wiegand Early Learning Center 1 775-322-9030
 - Early Learning Center 2 775-360-2495
 - Johnson Family Early Learning Center 3 775-360-2494
 - Early Learning Center 4 775-360-2482
- I give permission for my child to be posted on Facebook YES/NO

LIKE us on Facebook at for daily pictures, educational pieces and updates.

E. L. Wiegand Early Learning Center
Early Learning Center 2
Early Learning Center 3
Early Learning 4

CONFIDENTIAL INCOME STATEMENT (CIS)

CHILD CARE CENTER NAME _____

(Effective July 1, 2020 – June 30, 2021)

Part 1. All Household Members with No Income

Names of all children and household adults with no income
(First, Middle Initial, Last)

CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT)

* IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.

CHECK IF THIS IS A CHILD ENROLLED AT THE CENTER

| | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Part 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: _____ PROGRAM NAME: _____

CASE NUMBER: (NOT EBT CARD NUMBER) _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, Migrant Coordinator at Phone #] Homeless Migrant Runaway

Part 4. Total Household Gross Income before deductions - You must tell us how much and how often

A. Name-
(List only household members with income)

B. Gross income and how often it was received

| First, middle initial, last | Earnings from work before deductions | Weekly | Every 2 weeks | Twice Monthly | Monthly | Welfare, child support, alimony | Weekly | Every 2 weeks | Twice Monthly | Monthly | Social Security, SSI, VA retirement benefits | Weekly | Every 2 weeks | Twice Monthly | Monthly | All Other Income: Unemployment | Weekly | Every 2 weeks | Twice Monthly | Monthly |
|-----------------------------|--------------------------------------|--------|---------------|---------------|---------|---------------------------------|--------|---------------|---------------|---------|--|--------|---------------|---------------|---------|--------------------------------|--------|---------------|---------------|---------|
| | (Example) Jane E. Smith | \$200 | | | | | \$150 | | | | | \$0 | | | | | \$0 | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: ***-**-____ I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)

| | | |
|---|--|--|
| Mark one ethnic identity: | Mark one or more racial identities: | |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> Black or African American | |

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free__ Reduced__ Denied__ Tier I__ Tier II__

Reason: _____

Determining Official's Signature: _____ Date: _____

The day care facility will receive more money for the meals served if your household income falls within the limits on this chart and you complete this Confidential Income Statement.

| REDUCED PRICE INCOME GUIDELINES JULY 1, 2019 - JUNE 30, 2020 | | | | | |
|---|--------|---------|-----------------|-----------------|--------|
| Household Size | Income | | | | |
| | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1 | 23,107 | 1,926 | 963 | 889 | 445 |
| 2 | 31,284 | 2,607 | 1,304 | 1,204 | 602 |
| 3 | 39,461 | 3,289 | 1,645 | 1,518 | 759 |
| 4 | 47,638 | 3,970 | 1,985 | 1,833 | 917 |
| 5 | 55,815 | 4,652 | 2,326 | 2,147 | 1,074 |
| 6 | 63,992 | 5,333 | 2,667 | 2,462 | 1,231 |
| 7 | 72,169 | 6,015 | 3,008 | 2,776 | 1,388 |
| 8 | 80,346 | 6,696 | 3,348 | 3,091 | 1,546 |
| For each additional family member add: | 8,177 | 682 | 341 | 315 | 158 |

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the child care center or provider may get less money for the meals served. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information for administration and enforcement of the Program and to verify that the information on the statement is true.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



WASHOE COUNTY

"Dedicated to Excellence in Public Service"

DEPARTMENT OF SOCIAL SERVICES
Child Care Services

350 SOUTH CENTER STREET, 3rd FLOOR
POST OFFICE BOX 11130
RENO, NEVADA 89520-0027
PHONE: (775) 337-4470

PHYSICAL EXAM FOR CHILD CARE ATTENDANCE (Please complete and return to the Daycare Facility the child attends.)

Child's Name: _____ Date of Birth: _____

Name of Daycare the child attends: _____

Significant Health History (major health problems, etc.): _____

Allergies: _____

Current Medications: _____

Over-the-counter medication this child may have include:

| <u>Type</u> | <u>Frequency</u> | <u>Dosage</u> |
|-------------|------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

A physical exam was performed on: _____

This child may attend child care/preschool.

Comments: _____

Signature of Physician or Registered Nurse

Date



Credit Card Permission Form

I hereby give my permission for the Early Learning Program to charge my credit card according to the following schedule:

EACH WEEK (FRIDAY)

1st OF EVERY MONTH

AMOUNT: \$ _____ Tuition Breakdown _____

This charge is for tuition for my child _____.

I understand that if I pay for a full month, I will receive a 5% discount.

The information to charge my card is as follows:

Circle one:

VISA

MASTERCARD

Credit card number: _____

Expiration date: _____ 3-digit code on back _____

Zip code _____

Name printed on card: _____

Cardholder's Daytime Phone Number: _____

By signing this agreement, I acknowledge that the Early Learning Program will charge my card as stated above unless I notify them of a different payment arrangement at least 2 days prior to the scheduled charge date. Should my card be declined, I understand that I am responsible for all fees involved as well as paying for that week's amount in cash ONLY.

Cardholder's Signature: _____

Today's Date: _____



BITING POLICY

(keep for your records)

Biting is one of the most difficult habits to break, according to the National Network for Childcare. Biting happens for different reasons, with different children, and under different circumstances. At the Early Learning Center Child, we strive to help the children develop a sense of well-being and provide them with a safe environment. To maintain that safe environment, the Center has developed the following policies regarding biting:

- If the child has bitten once during the time he/she is at the Center, parents will be called and notified that their child has bitten.
- If the child bites twice on the same day, parents will be called to remove their child from the premises immediately "within one hour." Your child will be suspended for one day if not picked up within the hour. The parent will receive an incident report and a copy of the incident report will be kept in the office. At no time will the child's name be disclosed to other parents.
- If a child bites three times in one week, a documentation log will begin immediately.
- If a child bites six times or more in one month, a conference between a parent, teacher, and director will be held to evaluate behavior and make a behavior plan.
- If the child does not show significant improvement within a two month time span, at the director's and teacher's discretion, the director has the right to and will advise the parents to look for other child care.



SENSORY DEVELOPMENT STATEMENT

(Please Keep for Your Records)

At the Early Learning Center, we strive to create a fun and exciting learning environment for all children. It is our belief that children learn by experimenting and manipulating their environment. Therefore, sensory play is a very important part of our curriculum. Some sensory activities include: water play, play dough, chalk, goop, and sand play.

Sensory play promotes and supports many of our program goals such as developing a positive self-image, competency, problem solving, critical thinking, plus promoting social situations between children and adults.

In order for learning to take place, children must be able to manipulate and create with sensory materials which often mean spreading materials on their bodies, in their hair, on the floor, and on other children and adults. Children also learn about new media by tasting and smelling it. All of our materials are safe for consumption by children; therefore, we encourage this type of learning.

Due to the types of materials we use, **CHILDREN MUST BE SENT TO SCHOOL IN PLAY CLOTHES ONLY!!!** Clothes worn to school will be sent home dirty and possibly stained. We will not change children out of "nice" clothes and into play clothes before we do messy activities. All children will have access to messy activities and will be encouraged to take part in sensory play.

We do water play year-round. On warm days we do water play outdoors including the use of hoses, sprinklers, sensory water tables, etc. On cooler days we will keep our room warm and do water play indoors. **IF YOU FEEL THAT YOUR CHILD IS TOO SICK TO DO WATER PLAY, THEN YOUR CHILD IS TOO SICK TO BE AT THE CENTER AND SHOULD BE KEPT AT HOME.**

Please check your child's cubby daily and remove wet or soiled clothing. Please be sure to bring more replacement clothing as required. All articles of clothing should be marked with your child's name (permanent markers are available in the classrooms).

I have read the Early Learning Center statement on sensory development and I understand that my child will get messy and wet and that the clothes my child wears to school may get stained. If I have any questions or concerns about this policy, I will speak with the Center Director.



Safe Infant Sleep Policy

(Please keep for your records)

Sleep Position

- Infant Room Staff will assure that infants who have not reached 18 months are always placed on their backs for sleep.
- Infants who are easily able to turn from front to back and back to front, will be placed on their backs for sleep, but may then choose their own sleeping position (usually age six months or later).
- Positioning devices that restrict the infant's movement in the crib will not be used.

Sleeping Environment



In our program, all infants will sleep in a crib. Car seats, swings, and infant seats, etc. are not designed for safe sleeping.

Our cribs meet Nevada Department of Social Services, Community Care Licensing Division rules. The Infant Room Staff will complete a safety check of cribs each week to assure that each crib frame:

- feels solid and mattress supports are secure;
- has no loose, missing, or broken hardware (nuts, bolts, screws);
has no cracked or peeling paint;
- has no splinters or rough edges;
- Drop side latches are working properly and that latches securely hold the sides when raised; and
- Has a mattress that fits snugly in the crib frame and is covered with a tightly fitted sheet.
- Cribs do not contain bumper pads, pillows, soft toys, fleece cushions or thick blankets.
- Our program places infants in sleep sacks only. No blankets are allowed.
- No items are strung from one side of the crib to the other.

Please fill out for children 12 months and under

All About Me! Infant Care Information Sheet

| | | | |
|--|------------------|---|-----------------------------|
| My Name Is: | | My Birthday Is: | |
| Who Takes Care of Me? | | | |
| Name/Relationship | | | |
| Phone | | | |
| Email | | | |
| Name/Relationship | | | |
| Phone | | | |
| Email | | | |
| Feeding | | Diapering | |
| Type of bottle/Nipple size | Size | Brand | Napping How Often |
| Formula | | Diaper Rash Treatment | |
| <input type="checkbox"/> Advantage <input type="checkbox"/> Gentle <input type="checkbox"/> Sensitivity <input type="checkbox"/> Soy <input type="checkbox"/> BREAST | | <input type="checkbox"/> Desitin <input type="checkbox"/> A&D <input type="checkbox"/> Other | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No Brand: | |
| How Many Ounces | How Often | To Help Me Sleep | |
| | | <input type="checkbox"/> Sleep Sack <input type="checkbox"/> Rock Me <input type="checkbox"/> Pat My Back | |
| I Can Eat | |   | |
| <input type="checkbox"/> Rice Cereal <input type="checkbox"/> Stage 2 baby food <input type="checkbox"/> Table Food <input type="checkbox"/> CACFP Food Program | | | |
| Allergies | | | |
| Special Instructions | | | |

Infant Formula Offered

All day care homes and child care centers participating in the USDA Child and Adult Care Food Program that care for children under the age of one year are required to furnish and offer at least one iron-fortified formula. Look for "Infant Formula with Iron" or a similar statement on the front of the package. The nutrition facts should have 1 mg of iron or more per 100 calories of formula when prepared as directed.

Definition: Infant formula means any iron-fortified formula intended for dietary use solely as a food for normal, healthy infants, excluding those formulas specifically formulated for infants with inborn errors of metabolism, low birth weight, or digestive or absorptive problems. Infant formula, as served, must be in liquid state at recommended dilution. For a list of FDA exempt formulas requiring a medical statement, go to <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/InfantFormula/ucm106456.htm>.

The provider will furnish the following infant formula: Parent's Choice

As a parent, you may choose to decline the above formula and furnish breast milk or an infant formula with iron of your choice.

Please complete the form below

Infant's name _____ Date of Birth _____

I accept this formula.

I choose to provide breast milk.

I choose to provide another formula. Write the name of formula you will provide:

Parent's Signature _____ Date _____

Provider's Signature _____ Date _____

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