



Licensed Family Child Care Provider

Parent/Provider Contract

Provider: Taylor Rivera

First Aid/CPR Certified

Cell Phone Number +1 918-527-2743

Email: ms.taylor@thelittlevillage.net

Hours of Operation: Monday-Friday 700-1700

The Little Village is designed to provide a *safe, nurturing* learning environment where children can grow and develop through play.

*Please make a photocopy of this contract for your personal record/s and then return the original contract/paperwork. *

Mission Statement:

My mission is to provide the highest quality of child-centered care through a safe, nurturing learning environment where children can grow and develop through hands-on experiences.

Philosophy Statement:

I believe that each child is unique and as an early childhood educator I am committed to valuing their individuality while I help develop their skills and abilities to strengthen their interest in learning about the world around them.

I believe young children learn best firsthand through engaging and adaptable activities. I will provide many opportunities for children to explore and learn about their environments and selves.

I believe in celebrating and embracing cultural diversity. I will include each child's culture in my teaching practices and provide opportunities for families to introduce their cultures to our classroom.

I believe in creating an engaging and inviting environment, because the environment children learn in plays a vital role in their development. I will ensure a safe environment filled with resources from each interest area to allow children to develop necessary skills in all areas, such as, physical, social, communication, cognitive and emotional.

I believe families are at the heart of a child's development. Their role is a crucial aspect of my program. I will collaborate and communicate daily with parents to ensure we are meeting the needs of their children.

I believe in creating a positive, safe, and fun environment where children are free to be themselves while I aid in guiding them to their next stage of development. I will instill the confidence in each child that they are capable of anything they want to accomplish.

I am extremely enthusiastic about early childhood education. This passion drives me to continuously learn and better my strategies and knowledge on child development.

My goal is to be a positive influence and role model during the crucial early childhood stage of the children in my program's lives. I will do this by forming safe and nurturing relationships with each child and family in my program.

**The Little Village Preschool & Childcare
 Weekly Care Contract**

PROVIDER/PARENT/GUARDIAN AGREEMENT:

The following agreement is made between-

Child's Name: _____ DOB ___/___/___ AGE _____

Child's Name: _____ DOB ___/___/___ AGE _____

PROVIDER:

Name: Taylor Rivera **Address:** 664 Valley View Way Travis AFB, CA 94535 **Phone:** (918)527-2743

Mother/Father/Guardian:	Mother/Father/Guardian:
Name:	Name:
Rank/Grade:	Rank/Grade:
Employment:	Employment:
Squadron:	Squadron:
DOB: ___/___/___	DOB: ___/___/___
Address:	Address:
Home Number:	Home Number:
Work Number:	Work Number:
Email:	Email:

TWO EMERGENCY CONTACTS:

1. Name: _____ Number: _____

2. Name: _____ Number: _____

This contract will be effective as of*: _____

***If your start date is two weeks away [from receiving this contract], a non-refundable retainer fee of \$100 is due immediately to hold a spot for your child. This fee will credit to your first payment and will hold your child's slot for up to two weeks.**

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Travis AFB, CA 94535

Hours of Operation: The Little Village hours of operation is **0700 to 1700 Monday through Friday**. Care will be provided for the times specified in our weekly care contract. Care provided outside of these contracted hours will require at least a 24 hour pre-approval and be subject to my hourly drop in rate if outside of normal operating hours. I reserve the right to terminate our contract if the hours you require do not fit in with my childcare ratio (1 provider : 6 children) or within the hours the childcare is run.

Child's Schedule Agreement

Type of Care (circle all that apply) -

Full Day

Drop In Care

PCS/Deployment

UTA/Drill

Parent's Night Out

Parents initials _____

Please specify below what your contracted days and hours are:

Monday: _____ to _____

Notes/Comments:

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Parents initials _____

Communication: Communication is extremely important to me. I welcome questions, feedback, or discussions of any kind that are oriented towards a positive outcome for the child(ren). It is through parent/provider interaction that the goal of quality, nurturing care can be achieved. Sensitive issues will be discussed in private or through email/text. You are encouraged to text or call me at any time if there is anything you wish to address. If you call during the day, please be aware that I may be busy with the children and not able to answer the phone immediately. However, if you send me a text or leave me a message, I will get back to you as soon as possible.

Procure App: The Procure app will be used for communication, invoices, payments, weekly learning, observation and activity updates and occasional photos unless otherwise specified.

**Payments are made through the Procure app.*

Parents initials _____

Open Door Policy: I maintain an open-door policy for enrolled families. Parents are welcome to drop in while their child(ren) are in my care or call anytime during regular hours of operation. My open-door policy does not mean that our doors will be kept unlocked. Doors will remain **locked** due to safety reasons. Please utilize the doorbell for pickup/drop off.

Parents initials _____

Conferences: Each child will have one-two* scheduled conferences a year – if you feel one is needed before that, please feel free to set up a conference with me ahead of time.

** An alternate option to your second conference is a written conference that must be signed and dated – you will receive a full report with goals already met and new goals we would like the child to meet.*

Parents initials _____

Arrival and Departure: Please send your child clean, ready and dressed for the day. Please make your goodbye brief (no longer than a couple of minutes). Children's separation anxiety will usually subside soon after you leave as they become engaged with our activities. Feel free to call or text after you have left or at any time to see how your child is adjusting. I will add photos to the Procure app after emotional drop offs to provide peace of mind. Please help your child with the transition to childcare by saying goodbye and showing them that you are confident in leaving them with me.

***Children must be signed in/out daily.**

- Please contact me if you are going to be late dropping off or picking up your child. We will still go ahead with the activities that have been planned for that day.
- Please be brief at pickup times. Sometimes if both a parent and provider are in the same area (ex. drop off, pick up etc.) a child may test the boundaries.
- Please help show your child you respect me and my home by guiding them appropriately. I will also remind them of the rules and correct them if needed.
- Please be in control of your child during these times.
- Please do not allow your child to run out to the car while you are still inside. The safety rule is no one goes outside without their guardian(s) with them.

My procedure is to release the child only to his/her parent/guardian or someone the parents have designated. If someone other than the parent/guardian is to pick up the child, please notify me ahead of time. A verbal notice is fine on that day if the person is on the list of people authorized to pick up your child. If the person is not on that list, I must have written permission to release your child.

Please inform emergency contacts, or people authorized to pick up your child that if I do not know them, I would need to ask for photo identification. This is simply a measure taken for your child's protection. I will not allow a child to leave without the parent's verbal permission even if that person is listed as one of your designated pickup people.

Parents initials _____

Drop-Off and Pick-ups: Drop off and Pick up times are the times listed in this agreement. Written notification of changes in hours of care will be required and a new contract will need to be signed if hours are approved. Hours are approved at the providers discretion and based on ratio requirements. *Late drop off does not constitute late pick up.*

Parents initials _____

Nap/Quiet Time: Pick up and Drop off done during nap time: 1200 - 1430 is asked to be scheduled ahead of time. Please communicate you are here via text message, as to not disrupt the children sleeping or resting. Please do not ring the doorbell during this time.

Parents initials _____

Enrollment Policy: Below is a list of requirements I need in my hand before your child is officially enrolled in my Family Child Care program. *The spot will remain open until I have all the items listed.*

- Signed Contract
- USDA Enrollment Form
- AF Form 1181 – Patron Registration
- AF Form 357 – Family Care Certification (Single or Dual-military ONLY)
- AF Form 1055 – For prescribed Medications
- Signed Illness Policy - **located within contract**
- Signed Photo/Publicity release form - **located within contract**
- Signed authorization for topical application - **located within contract**
- Signed travel authorization - **located within contract**
- Individual Education Plan (IF APPLICABLE)
- Child's current Immunization record, *including up to date flu shot*
- Child and Family Information Sheet - **located within contract**
- Enrollment fee equal to one week fee — will be used for child's final week of care
- \$100 Non-refundable deposit per child if care does not start within two weeks of signing this contract.

Parents initials _____

Safety Policy: My home will be a safe environment for all children. All household chemicals and detergents will be locked away and kept out of children's reach. Mini-blind cords and power cords will all be clear of the day care area. Unused outlets and stove knobs will be inaccessible. All toys will be developmentally appropriate and in working condition. The backyard will be kept clean/clear of any unsafe materials and will be checked daily. Fire and safety drills will be practiced monthly, so the children are prepared in case of an emergency to exit my home.

Liability Insurance: I will take particular care in providing a safe environment for your child in any situation. I carry extensive liability coverage for the protection of your child as well as myself.

Parents initials _____

Enrollment Fee: I require a one-week enrollment fee that is due at the time of enrollment. This fee will be credited towards your final childcare payment when you decide to leave my childcare.

Your enrollment fee will **not** be refunded for the following reasons:

- If you do not provide a minimum 2 weeks notice of withdrawal
- If I immediately terminate our contract agreement due to repeated overdue payments/non-payment of childcare fees
- If you enroll and then withdraw your child before your scheduled start date
- If parents treat the provider in a hostile manner, a physical or verbal altercation between parent and provider is grounds for immediate termination with no refund of the enrollment fee.

Parents initials _____

Explanation of Fees: My fees are non-negotiable. I strive to keep my childcare a clean, creative, and nurturing place. I love to do fun activities and projects with the children, we learn through hands-on play and activities. These fees pay for quality food, new toys/resources, equipment, art supplies, my education and training, and all other things your child might use while in my home.

Parents initials _____

Current Childcare fees:

- Full Day - \$305/child/week
- Half Day Preschool - \$185/child/week
- Part Time MWF - \$120/child/week
- Part Time Tu/Th - \$85/child/week
- One Day - \$65/child/day
- Drop-In/hourly care - \$12/child/hour
- Parent's Night Out* - \$35/4 hours

**Parent's Night Out hours are select Fridays or Saturdays 1700 - 2100*

Parents initials _____

Late Pick Up Fees: late pick up is defined as any time your child is in the family child care home past the scheduled program hours and/or your child's contracted hours. Please arrive in a timely manner with enough time to gather your child, their belongings and exit the home **by** the listed closing time of 1700

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(unless otherwise posted) or by your scheduled pick up time. Arriving at the family child care home **at** closing time will incur late pick up fees until all persons have exited the home.

The late pick up fee is **\$25.00 for the first minute after closing time then \$2/minute** that your child remains in the home past closing time. The late pick up fee will be added to next week's payment. Childcare will not be provided until all fees are paid.

I do understand that emergencies and situations can provide certain difficulties from time to time. The late pick up fee will be charged at my discretion. **Habitual tardiness** will result in *immediate* termination of care. **Tardiness** that forces myself or a family member to miss or be late to an obligation will result in *immediate* termination of care.

If there is no communication prior to a late pickup that is not due to an emergency situation, care will be terminated effective immediately. Late pickup fees will still apply even if the late pickup was communicated ahead of time but not approved by me.

****I do not mind providing care outside my hours of operation when prearranged and approved ahead of time. Communication is of the utmost importance and I am willing and flexible to provide care outside of my business hours when I'm able to and needs are communicated effectively.***

*I encourage families to plan ahead and designate a neighbor, friend or relative to pick up your child(ren) when you may be running late or unable to pick up on time.

I charge late pick up fees, not from a desire to make extra money, but to discourage late pick up to ensure my family is on time to our obligations. Please call or text me if you think you might be late picking up your child.

Parents initials _____

Late Payment Fees: A late fee of \$20 per day, including Saturday, Sunday, and holidays will be added to any payment not received before 1700 on the Friday before care. Your child will not be able to attend until your childcare payment including all late fees is paid in full. Non-payment or repeated overdue payments will result in immediate termination. If it is necessary for me to immediately terminate our contract due to overdue payment/non-payment, there will be no refund of your enrollment fee. **Habitual late payments** will result in *immediate* termination. Should it become necessary to go to court over non-payment of fees owed, you will be responsible for all costs incurred and attorney fees.

Parents initials _____

Holding Fee: Once you have decided to enroll your child in my care, to hold a vacancy, a non-refundable holding fee of \$100.00 is required to hold a spot for your child if they are not starting care within the first **two weeks** of being enrolled. Failure to pay this holding fee will result in the childcare spot being made available to other families. I will hold a spot for up to two weeks, after which full rates apply. The

enrollment fee equal to one week of care must be paid upfront as well. The enrollment and holding fees will not be refunded if you decide to withdraw your child from care before their scheduled start date. The holding fee will be credited towards your child's first week of care.

Parents initials _____

Subsidy Program: I am a provider who participates in the Family Child Care Subsidy Program. Parents will pay weekly fees according to Total Family Income (TFI). Children must require full-time care per week due to parents' work or school. (Proof of full-time work and/or school must be provided.) Children must be on the CDC waiting lists. Parents must fill out a Subsidy Packet and provide required documentation. Approval is required from the AF higher-up level BEFORE weekly fee rates can be shared with parents.

Know that if you would like to remain in my Family Child Care program even when your child's name is next on the waiting list, you can decline the slot with the CDC and your child can remain in my program and still receive Subsidy as long as there is another child on the waiting list to take your child's offered spot.

To register for this program, please contact Lisa Valverde-Wymer at lisa.valverdewymer@us.af.mil (707-424-8104). If you do not qualify for this program or choose not to participate in this optional program, just mark NO below. In this case, my regular fees will apply. Contractors do not qualify for this program. The subsidy program pays for up to 50 hours of care per week. I will offer up to 50 hours of care to families participating in the subsidy program, however, it is not required for you to need/use all 50 hours of care to participate.

____ Yes, I plan to participate in the Subsidy Program.

____ No, I do not plan to participate in the Subsidy Program.

Note: Regular weekly fees will apply as stated in this contract until the patron's FCC subsidy packet and required documentation is submitted to higher AF level and fee is approved.

This section is to be completed after enrollment/approval in the FCC Subsidy Program (if applicable):	
Subsidy Fee Category is: _____	New Weekly Fee is: _____
This new rate will begin on: _____	
Signature of Parent(s): _____	Signature of Provider: _____
Date: _____	Date: _____

Payment Schedule: Weekly payment is due by 1700, on the Friday *before* care is provided. Payment is made in advance for the following week of care. Payments are made through the Procure App. I will be sending out invoices beginning Thursday afternoon. There are a limited number of spaces available, and space has been reserved for your child that cannot always be filled on a short-term basis. Weekly rates

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are not based on your child's attendance. No refunds are given for late arrivals, early departures, exclusion due to illness/vacation, or others.

Procure Information:

The Little Village Preschool & Childcare
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Parents initials _____

Provider Vacation, Holidays, and Absences:

Each year my childcare will be closed for the following holidays* and their respective family days:

New Years Day, Martin Luther King Day, Presidents Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving, Christmas

****The Little Village will be closed for winter holiday from December 24 2024 - January 1 2025.***

***Payment is not required for the Holidays and family days listed above. Fees will be prorated for these weeks.**

***Care may be provided as needed to subsidize families working on family days with proof from their First Sergeant of the requirement of each guardian to work. This is to encourage family days to be spent with our families.**

Although I will make every effort to be available each day, there may be occasions when I am not able to provide service. You will be notified as soon as possible of any personal or family illness, appointment, funeral, or emergency. I will provide a list of suggested providers, however, it will ultimately be your responsibility to obtain substitute care on such occasions.

****All unplanned closures, appointments or vacations not listed in this contract will be posted in the monthly newsletters or on cubbies with at least two weeks notice along with alternative provider recommendations. Payment will not be due during these closures.****

Parents initials _____

Provider's Sick Leave: If I or a family member becomes ill overnight where I am unable to provide care the next day, I will send a message as soon as possible. This could mean an early morning message. I am required to close my program if I am too sick to care for your child(ren) and/or my own child requires full time attention due to illness. I will provide a list of backup providers, however it will be your responsibility to coordinate care with that provider. *Back-up providers will be paid through the FCC subsidy system if you are an FCC subsidy participant.*

If you do not participate in the FCC subsidy program, you will need to pay the back-up provider directly for childcare services provided to your child during my closure. If not participating in the FCC subsidy program, I will credit you for any days missed by your child due to me or my family members' illness.

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NOTE: It is strongly recommended that you have a trusted neighbor, friend or relative as a backup emergency provider prior to such a situation.

You will not be responsible for payment to me on days which your child does not attend due to my illness or illness of a family member. However, you must pay the back-up provider. Again, I will try to help find you care, but please have a backup plan.

Parents initials _____

Family Emergencies and Unplanned Closures:

If I have a family emergency or illness during business hours I will close and require immediate pick up (within 1-hour) of your child. **Failure to respond and pick up your child within 1 hour of notice of emergency closure will result in immediate termination.**

Parents initials _____

Provider Personal/Professional Leave: In order to maintain the highest quality of care there may be days where I am required to attend a training or educational seminar. You will be notified at least two weeks in advance of these days. Payment will not be due for these closures and backup providers will be suggested.

Parents initials _____

Parent Vacation and Absences: Anytime my child care is open, parents are required to pay full fees when their child is absent from care to hold their spot. This includes family vacation, appointments, exclusion to illness, or others. No refunds or discounts are given when a child is absent from care.

Parents initials _____

Extended Leave: In cases of extended leave (children absent from my childcare for more than 2 weeks due to vacation, long-term illness etc..) I will require you to pay full fees for each week that your child is not in attendance, to hold your child's spot. I reserve the right to terminate the child care agreement, should your child's absenteeism exceed 3 weeks.

Parents initials _____

Pets: This FCC home has cats and a dog. By AF regulations, pets, to include food and accessories, must be separated from the children during the business day. For this reason, you will not see our pets. All shots are up to date and they are all free from parasites and diseases. Families will be notified in writing 14 days in advance if a new pet might join our home.

Parents initials _____

Persons Authorized to Pick-up Child(ren)

Please Provide the name of any additional friend/family members that are authorized to pick up your child.

*They must be over 18 years old & they must be able to provide a current I.D/Driver’s license or they will not be allowed to remove your child from my care.

- 1. Name _____ Phone: _____ Relationship: _____
- 2. Name _____ Phone: _____ Relationship: _____

The safety of the children is a main concern of mine. In the unlikely event that a parent or designated adult picking up a child is in a condition that could preclude the child from reaching home/destination safely, the following action will be taken:

Call the parent/guardian or emergency contact or in severe cases, call emergency services.

Smoking will not be allowed in or around (100ft) my house. I must request that you refrain from smoking while visiting my home at drop-off and pickup times.

If there is a court order keeping one parent away from the child, I must have a written note from the custodial parent in my file to that effect. Otherwise, I cannot prevent the non-custodial parent from picking up the child.

Parents signature: _____ Date: _____

ILLNESS POLICY

Based on guidelines from “Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Out of Home Child Care Programs”, children will not be denied admission or sent home because of illness unless one or more of the following conditions exist. You will be notified immediately when your child has a sign or symptom required exclusion from the home, as listed below:

1. The illness prevents the child from participating comfortably in activities as determined by myself.
2. The illness results in a greater need for care than I can provide without compromising the health and safety of the other children.
3. Your child has any of the following conditions:
 - a. Fever, accompanied by behavior changes. Auxiliary temperature of 100 or greater.
 - b. Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs until medical professionals determine the child can attend.)
 - c. Uncontrolled diarrhea- increased watery stools, decreased form of stool that is not associated with changes of diet: that is not contained by the diaper or the child’s ability to use the toilet. **Child will be excluded until diarrhea stops.**
 - d. Blood in stools not explained by changed in diet, medication or hard stools.
 - e. Vomiting - two or more episodes in the previous 24 hours until vomiting resolves or until a medical professional determines the cause of the vomiting is not contagious and the child is not in danger of dehydration.
 - f. Persistent abdominal pain (continues more than 2 hours) or intermittent pain with fever.
 - g. Mouth sores with drooling, unless a health care provider determines the condition non-contagious
 - h. Rash with fever or behavior change until a physician determines these symptoms do not indicate a communicable disease.
 - i. Purulent conjunctivitis (pink eye with white or yellow eye discharge) until after the treatment has been initiated.
 - j. Head lice - until after the first treatment
 - k. Scabies - until after treatment has been completed
 - l. Tuberculosis - until a health care provider/official states the child is on appropriate therapy and can attend childcare.
 - m. Impetigo - until 24 hours after the treatment has been initiated
 - n. Strep throat - until 24 hours after the treatment has been started
 - o. Chickenpox - until all lesions have dried or crusted.
 - p. Rubella - until six days after the rash appears
 - q. Pertussis - until five days of appropriate antibiotic treatment
 - r. Mumps - until five days after the onset of parotid gland swelling
 - s. Measles - until four days after onset of rash
 - t. Hepatitis A - until 1 week after onset of illness or jaundice if the child’s symptoms are mild or as directed by the health department

As a Family Child Care Provider:

- I am required to conduct a morning health check prior to signing your child into my program. This is to verify any marks or injuries that might be visible on your child at drop off time.
- In case of colds, sore throats, or other suspected illness, feel free to contact me by message or telephone to discuss options (such as keeping the child at home, take a wait and see attitude until morning, etc).
- Should your child become ill during his/her day here at my home, parents/guardians will be notified of the conditions of suspected illness. Parents/guardians **must** pick up their child within one hour (1-hour) of notification.
- I will isolate an ill child from the other children (but within the childcare space) and give special attention and comfort until the parents arrive. The child will be accepted back when no longer contagious with a doctor's note of re-admittance. All other parents will be notified of the possibility of communicable disease and what symptoms to watch for.
- ***I cannot accept a child with fever reducers or any other medication prior to arriving at my home to mask any of the above-mentioned symptoms. (This is grounds for immediate termination)***

COVID-19

I follow the current guidelines put out by the CDC for COVID-19 isolation and quarantine. I will close for (at least) one day for cleaning if a child tests positive for COVID-19 or any other communicable disease listed above.*

****Should your child experience a medical emergency I retain the right to call the ambulance immediately. You will be notified of the emergency immediately. If you cannot be reached, your emergency contact will be notified. I also retain the right to administer first aid and CPR if needed.***

****In the event I ever need to call for an ambulance, parents of the hurt or sick child will be responsible for any fees associated and will be notified immediately after emergency services are contacted.***

Parents Signature _____

Date: _____

Medication: If a doctor diagnoses an ear or throat infection and places the child on an antibiotic, the child must remain away until he/she has been on the medication for a minimum of 24 hours.

I will administer prescription medications to the child, to do this I require that parents provide:

-Written authorization, AF Form 1055

-Medication in the original container, clearly labeled with the child's name, dosage, date of purchase, and instruction for storage and administration of the drug. Please put the medication in a plastic baggie with your child's name labeled on it and hand it straight to me. Do not leave it in the diaper bag or backpack.

-First dose of ANY medication MUST be administered by the parent/guardian.

Parents initials _____

Emergency Accident/Incident Plan: We try to prepare for any possible emergency to ensure the safety of your children. In any case you, the parent, will be notified by phone call and/or text. After 2 attempts and no answer of any parent/guardian, the emergency contact will be called. If you work at a location with no service or cell phone use is not allowed, please let me know in advance of an alternate way to contact you if an emergency occurs. If a medical emergency or accident occurs and a child needs to be sent to the hospital via ambulance, I plan to accompany the child to the hospital. The other children will be placed with a back-up provider. The parent of the child taken to the hospital, State Licensing Agency and the Family Child Care office will be notified. The back-up provider will have the emergency contact information on all other children and will notify the parents to come pick-up their children at my home or an alternate care site.

In case of emergencies, we conduct monthly fire drills and a shelter in place inside the home to ensure children are safe and prepared.

For a Fire: Fire drills are held monthly. Children will leave in an orderly fashion, under my supervision, and rapidly (not running) walk single file to our designated meeting place - the fire hydrant across the street. If my home was damaged by a fire and not habitable, I will call and ask that all children be removed from my care until further notice. Emergency procedures: we will evacuate to the nearest exit, and travel at least 75 ft away to the fire hydrant across the street from my home.

Active Shooter: If there is an active shooter near my home, I will secure the home and gather the children in the bathroom, until I receive an "all clear notice". I will notify the parents and let parents know if the children and I are at another location.

Weather and other emergencies: if the base closes for weather purposes, I will call you or the designated pickup person to come and get the child(ren) right away.

Shelter in place - I will gather all the children in the bathroom downstairs, and make sure to have the shelter in place bag. I will take safety precautions and make sure everything is secure.

Flooding - for flooding in or near my home I will immediately move the children to an evacuation shelter or high ground. Parents/guardians will be contacted.

Tornado - in the event of a tornado, we will go in the hallway between the laundry room and downstairs bathroom to avoid all windows.

Earthquake - in the event of an earthquake we will go under the tables until the shaking stops then evacuate to an open area with no buildings or trees until given the all clear.

In summary, please be assured that I will take good care of your child(ren) should any emergency or disaster arise.

**** If it is announced over radio or television that the public schools, military installation, and city offices are closing, likely I will be closing also. Under no circumstance, will I close until all children have been picked up by their parents or designee. ****

Parents initials _____

Activities and Curriculum: Age-appropriate activities are scheduled with flexibility allowed to respond to the needs of the individual child. The main goal of my childcare is to learn while having fun and promote the growth of children's physical, emotional, intellectual, and social skills. We will be utilizing a variety of activities to accomplish this goal. Some activities we may do during the day consist of singing and dancing, discussion, games, outdoor play, free play, sensory activities, Storytime/reading, arts and crafts, baking, music, imaginative play, worksheets and puzzles. This is a general guideline only. Our schedule may vary due to children's wishes, special activity days, school schedules etc...

We may make occasional trips to the park by my home. I will inform you in advance of any outings or field trips.

Arts & Crafts: Your child will participate in a lot of art/craft activities (painting, coloring, gluing etc.) and will most likely get a little messy. If you are worried that the clothing your child wears may get ruined, please send them in something that can be worn during these times. The children wear long sleeve smocks during messy activities, but there may be times their clothing still gets dirty. I am not responsible for any clothes that may get paint, markers, or any other art supplies on them.

Parents initials _____

Guidance and Discipline: I utilize a **gentle and positive** approach to guidance and discipline. I am kind but firm when needed. Emphasis is placed on respect for self, others, and property. The following developmentally appropriate guidance techniques will be used.

These techniques are as follows:

Positive Reinforcement: the child will be encouraged when he/she is demonstrating acceptable behavior and genuinely praised when the opportunity arises.

Redirection: The child is redirected to another activity and/or space and allowed to try again at another time.

A gentle reminder and open discussion: children are given reminders about behavior before it escalates, feelings are acknowledged, and discussion is encouraged.

Shadowing: the child (generally toddler age) is shadowed, I will get down on the floor with them and show them how to communicate, play nicely, share, etc...

This is highly effective in curbing biting, hitting, hair pulling and other aggressive behavior.

Non-punitive Time In/Taking a Break: the child is separated from the group for a brief period appropriate to their age and development (not isolated or unsupervised). Depending on the child I may sit with them to offer some comfort. This technique is only used when the child is exhibiting tantrum-type behavior, or hurting self, others, or property, or when the child is persistently refusing to follow the defined limits. When the child shows that he/she is regulated and ready to safely participate, they are encouraged to join the rest of the group and try again. **Time Ins are not used as a punishment**, but as a tool to allow children to regain control and enhance self-regulation.

NO abuse or corporal punishment in any form (spanking, swatting, hitting, grabbing, shaking, squeezing, humiliating, shaming, and frightening a child) will **EVER** be used in my childcare. **I encourage positive communication, cooperation, problem-solving and self-regulation.**

As a childcare professional I am a mandated reporter for suspected child abuse.

Meals: All meals are home cooked with USDA approved ingredients to support healthy eating habits. We use family style dining to increase communication and social skills. The children are offered food, but not forced to eat. Please do not bring or send food into the facility without prior approval (no half-eaten breakfasts, candy, gum etc...) due to allergy concerns. Please feel free to discuss your child's need for additional food, such as for medical reasons. We eat morning snacks, lunch, and afternoon snacks. This is a general schedule of our daily meals and snacks:

Breakfast 8:30-9:15

Lunch 11:30-12:30

Afternoon snack 14:00-14:30

I do serve treats like cupcakes or ice cream on party days or special occasions like birthdays, Christmas, Easter etc... I will ask the permission of parents before offering such treats.

Special Diets: If a child has a particular dietary need, I must be informed. If your child has a food intolerance or allergies, substitute meals or snacks will be provided. An allergy form from the child's doctor is required to be on file. **This is not a nut-free home.**

Parents initials _____

Potty Training: When you feel that your child is ready, I ask that you begin teaching at home. I will follow through and encourage your child while in my care. Toilet training will be done in a relaxed manner with the cooperation of the family. Please keep in mind that the activity level here can distract your child from responding to an urge to use the potty, more so than at your home. Therefore, I will continue to use pull-ups until your child is consistently responding to the urge to go and having infrequent accidents. Parents need to supply training pants with plastic pants or pull-ups, plus at least 3 extra changes of clothes each day.

Parents initials _____

Naps/Quiet Time: Our nap and quiet time begins after lunch, generally around 1230 and ends at 1400, before afternoon snack. Every effort will be made to ensure a proper rest time or at a minimum, a restful quiet time. If your child has a favorite blanket or soft comfort toy, you are certainly welcome to bring these.

Children who no longer nap will have quiet time while the others nap. Quiet time activities may include puzzles, quiet games or toys, books, coloring etc...

***Please schedule appointments and drop-offs around this time so the children are not disturbed during their rest.**

**Please note that nap time is a quiet time for me as well as the children, this time is used for lesson planning, setting up activities, prepping meals and tidying up.*

**If your child is unable to nap or rest/play quietly and disrupts the other children's rest time the childcare contract may be terminated as it is imperative to the health and safety of the children in my care to receive adequate rest time.*

Parents initials _____

Supplies Needed: It is essential children are appropriately dressed for outdoor play daily. Parents are responsible for supplying weather-appropriate, well-fitting clothing each day.

Please Provide:

- A Blanket and/or comfort item for Naptime
- Two Full Changes of Clothing (3 if potty training)
- Sunblock & Insect Repellent
- A clean pair of shoes that will be kept in the FCC home (closed toe & hard sole) for house use only
- Outdoor Shoes (closed toe & hard sole)
- Weather Appropriate Clothing
- Diapers/Pull-ups
- Wipes
- Diaper Ointment/Cream
- Lotion/Lip Balm
- Toothpaste/Toothbrush

*Each child will be provided a Cubby to store their belongings. Your Child's Cubby will be cleaned out weekly. It is the parent's responsibility to ensure their child's cubby is fully stocked with extra clothes, indoor shoes, and weather appropriate items as defined below. I will provide reminders when we are running low on items such as diapers/pull-ups, changes of clothing and topical items.

***We will participate in indoor gross motor play during inclement weather (temp above 90 degrees fahrenheit, poor air quality, high winds, heavy rain, etc.)**

Winter: warm winter coat, beanie, warm waterproof mittens.

Spring: Rain jacket, rubber boots, sun hat, running shoes, An extra layer like hoody or fleece, gloves/mitts, and beanie for chilly mornings

Summer: Light jacket or hoody, running shoes & socks &/or sport sandals, water shoes (closed toe and hard sole) for water play in the backyard. Sunscreen & insect repellent

Fall: Full rain suit or waterproof fall jacket, layers like fleece to be worn underneath, rubber boots, running shoes, gloves/mitts & beanie

**Weather conditions are variable, it is the parent's responsibility to ensure their child comes prepared to play outdoors each day. If your child does not have the clothing they require, you will be contacted to drop it off. We are unable to go outside if any child does not have weather appropriate clothing. A backpack or bag for carrying supplies is welcomed.*

I will send clothes home to be washed in a plastic bag if they get soiled, wet, or dirty. Please check your child's backpack daily to add fresh clothes if necessary. I will not rinse soiled, wet, or dirty clothes due to sanitary reasons.

Parents initials _____

Toys and other items: I provide a wide variety of playthings. I ask that no toys be brought to daycare from home unless they can be secured in your child's bag or backpack. Anything brought will be put up safely until the child is picked up. This policy is for the protection of all children in my care. The ONLY exceptions to this policy are: 1.) a special blanket/stuffed animal/doll to be used during nap time. This will be put up and ONLY used for the appropriate time 2.) Show and tell/sharing (when scheduled).

Parents initials _____

Trial Period and Giving Notice: All new children will be cared for, for a two-week trial/settling-in period beginning on your child's first day of care. **During that time the provider or parent may terminate the childcare agreement with 24-hour notice.** After the trial period, a two-week written notice is required by the parent/guardian to terminate the agreement. If two weeks' written notice is not given, the enrollment fee will not be credited towards your last week of care. Any abuse or violation of the rules/policies of the contract/handbook may be just cause for immediate termination, and the enrollment fee will not be refunded. Immediate termination can occur if the provider deems it necessary due to a child's behavior (intentionally harming others or damaging items) or dangerous parental situation. Immediate termination can also occur for overdue payment/non-payment of childcare fees and habitual tardiness.

Parents initials _____

Termination Policy: I will terminate our childcare arrangements immediately for any of the following reasons (but not limited to):

- Repeated failure to comply with the policies set forth in this contract
- Destructive or harmful behavior of a child that persists that endangers the health and safety of other children in care, the provider or others.
- Habitual or excessive late pickups
- Non-payment or late payment of childcare fees
- Failure to attend for 5 days in a row without any communication

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- Failure to complete required forms
- Failure to provide documentation of required immunizations or failure of child to receive required vaccinations
- Blatant disrespect towards children, provider or provider's family by child, parents/guardians or other persons
- If a parent knowingly brings their child ill to my program and/or gives child medication to mask symptoms of an illness

Parents initials _____

Withdrawal: Parents may withdraw the child from my care by giving two weeks' notice in writing. Please provide a written statement that includes the last date of care and the reasons for withdrawal. If two weeks' notice is not given, you will not be credited your enrollment fee towards your final payment. Absences of more than one week without notification and/or payment will result in an automatic withdrawal.

Parents initials _____

Revisions to Contract/Handbook: I reserve the right to revise the Childcare Contract as needed. I reserve the right to amend rates and policies as deemed necessary. You will be notified in writing of any changes that occur.

Parents initials _____

References: References can be provided upon request.

Parents initials _____

****Failure to enforce one or more aspects of this contract does not relinquish my right to enforce other aspects of this contract.***

Financial Agreement:

FULL TIME:

Weekly full-time fees PER child are: \$305.00 (PER WEEK) Parent Initial: _____

SUBSIDY:

Weekly full-time fees PER child are: BASED ON TFI (PER WEEK) Parent Initial: _____

PART TIME/DROP-IN:

Part time fees PER child are: \$185.00 M-F (HALF DAYS) | \$120 MWF | \$85 Tu/Th (PER WEEK)

Daily fees PER child are: \$65 (PER DAY)

Hourly fees are at a rate of \$12.00 (PER HOUR) (2 hour minimum), PER child on a drop-in basis (upon availability)

You will be charged in hourly increments – ex: if your child is here for 30 minutes you will be charged for a full hour.

Parent Initial: _____

PARENT'S NIGHT OUT:

Parent's Night Out fees PER child is: \$35.00 (PER 4 HOURS) Parent Initial: _____

BASE EXERCISE: ALL hours will remain the same during base exercises, if you require care outside of these hours and I'm unable to accommodate, I will offer suggestions for alternate care, however, it will ultimately be your responsibility to find alternative care.

**failure to make payment on time will result in a \$20.00 (per day) late fee.*

Travel Authorization

I, _____ (parent's name), give **TAYLOR RIVERA**
permission to travel with _____ (child's name) outside of the FCC
home.

*While outside of the home your child will always have my daycare contact info on them. You will be notified daily/weekly of any planned trips.

Photo Authorization

I, _____ (parent's name), give **TAYLOR RIVERA**
permission to take photos of _____ (child's name).

*Photos will be sent to parents only and not shared with anyone else personally.
Pictures may occasionally be used on social media (my personal FCC business Facebook page, FSS Facebook page or website) as a form of advertising only.

Initial: _____ I **DO NOT** want my child to be photographed for any reason stated above.

Topical Application Authorization

I, _____ (parent's name), give **TAYLOR RIVERA** permission to
apply sunscreen, insect repellent, lip balm, lotion, diaper cream, and hand sanitizer to
_____ (child's name).

*Sunscreen will be applied when necessary to prevent sunburn from sun exposure. Each child will have sunscreen applied 30 minutes before going outside and reapplied as recommended from manufacturer. Parents are required to provide sunscreen (SPF 15 or above) for their child. Please label sunscreen with your child's first and last name.

GUARDIAN SIGNATURE: _____ DATE: _____

2 Week Trial Period

There will be a two-week trial period from the day your child starts care in my home.

This two-week trial period is for the parent[s]/guardians as well as the provider. If you feel this is not the right setting for your child, please let me know within this two-week period. Payment is still due for the two weeks pay period whether your child continues to attend my program or not. If I feel this is not the right setting for your child or myself, I will let you know at the end of the two-week trial period.

TERMINATION PROCEDURES:

This contract may be terminated by the parent/s, guardian/s or by myself at any time during the initial **two-week** trial period. Termination during the initial trial period will still require full payment for the entire **two-week** pay period. **Parent/Guardian is required to give written notice of discontinuation of care during this two-week trial period. If a written notice to discontinue care is not provided during the initial two-week trial period; an additional two weeks will be charged to your account on top of your payment for the initial two-week trial period. Payment is due during the notice period whether the child attends or not.**

I reserve my right to terminate this contract at ANY time without any verbal or written warning. All situations are unique and will be dealt with on an individual basis. The parent[s]/guardian[s] may terminate this contract upon receipt of PCS orders.

By signing this contract all parties agree to its conditions. The parent[s]/guardian[s] acknowledge receipt of its contract and agree to abide by its conditions. I reserve the right to change this contract and my policies at any time. A new contract will be provided, and a two weeks' notice will be available before putting the new conditions into effect.

Parent/Guardians Signature: _____ **Date:** _____

Provider's Signature: _____ Date: _____

I reserve my right to terminate this contract at any time without any written warning.

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THE LITTLE VILLAGE PRESCHOOL & CHILDCARE CONTRACT SIGNATURES:

I HAVE READ AND I AGREE TO ABIDE BY EVERYTHING IN THIS CONTRACT.

I UNDERSTAND MY SIGNATURE MAKES THIS A LEGAL BINDING CONTRACT.

Provider's Signature: _____ Date: _____

Fathers Signature: _____ Date: _____

Mothers Signature: _____ Date: _____

Guardians Signature: _____ Date: _____

Child Information Form

(One child per page)

Please help me provide the best possible care for your child by answering the following questions:

Name of Child: _____ Birthday: _____

Parent/Guardian Name(s): _____

Address: _____

E-mail address(s): _____

Phone (home): _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Right Handed: _____ Left Handed: _____ Languages: _____

Do you have any concerns about your child's development: Emotionally? ____ Socially? ____

Physically? ____ Cognitively? ____ Hearing? ____ Sight? ____ Special Needs? ____

Please Explain: _____

Previous child care arrangements: _____

Any medical conditions currently being treated by a physician or food allergies or other allergies that

need to be known for safety: _____

Food Likes: _____ Food Dislikes: _____

Hobbies: _____

Sports & Activities: _____

Traits & Characteristics: _____

What are your child's strengths: _____

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Weaknesses: _____

Siblings (ages and names): _____

Favorite Toys/Activities: _____

Family routines, cultural or religious preferences and holidays: _____

Anything else you would like for me to know about your child: _____

Parent Signature: _____

Date: _____