

# V.I.P. Childcare Services

## Agency Mission Statement

“...that ye love one another, as God have loved you.” John 15:12 (King James Version)

This center is a Christian based childcare service and the love that God had given to us; we will give to your child.

### Program Philosophy

“We Love to Love Your Baby”

Children need active experiences with the work of people and things rather than they need information.

They do not learn in a predictable linear fashion. They swallow experiences in sips and gulps as well as in measured dosages. Movement is necessary to learning as are air and light.

We strive to give children the space, time, equipment, and assistance they need to help in answering all their questions. The more answers we can provide the more opportunities they have to learn.

### Typical Day Agenda

Open-8:00a: Most children arrive. Some children come in and lie down, some may choose to play, and others come in and take a seat.

*(Starting at 7:30a School-agers have a breakfast)*

**7:50a-8:10a:** School Agers leave for school

**7:30a-9:00a:** Breakfast

**9:00a-9:45a:** Morning Lesson (Days, Weeks, Months, Weather)

**9:45a-10:30a:** Math/Science Time

**10:30a-11:00a:** Art/Music

**11:00a-11:20a:** Reading/Story Time

**11:20a-11:30a:** Rest Room breaks and lunch preparation

**11:30a-12:30p:** Lunch

**12:40p-2:40p:** Nap Time

**2:40p-3:15p:** Rest Room breaks and snack time

**3:20p-4:00p:** Art/Music Time *(School agers snack)*

**4:00p-6:30p:** Free Play *(Homework Table)* Parents pickup time.

Name of Person Responsible for the Center \_\_\_\_\_

**INTAKE AGREEMENT**

Date of Admission \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_ Gender \_\_\_\_\_

Verification Document \_\_\_\_\_

Home Address \_\_\_\_\_

**Parent 1 Information**

Parent Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Number \_\_\_\_\_ Work Hours \_\_\_\_\_

**Parent 2 Information**

Parent Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Number \_\_\_\_\_ Work Hours \_\_\_\_\_

**Admission Policies**

The childcare center shall only accept children who are at stage of growth and development which enables them to benefit from its program, and for whose age level the center is staffed and equipped to provide care.

The childcare center shall not admit or maintain any child whose needs it obviously cannot meet or whose behavior would be dangerous for other children in center. Explicit, documented reasons for refusal to admit or provide care to a child shall be provided in writing form to parents.

There shall be no discrimination based on race, color, religion sex, national origin, or handicap.

### **Hours of Operations**

The childcare center from 5:30a to 6:30p. The childcare houses from 6am to 12am and 24 hours

### **Holiday and Vacations**

Holidays, Vacations, Miscellaneous Closings VIPChildcare Daycare will not provide childcare on the following federal holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas, but will be open on all other holidays *(Unless otherwise stated)*. The childcare fees will not be adjusted for the holidays during which VIPChildcare Daycare is closed. The parent is responsible for arranging alternate childcare for closings for emergency closings due to severe weather. The childcare fees will not be adjusted for such closings. During employee vacations the childcare will remain open.

### **Authorization for Child's Release**

Children will be released only to the parent, or a person named by the parent. Parents or persons named by the parent must make sure that a staff member is aware of the child's arrival and departure. Child shall be signed in and out by paperless method at the time of the child's arrival and departure.

### **Court Orders**

If a court order exists preventing an individual from having contact with a child, the facility shall comply with the order. There must be a copy of the court order in the child's file.

### **Emergency Medical Authorization**

I agree, and by my signature, give consent, that in any case of an accident, injury, or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone number given with this application.

**Parents'/Guardian Signature** \_\_\_\_\_

### **Special Needs**

VIPChildcare is willing to provide care for children with Special Needs. All reasonable accommodations and modifications will be provided.

### **Transportation Permission**

In the event of a field trip, or other such activity, I give my permission for my child to be transported by the childcare facility in a motor vehicle.

I, \_\_\_\_\_, give permission for my child to be transported to and from \_\_\_\_\_ by the childcare facility in a motor vehicle.  
Elementary School

### **Extracurricular Activities**

In the event of extracurricular activities, I understand that I will be informed prior to the activities and will sign written permission for my child to participate.

### **Discipline Policy**

The childcare facility uses a positive disciplinary approach with children. Caregivers communicate to children using positive statements, encourage children, with adult support, to use their own words and solutions to resolve conflicts, and communicate with children at eye level and talking to them in a calm manner about what behavior is expected. Recurring, disciplinary problems will be addressed with parents and documented in the child's record.

### **Program Description**

The program provides developmentally appropriate activities for children. Weekly lesson plans are written and posted for parents' review. Children are provided time to choose their own activities and work independently in learning centers. Caregivers serve as facilitators to enhance the children's choices.

### **Policy About Children Left After Closing Time**

Children are expected to be picked up by closing time. A charge of \$1/minute will be assessed per child to any family picking a child up after the closing time. (6:30p). If any child is not picked up 30 minutes after closing time, Child Protective Services will be contacted to pick up your child.

### **Personal Item Policy**

No personal items (toys, food, etc.) are allowed to be brought from home.

### **Suspected Child Abuse Policy**

The child facility is required by law to report any suspected child abuse or neglect to Child Protective Services.

### **Confidentiality Policy**

All information pertaining to admission, health, family, or discharge of a child is confidential.

## V.I.P CHILDCARE SERVICES DISCIPLINE/GUIDANCE POLICY

It is especially important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, we will **not** use:

- Threats or Bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic need
- Humiliation or Isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out for no longer than a minute per year of child's age, if necessary

If your child's behavior is very disruptive or harmful to him/herself or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other childcare arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using lines below, we may modify the above plan with agreed upon suggestions.

\_\_\_\_\_

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

Additional techniques to be used with my child:

\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Payment Plan**

There is an eighty-five-dollar non-refundable fee to register ALL children. Three months to 18 Months cost is \$200 per week. Children 19 months to 6 is \$150 per month. School age children is \$100 per week. All second and third shift children are \$125 per week. *(These rates are a set fee even if your child is absent)* Payment is due in advance by 6p.m. on the Friday before the current week of care is provided when paying weekly. If payment is not received by 6pm on Friday, a \$10 late fee per child will be added to your balance. Any balance carried on your account beyond three weeks will result in suspension of your child.

### **Meal Plan**

Breakfast will be offered to children who attend the childcare center before 8a. A morning snack, lunch, afternoon snack, dinner and evening snack will be served daily.

### **Parent Conferences/Communication Policy**

Parent-teacher conferences will be scheduled as needed or a parent may request such a conference at any time. In addition, teachers are always available for ongoing communication and parents are always welcome to observe our program.

### **Health Examination**

A health examination including immunizations is required for each child within 12 months prior to admission to the childcare center or within one month after admission on the forms provided. Childcare facility services must be terminated if a health form is not returned within the above stated time. Health examinations shall be repeated annually for children two years of age and younger.

### **Significant Occurrences or Problems**

You will be notified of any significant occurrences or problems which affect your child, including exposure to communicable diseases.

### **Sick Child Policy**

Children who are sick will not be allowed to attend the program. If your child becomes ill while at the center, you will be contacted to pick up your child. If you cannot be reached, someone from your emergency contacts will be considered. Your child may not return to the center until he/she is symptoms free for 24 hours.

If your child will be on an extended absence exceeding two weeks due to illness, please provide appropriate documentation from a physician which includes dates, so that a suspension of tuition reflects said dates.

### **Termination of Care**

A two-week notice is mandatory before removing your child from the daycare. This notice should be done in writing and including the child's last date.

### **Policy of Release of a Child to an Intoxicated or Impaired Person**

If an authorized intoxicated or impaired person insists on removing children from the center, the center shall immediately report the incident to the local police agency.

### **Policy on Alcohol, Tobacco, Firearms, Illegal Substances**

The use of tobacco, and use of possession of alcohol, illegal substances and firearms is prohibited.

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Signature of Parent

Date



List the following information to be used in case of an emergency:

Child's Physician's Name \_\_\_\_\_

Child's Physician's Address \_\_\_\_\_

Child's Physician's Phone Number \_\_\_\_\_

Child's Dentist's Name \_\_\_\_\_

Child's Dentist's Address \_\_\_\_\_

Child's Dentist's Phone Number \_\_\_\_\_

Person(s) authorized to drop off or pick up child:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Responsible person(s) who may be called to come for your child in case of illness or emergency if you cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## PHOTO/VIDEO PERMISSION

I give my consent that photos and/or videos of my child/children taken at or during any daycare activity and/or event maybe used for their purposes. I understand that the daycare will share these photos and/or videos with the media, via internet, cell phone, etc.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that some of the photos and/or videos may contain photos of my child/children, family, friends, and/or pets. I understand that the daycare will share these photos and/or videos with the media, via internet cell phones, etc.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that if individuals are identified, only their first name will be used. This permission slip is only for the years of 2018-2022 and must be renewed for the subsequent years.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I DO NOT give consent for photos or videos of my child/children to be publicized or shared in any way at any time.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, can make legal decisions on behave of the child and/or children listed below. My signature on the form gives n consent to or not to allow V.I.P. Childcare Services permission to take and use photos and/or videos for their purposes. I also understand the only way that I may withdraw or submit my permission its by requesting to do so in writing. All terms are signed and agreed upon with this, my final signature below.

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

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**LICENSED CHILD CARE CENTER / HOME CONSENT**

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is NOT optional; signing the below is your decision and does not impact your use of child care facilities.

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**LICENSED CHILD CARE CENTER / HOME CONSENT**

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for \_\_\_\_\_ to report the name and date of birth of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

*name of licensed child care program*

Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)

Signature of parent, guardian, or custodian	Date signed (month, day, year)
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