

THE GIFT OF KIDS

Daycare and Preschool

5130 Golden Foothill Parkway
El Dorado Hills CA. 95762
Phone: 916-521-1835
Fax: 916-941-8750

Parent Handbook & Contract:

1. The Gift of Kids hours are 6:30am-6:00 pm, Monday through Friday. Occasionally delays do occur. A phone call will be appreciated. Delays will result in an additional charge of \$1.00 per minute after 6pm. You will be notified in writing if delays become habitual, a late charge will be assessed in the future, and your child's enrollment may be terminated with one week's notice. Please notify us when absences, early arrivals, or late arrivals are planned or anticipated.
2. We have rest/quiet time between the hours of 1:00pm-3:00pm. If you plan on picking up your child between these hours, please inform us in advance so we can minimize disturbing the other children who are napping or resting.
3. Please do not bring toys (unless asked) or other articles from home to play. There is a possibility that they could get lost or broken.
4. Please do not bring food, candy, or drinks from home. This will avoid any misunderstanding with the children who are already here.
5. Children are accepted for enrollment on a two-week trial basis to allow for adjustment. Please state if your child has had previous care experience.
6. Please provide all completed enrollment forms, a copy of immunization records, a complete set of clothing (bagged and labeled), and a fitted crib sheet. For babies, please bring diapers, wipes and formula.
7. Please have your child's diaper changed and have them fully dressed for the day's activities. Please do not bring diaper bags daily. I will provide a space for each child's belongings (clothes etc.).
8. I will be closed at a charge to you on the following holidays: New Year's Day break, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving break and Christmas break. Tuition is charged to you when you are on vacation or time off to keep your child's spot.
9. Tuition will be due by the 26th for the following month. A \$10.00 late fee will be charged if paid after the 1st. Chronic late payments will lead to your child's dismissal. I do not refund tuition for absences.
10. Personal checks are accepted, however, if I receive a returned check due to insufficient funds, you will be required to pay the bank charges and pay cash in the future.
11. Returned checks of no less than \$100.00 and no more than \$500.00 may be collected three times the amount if not paid within 30 days of demand for payment (CA civil code chapter 522-section 1719).

12. Tuition is subject to change with a month's advanced written notice if a parent plans or needs to change their child's attendance schedule when it will affect the tuition fee in the childcare agreement/contract.
13. Nutritious meals are provided at no cost to you. Parents provide formula and baby food for infants. Breakfast is served at 8:00am. Lunch is served at 12noon, and snack at 3:30pm. Again, please do not bring food or drinks from home.
14. Parents are liable for any damage beyond the normal wear and tear.
15. Potty training: please provide diapers or pull ups until your child is completely trained.
16. If your child is sick (has a fever, diarrhea or is vomiting), please do not bring them for at least 24 hours after the symptoms have completely stopped. Please state your child's "ill child plan" _____.

17. Discipline Policies:

I understand that The Gift of Kids does NOT USE Corporal Punishment. Our teachers use the following methods: a) redirection b) planning ahead to prevent problems c) encouragement of appropriate behavior d) consistent, clear rules e) role playing to solve problems. Behavior problems may/ will result in a parent conference and may lead to termination.

18. Reasons for Termination of Child Care:

- a. Deliberate omission or unreliable information regarding enrollment.
- b. Your child displays obsessive, (more than once a day, on a weekly basis) aggressive behavior towards the other children and /or staff.
- c. Parents are habitually tardy regarding closing time.
- d. Parent's habitually late remittance of tuition.
- e. Child is repeatedly brought to Daycare ill, having a fever, watery bowel movement, vomiting, viral or other type of infection.

THE GIFT OF KIDS reserves the right to terminate care without notice if any/all of the above reasons occur. Any balance of tuition paid for in advance is non-refundable.

There will be a non-refundable annual registration fee of \$75.00

 Acknowledgement of Notification of the Parent Handbook:

I, _____ the parent of _____, have received a copy of the "Parent Handbook" from The Gift of Kids Daycare and Preschool on this date, _____.

I, _____ the parent of _____, agree to pay the following \$ _____ (circle one) monthly or bi-monthly. Tuition is non-refundable. Deposits are non-refundable.

Please initial that you understand the policies written in the Parent Handbook.

Child (ren)'s Name & Date of Birth

Name: _____ DOB: _____

Name: _____ DOB: _____

Mother's Signature

 Father's Signature

 *Note: If parents are divorced, the initial of each parent is required.

Parent Handbook:

I have received a copy of The Gift of Kids Handbook. I have read and understand the policies and procedures, and I agree to comply with the rules and regulations.

(initials) (initials)

Tuition and Contract:

Tuition is due by the 26th for the following month. A \$10.00m late charge will be charged to you if paid after the 1st.

(Initials) (Initials)

Immunization Requirements:

I understand that I must provide a copy of immunization records before my child's enrollment.

(Initials) (Initials)

Days and Hours of Operation:

The Gift of Kids Day Care and Preschool is open Monday-Friday 6:30am-6:00pm
We offer preschool, 1/2 day or full day options. We offer 1-5 days per week.

(Initials) (Initials)

Sign-In/Sign-Out

I understand when dropping off your child, California law requires that you sign in and out.

(Initials) (Initials)

Release of Child(ren)

I understand that my child will be released only to myself, a legal guardian, the other parent (except where prohibited by court order), and to those persons whose names I have listed on my child's Emergency Information form. I must notify The Gift of Kids when someone other than a parent/guardian is to pick up my child even if listed on the Emergency Information Form. The designated person will be required to show ID.

(Initials) (Initials)

Absences:

I understand that on a day that my child is unable to attend, it is my responsibility to notify The Gift of Kids as soon as possible, and that there will be no reduction in tuition fees for days missed.

(Initials) (Initials)

Holidays:

I understand that The Gift of Kids will be closed on the following holidays. I understand that tuition stays the same regardless of holidays, illness, or absences.

1. New Year's break
2. President's Day
3. Memorial Day
4. Independence Day
5. Labor Day
7. Veteran's Day
8. Thanksgiving break
9. Christmas break

(Initials) (Initials)

Change of Information:

I understand that it is my responsibility to inform The Gift of Kids of any changes to the Emergency Information Form, as well as other forms in the registration packet, including but not limited to: address, home and cell phone numbers, work numbers, medical conditions, and pick-up authorizations.

(Initials) (Initials)

Reasons for Termination:

I have read and understand reasons for termination as mentioned in the Parent Handbook.

(Initials) (Initials)

In the Event of an Emergency:

In the event of an emergency, if I cannot be reached, The Gift of Kids has my permission to contact the physician(s) listed on my child's registration form, or have my child transported to a local hospital for care. I will not hold The Gift of Kids responsible. I understand that I am responsible for all expenses incurred.

(Initials) (Initials)

Registration Fee:

I understand that I must submit a non-refundable, non-transferable annual registration fee of \$75.00

(Initials) (Initials)

Illnesses:

There is no credit, refund, or make-ups given in the event of an illness. I understand that if my child becomes ill while at The Gift of Kids, I agree to pick up my child promptly. I understand that my child cannot come to daycare or preschool ill, as stated in the Parent Handbook.

(Initials) (Initials)

Personal Checks and Returned Checks:

I understand that if The Gift of Kids receives a returned check, you will be required to pay the bank fees and pay in cash in the future. I understand that if a returned check is not paid within 30 days three times the amount can be collected.

(Initials) (Initials)

Medications:

We do not administer any medication.

(Initials) (Initials)

Nap/Rest:

I understand that my child will have nap/rest time between 1:00pm-3:00pm.

(Initial) (Initial)

Parent Rights:

I have read and signed the Parent rights form and understand my rights as a parent.

I understand that California State Licensing has the right to interview children in the center upon request without consent of the parent/guardian or staff.

(Initial) (Initial)

Discipline Policies:

I understand that The Gift of Kids does NOT USE Corporal Punishment. Our teachers use the following methods: a) redirection b) planning ahead to prevent problems c) encouragement of appropriate behavior d) consistent, clear rules e) role playing to solve problems. Behavior problems may /will result in a parent conference and may lead to termination.

(Initial) (Initial)

Has your child been in care or preschool before? ___Yes ___No. If yes, where and with whom did your child receive care or preschool from?

(initial) (initial)

We are so excited to welcome your family to The Gift of Kids!