



MS. HUNTER'S PRECIOUS ANGELS CHILD
CARE CENTER PROVIDER FEE
AGREEMENT

I, _____, am responsible for paying the aforementioned provider fee of \$ _____ for (child's name) _____ on a _____ (weekly/monthly) basis. This fee is due no later than the 1st day of the month or the 1st day printed on the voucher. I understand that my child may not start care in a new billing cycle without payment of outstanding fees from the previous billing cycle. In addition to the monthly child care fees/ co – payments, I may be required to pay fees that are not the responsibility of the County/ State Agency upon satisfactory arrangements with Precious Angels. These types of fees include, but are not limited to, late, activity, in addition to fees charged for absentee days that exceed those reimbursed by the County/ State fees charged by the provider for child care services which exceed the hours and days authorized.

I further understand, according to Ohio Job and Family Services Rule: 5101: 2- 16 – 35 (K)(1), ineligibility for child care benefits shall continue as long as delinquent co – payments. Arrangements to pay delinquent co – payments/ payments must be satisfactory to the parent/ guardian and the provider.

Your signature below indicates that you have read, understood, and agree to the above terms. Please sign and print your name below.

Parent/ Guardian Signature

Date

Print Name

Administrator



CHILD PICK- UP CONSENT FORM

I, _____ give permission to the following people to pick- up
(Parents Name)

(Child's Name)

Designee Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____

I further understand the following: (Please initial each statement once read and understood)

_____ I understand that I must inform an administrator or staff each time my designated transporters picks up my child

_____ I understand that my above designated transporter must have proper photo identification

_____ For my child's safety, I understand and agree that if my designated transporter appears to be under the influence of drugs alcohol, administrators/ staff will not release my child to the designated transporter.

Your signature below indicates that you have read, understood, and agree to the above terms. Please sign and print your name below.

Parent/Guardian signature

Date

Print Name

Administrator



**MS. HUNTER'S PRECIOUS ANGELS CHILD
CARE CENTER ANNUAL HEALTH SCREEN
REMINDER**

Dear Parent/ Guardian:

_____ (**child's name**), is due for an annual physical. Under state law, children enrolled in child care or school must have annual physicals. All health screenings/ physical exams include, **but are not limited to the following:**

- **Vaccines** (e.g. Diphtheria, Tetanus, Pertussis (DTaP), Hepatitis A or B, Rotavirus, Measles, Mumps, Rubella (MMR))
- **Vision**
- **Dental**
- **Body Mass Index (BMI)**

Please have the pediatrician complete the attached "Child Medical Statement" form and return it by _____ (date). Remember, physical exams are necessary to attend school.



MS. HUNTER'S PRECIOUS ANGELS CHILD CARE CENTER CONTRACTUAL AGREEMENT

LATE FEE

Any parent arriving late to pick up their children will be charged a late fee. You are considered late when you are not here by your contracted time below. Late fee are as follows:

- \$5.00 per child for the first fifteen (15) minutes of tardiness
- \$1.00 per child for each additional minute of tardiness

CONTRACT TIMES

<u>DAY</u>	<u>TIME IN</u>	<u>TIME OUT</u>
MONDAY		
TUESDAY		
WEDNESDAY		
THURDAY		
FRIDAY		

MEAL TIMES

<u>MEAL</u>	<u>TIMES</u>
BREAKFAST	6:00AM – 8:30AM
LUNCH	11:00AM – 11:30AM
SNACK	2:30PM – 3:30PM

Your signature below indicates that you have read, understood, and agree to the above terms. Please sign and print your name below.

Parent/ Guardian signature

Date

Print Name

Administrator



STANDARDS OF CARE POLICY

Dear Parents:

All toddlers enrolled at Ms. Hunter's Precious Angels Child Care Center must be introduced to regular "table foods". Please provide healthy, nutritious meal (e.g. breakfast, lunch, snack, and milk/juice) in accordance with USDA guidelines. In addition strive to prepare and send foods that are easy for toddlers to consume and digest.

To ensure a safe and healthy learning environment, all parents must provide the following:

- Documentation of any health matters, milk, or food allergies
- A pillow and a blanket for nap time
 - **ALL BLANKETS MUST BE LAUNDERED WEEKLY AND RETURNED TO MS. HUNTER'S EVERY MONDAY**
- A change of clothing in a stackable container (with a lid)
- Warm sweater or light jacket
- Pull-ups
- Wipes
- Two boxes of Kleenex

**** PLEASE USE PERMANENT MARKER TO INDICATE YOUR CHILD'S BELONGINGS.**

If your child becomes ill, (e.g. diarrhea, temperature, excessive coughing, sneezing, etc..) please leave your child at home to heal and recover accordingly. Additionally, unless ordered by a pediatrician, day care licensing prohibits from applying ointments or creams when diapering children. For your convenience, if you have any health care concerns contact Lorain County Department of Health.

If you have read and agree with requirements of care, please sign below. Your signature serves as confirmation that you understand Allemas' Standards of Care Policy.

Parents signature

Date

Child's Name