

Sacred Heart Daycare  
"Little Gremlins"  
2019-2020



Sacred Heart School  
416 W. 3<sup>rd</sup> Street  
Sedalia Mo. 65301  
660-829-2803

Childcare Agreement & Registration Form

Program: The Sacred Heart Little Gremlins Daycare Program will include a variety of activities, crafts, age appropriate games and hands-on experiences, nurtured by staff that is both caring and qualified, in a Christian environment where safety is paramount. The program is open to ages 2 to 5 with limited spots available. Drop-ins are not accepted. In addition, when applicable, Sacred Heart Pre-school is included.

\*Note: enrollment in Sacred Heart Little Gremlins Daycare does not guarantee Pre-school placement, parent must enroll child independently.

Program Director Mrs. Celinda Smothers 573-280-4974 [csmothers@gogremlins.com](mailto:csmothers@gogremlins.com)

**1.) Hours:** The Daycare will be open from 6:30 to 5:30.

**2.) Holidays-**Daycare will be closed the following Holidays:

New Year's Day

Good Friday

Easter Monday

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Christmas Eve

Christmas Day

**3.) Snow Days:**

In the event Sacred Heart School is closed for extreme weather conditions, Little Gremlins Daycare will make every effort to provide care. Staffing is always tricky under such circumstances and all parents are asked to **text or email the director if your child will be attending.**

**4.) RATES & FEES:**

Weekly- \$120.00 per week

- If child is enrolled in Sacred Heart Pre-K, Little Gremlins Daycare will pay up to \$125.00 per month for the 3 year olds program and \$175.00 per month for the 4 year olds program. All rates subject to change without notice.
- Child must be in attendance by July 1 of Pre-school year to be eligible for daycare paid tuition. If start date differs arrangements must be made with director.
- Daycare fees must be paid prior to the week daycare is provided.

Example- Payment must be made at the end of the day Friday or Monday morning when the child is dropped off for the day. Parents also have the option of paying by the month.

These rates apply whether the child is in daycare or not. This guarantees your child's spot in daycare and determines the staff needed for proper care.

\*Any returned check fees (\$35.00 currently) will be the responsibility of the parent. If the bank returns a check, Sacred Heart Little Gremlins Daycare reserves the right to require all future payments be made in the form of cash only.

\*Late pick-ups will be assessed a \$10.00 fine when child is not picked up by 5:30 and again every 15 minutes past 5:30 pm.

**5.) Dress Code:** Uniforms should be worn on Pre-school days. Seasonally appropriate clothing and shoes should be worn the other days of the week. Please expect your child to spend time outdoors when planning their dress. Our playground surface is pea gravel making sandals tricky and flip-flops never appropriate.

## **6.) Meals & Snacks**

Lunch- Lunch will be available through the lunch program at Sacred Heart Elementary at an additional cost. We will eat lunch together in the Class room after the preschool is dismissed at 11:00. Your child may bring a sack lunch from home if they wish.

Snack-Daycare will provide all snacks for children throughout the day. If your child has any food allergies please let the director know in writing by including a list attached to this agreement.

## **7.) Child Illness:**

If a child is exhibiting any of the following symptoms, the child will not be accepted for care that day and alternate care arrangements should be made. The standards set by the CDC are the protocol we adopt in this regard.

Rashes of unknown origin or any skin condition known to be contagious.

Vomiting- more than just “spit up”

Diarrhea

Fever above 100 degrees

-Should the child begin to exhibit any of these symptoms, Staff will notify the parent and request immediate pickup of the child. This policy is implemented to ensure the safety and well-being of the other children in the daycare.

\*If daycare staff must dispense medication to your child a guardian must fill out an additional form upon dropping off the child the first day. (Permission to dispense medication form)

## **8.) Immunizations:**

Upon Enrollment, a copy of your child’s immunization records and birth certificate will need to be provided.

## **9.) Guidance Policy:**

The technique of “timeout” will be used in the event the child misbehaves. Staff will use the opportunity to explain why the child’s actions were inappropriate and give the child time to reflect upon their actions.

If a child becomes abusive or poses danger to, the other children, themselves, or to staff, we reserve the right to require immediate pick-up of the child/and /or termination of this contract in the interest of safety.

## **10.) Termination of Services:**

Either party may terminate this contact at any time with 2 weeks written notice.

Sacred Heart Little Gremlins Daycare may terminate the agreement immediately in the event that the child’s behavior endangers themselves, other children or staff.

## **11.) Child Release Policy:**

Under NO circumstances will the child be released to anyone that is not on the *Alternative Emergency Contacts/Authorized for pick up* list.

## **12.) Photography:**

From time to time pictures are taken at daycare to memorialize events and activities. It is our intent to utilize Social media to give parents the opportunity to see these pictures. Occasionally our children are included in other Sacred Heart School functions where their image may be captured at the event or activity. If you prefer your child not be photographed, please indicate so on the enrollment package.

## Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
Parent's/Guardian's Name	Parent's/Guardian's Name	Sex	
Place of Employment:	Place of Employment:		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		
Email:	Email:		

## Alternative Emergency Contacts/Authorized for pick-up

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Emergency Contact	Emergency Contact
Emergency Contact	Emergency Contact

## Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

## Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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## MEDICAL HISTORY

1. Has your child been a **patient in a hospital** (other than common for after birth or E.R. for common illness)?

- No  
 Yes (If yes, explain why and when below.)

My child was in the hospital because:	When
<b>Example:</b> Bike accident	5 years old

2. Is your child taking any **prescription medicines**?

- No. My child does not take any prescription medicines.  
 Yes - Please list the child's medicines below.

Name of medicine	Amount / size	How many pills or doses does your child take at
<b>Example:</b> Dexadrine	10 mg	<u>  1  </u> morning <u>    </u> noon <u>    </u> evening <u>  1  </u> bedtime
		<u>    </u> morning <u>    </u> noon <u>    </u> evening <u>    </u> bedtime
		<u>    </u> morning <u>    </u> noon <u>    </u> evening <u>    </u> bedtime
		<u>    </u> morning <u>    </u> noon <u>    </u> evening <u>    </u> bedtime

3. What **over-the-counter medicines**, does your child take regularly?

- Vitamins  
 Herbal medicine (please list) \_\_\_\_\_  
 Other (please list) \_\_\_\_\_  
 None, my child does not take any over-the-counter medicines regularly.

4. Does your child have any **allergic reaction (bad effect)** from any of the following? (Check all that apply.)

- Outside or Indoor allergies (for example: grass, pollen, cats ...)  
 Food Allergies (for example: peanuts, milk, wheat ...)  
 Medicine or shots (immunization).  
 No, my child has no allergies that I know of.

Allergic to:	What happens when the child takes that medicine
<b>Example:</b> Amoxicillin	Diarrhea (runny poop)

5. Has your child had any of the following **diseases**?

Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Rheumatic Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Scarlet Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

6. Please check any of the following **medical problems** that your child has **frequently** had.

Has your child ever had:	
<b>Ear</b> infections	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Nose</b> problems (sinus infections, nose bleeds)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Eye</b> problems (blurry vision, need to wear glasses)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hearing</b> problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mouth or throat</b> problems (Strep throat, swallowing problems)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Diarrhea</b> (having frequent and runny bowel movements/poop)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Constipation</b> (problems having a bowel movement /poop)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Throwing up</b> (vomiting)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Growing pains</b> (bone or body pains due to growing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Muscle and bone</b> problems (weak muscles, pain in joints)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Skin</b> problems (flaking skin, rashes, hives)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sleeping</b> problems (falling or staying asleep)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Breathing</b> problems (cough, asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Tell us about your child**

What type, if any, childcare has your child previously experienced? \_\_\_\_\_

\_\_\_\_\_

The name I would like to be called is \_\_\_\_\_

My siblings are: \_\_\_\_\_ age \_\_\_\_\_, \_\_\_\_\_ age \_\_\_\_\_,  
\_\_\_\_\_ age \_\_\_\_\_, \_\_\_\_\_ age \_\_\_\_\_, \_\_\_\_\_ age \_\_\_\_\_

Pets I have \_\_\_\_\_ or wish I had \_\_\_\_\_

When I nap I \_\_\_\_\_

My best friend is \_\_\_\_\_

My favorite things to do are \_\_\_\_\_

\_\_\_\_\_

I like to eat \_\_\_\_\_

I never want to eat \_\_\_\_\_

At home when I need to potty I \_\_\_\_\_

When I'm upset I \_\_\_\_\_

Things that are likely to upset me \_\_\_\_\_

\_\_\_\_\_

What makes me feel better \_\_\_\_\_

My Mom/Dad would love for me to learn \_\_\_\_\_

\_\_\_\_\_

When we are apart, my mom/dad worry \_\_\_\_\_

\_\_\_\_\_

**SACRED HEART DAYCARE**

**“Little Gremlins”**

**416 West 3<sup>rd</sup> Street**

**Sedalia MO 65301**

*Registration Contract*

I/we \_\_\_\_\_ would like to enroll my /our child \_\_\_\_\_ in the Sacred Heart Little Gremlins Daycare starting on \_\_\_\_\_ 20 \_\_\_\_\_. I understand the fee is \$\_\_\_\_\_ per week, paid in advance, plus my child’s lunch fees.

If my/our child is enrolled in Sacred Heart pre-school, the tuition will be paid by Little Gremlins Daycare.

I understand that openings are limited and all are full time, year round. The only exceptions are as follows:

\_\_\_\_\_

I understand that Sacred Heart Pre-school is a separate program and placement in daycare does not guarantee placement in S.H. Pre-school. I also understand that pre-school placement does not guarantee daycare placement.

**FINANCIAL RESPONSIBILITY**

All fees are due and payable at the time of service. Fees for the current week are due no later than Friday by 5:30 p.m. If full payment on your account isn’t received by the following Monday by noon, your account will be suspended, Sacred Heart childcare programs will not be able to accept your child for care the next day, and you will be assessed a \$5.00 per day late fee. All accrued fees must be paid before service can resume.

\_\_\_\_\_

Print Names of PERSONS FINANCIALLY RESPONSIBLE

\_\_\_\_\_

Signatures of the **Persons Financially responsible** as indicated above

Date \_\_\_\_\_

Date \_\_\_\_\_

## Supplies:

### Must have:

- Copy of shot records and birth certificate
- Quarter fold nap mat
- Small blanket and pillow
- Back pack with:
  - Refillable water bottle (must go home daily to be washed)
  - Change of clothing
- All personal need items, ie; diapers, pull-ups, wipes, etc.
- 4 boxes tissues
- Flushable wipes
- Lysol Spray or Wipes
- Gallon Zip Type Bags

### We are always grateful to receive:

- Super glue
- Finger paints
- Tacky Glue
- Colored Pencils
- Paper plates
- Coffee Filters lrg and small
- Lysol Spray and Wipes
- Lunch bags
- Chenille stems
- Pompoms
- All sizes Zip type bags
- Tissues