

St. Joseph Early Learning Center Child Care Agreement

Child's Full Name: _____

I/we am/are contracting with St. Joseph Early Learning Center for child care. The terms of our agreement are as follows:

CARE

Please initial which care you are in need of:

_____ Infant/One Care (6 weeks -11 months)

_____ Toddler Care (2 years - 5 years)

RATES

Each child is enrolled full-time, paying the weekly rate, even if the child does not attend every day.

Infant/One Care= \$170.00 per week

Toddler Care= \$160.00 per week

PAYMENT

Payment is due the Friday prior to the week of service. If the weekly fee is not received by closing time the following Monday there will be a \$5.00 late fee.

There is a \$1.00 per minute late pick-up fee to be paid to the closing employee.

St. Joseph Early Learning Center requires payment for each week on the Monday of the week of service. Parents are responsible for sick days and holidays.

NOTICE OF WITHDRAWAL

Parents must notify St. Joseph Early Learning Center two weeks before the child's last day. Unless such notification is given the parents are responsible for the child's scheduled days.

St. Joseph Early Learning Center

DAYS AND HOURS OF OPERATION

The Early Learning Center will be open at 6:30 a.m. and close at 5:30 p.m. There will be no child care on New Year's Day, Good Friday, the Monday after Easter, Memorial Day, Independence Day, Labor Day, Thursday and Friday of the Thanksgiving Holiday, and Christmas Day and the day after Christmas Day.

Vacation Week

Each child will be given a free week's vacation to be used in one calendar week.

The following criteria must be met in order to receive the discount:

- 1) The child has been enrolled for one year at the Early Learning Center.
- 2) Payment has been late no more than two times during the year.
- 3) The child is not present during the week of vacation.

OVERDUE ACCOUNTS

Because we have daily expenses that must be paid on time it is very important that we receive prompt payment.

The following actions will be taken to ensure payment is received.

- 1) If payment is not received by 5:30 p.m. on Monday, a note with the account balance including a \$5.00 late fee will be added to the weekly fee.
- 2) If there is an overdue balance, some sort of additional payment must be made on the existing balance in addition to the weekly fee.
- 3) If requirement #2 is not met within two weeks of the first notice your child may not attend the Early Learning Center until the entire balance is paid in full.
- 4) If the child is asked to leave the Early Learning Center his/her spot will NOT be saved for possible return. When the balance is paid, parents may request to place their child's name on the waiting list.

I/we understand that my child care fee for _____ will be \$ _____ per week. This fee is due on the Friday prior or the week of service.

Parent Signature: _____ Date: _____

St. Joseph Early Learning Center
Authorization Agreement
Automatic Payments (ACH DEBITS)

I (we) hereby authorize **St. Joseph Catholic Church** hereinafter called COMPANY, to debit entries to my (Our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: _____ Checking _____ Savings

Amount to be debited \$ _____ Effective Date ____/____/____

Frequency: _____ Weekly _____ bi-weekly

If a transfer date is a non-processing day for us then the transfer will be made on the first processing day after the scheduled transfer date.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

St. Joseph Early Learning Center

Child Enrollment Form

Child's Information

Full Name: _____

Child Goes By: _____

Child's Birth Date: _____

Address: _____

Phone Number: _____

Parent's Information

Father's Name: _____

Address: _____

Phone Number: _____

Work/School: _____

Phone Number: _____

Mother's Name: _____

Address: _____

Phone Number: _____

Work/School: _____

Phone Number: _____

Email Address: _____

Family Information

Please list any brothers/sisters as well as any other children or adults, other than parents, living with the enrollee. Please include their age and relationship to the enrollee.

1. _____

2. _____

3. _____

4. _____

Child's Habits

Please tell us about the enrollee:

Sleeping habits:

Play habits:

Eating habits:

Health Information

Child's Doctor: _____ Phone Number: _____

Preferred Hospital: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

List any health concerns:

Is your child potty trained? _____

Insurance coverage: _____

Insurance company: _____

Policy: _____ Group ID _____

Emergency Contacts

Please list three additional emergency contacts and their relationship to the enrollee.

1. _____ Phone Number: _____
2. _____ Phone Number: _____
3. _____ Phone Number: _____

Pick up list

Please list any person who will have the authority to pick up your child from the Early Learning Center. They will need to have a picture ID if the child care provider is not familiar with them. This list can be updated at a later date. We would also like to be informed if the person picking up is not the "normal" pick up person. We WILL NOT allow anyone who is not on the list to pick up your child.

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Please list any individual who is NOT allowed to pick up your child.

1. _____
2. _____

St. Joseph Early Learning Center

412 East Kellett Street ~ Martinsburg, MO 65264 Phone
573-492-6398

EMERGENCY MEDICAL AUTHORIZATION FORM

Dear Parents:

This form is needed in case St. Joseph Early Learning Center is unable to reach you or your emergency contacts listed on the enrollment form in case of a medical emergency involving your child. Please indicate the your preferred doctor and hospital so that we are able to get your child where you want them to go.

We/I _____ give permission for St. Joseph Early Learning Center to seek emergency medical care for my child

Preferred Hospital _____ Phone Number _____

Preferred Doctor _____ Phone Number

Parent Signature _____

Parent Signature _____

Photo Authorization Form

I grant St. Joseph Early Learning Center and St. Joseph Parish permission to use my child/children's photo on social media such as Facebook, our website and Parish/Diocesan publications, such as local newspapers. They can photograph my child and use the photograph at events such as class projects, field trips or any other school or parish special activity and no names or just first names will be used.

Child/Children's

Name _____

Parent's or Legal Guardian's

Signature _____

Date _____

*This form is valid until written notice is given that St. Joseph Early Learning Center or St. Joseph Parish no longer has permission to use my child/children's photos.

St. Joseph Early Learning Center

Dear Parents,

Children attending the St. Joseph Early Learning Center go outside to play at various times during the day. You can provide sunscreen and/or bug spray for your child. Please have items labeled with your child's name. Bug spray and sunscreen will also be available at St. Joseph Early Learning Center. We may not apply sunscreen or bug spray without the parent's approval. Please choose one option below.

Child/Children's Name _____

_____ Yes, the Early Learning Center has permission to apply sunscreen and/or bug spray on my child before they go outside.

_____ No, the Early Learning Center does NOT have permission to apply sunscreen and/or bug spray on my child.

Parent Signature _____

Date _____

Please bring a copy of your child's birth certificate and immunization record.

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New Biting Policy

Effective Immediately

July 5th, 2023

We have a new biting policy that is effective immediately. It will also be in the parent handbook that is currently being updated.

Step One: First offense of the week. The teacher will remove the biter from the area where the incident occurred. Explain to the child that we do not bite in an age appropriate way. The teacher will document the bite on a biting sheet. When the parent picks up at the end of the day they will be informed of the incident and sign the biting sheet.

Step Two: Second offense of the week. The teacher will remove the biter from the area where the incident occurred. Explain to the child that we do not bite in an age appropriate way. The teacher will document the bite on a biting sheet. The Director will notify the parent via phone call that this is his/her second bite of the week and if he/she has another bite, the child will be asked to go home for the day. At the end of the child's day (early or normal time), the parent will be asked to sign the biting sheet regarding the incident(s).

Step Three: Third offense of the week. The teacher will remove the biter from the area where the incident occurred. Explain to the child that we do not bite in an age appropriate way. The teacher will document the bite on a biting sheet. The Director will notify the parent via phone call that the child **MUST** be picked up immediately due to biting. When the child is picked up the parent will be asked to sign the biting sheet regarding the incident(s).

Step Four: If a child is sent home for biting three consecutive weeks, the child will be suspended from the Early Learning Center for one week. Once they return after that week, they will return back to step one.

*A week is considered Monday-Friday