



Small Wonders Childcare, LLC

Contract

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Welcome to Small Wonders Childcare, LLC, where your child is nurtured with loving care, respect and direction. Your child's primary caregivers will be Lauri and Vicky Rodriguez, who will promote an atmosphere of warmth, fun, creativity and safety.

The quality of care that Small Wonders Childcare, LLC provides comes from more than 35 years of experience. Your child will have a 'homey' environment, plenty of playtime and attention to developmental needs at every stage of his or her growth. We believe that a good self-worth gives a child the equipment they will need to be a success at anything they wish to accomplish in life.

The teachers at Small Wonders use 'Emergent Learning' techniques as well as HighScope Curriculum to teach the children. When children experience delight and a sense of success during their activities, their brain cells establish permanent 'connections' between the activity and the feelings of delight and the success it inspires.

Therefore, our first and most important goal with emergent curriculum is to inspire delight, curiosity, and inquiry in the classroom. Doing so has been proven to build intrinsic motivation to enhance a long-term love of learning. These are the greatest gifts our teachers can give a child in preparation for their primary school experience.

Welcome, we can't wait to meet you!

Rates:

The weekly rate, regardless of attendance, for preschool/childcare is listed below. The rate does not decrease as the child gets older, it also doesn't increase for cost of living. This amount covers a maximum of 9 hours per day. There is a one time activity fee of 75.00. There is a once yearly supply fee of 75.00 due January 5 of each year at age 2. Basic hours of operation are 7-5:00 but may be adjusted based on a family needs. The weekly rates are as follows:

Preschool/Childcare 2-5 Regular Hours...	\$200.00
Childcare 0-2 Regular Hours.....	\$225.00
Outside of Regular Business Hours.....	\$250.00
Before/after school.....	\$150.00
Part time.....	\$50.00 (per day when available)
Drop in care.....	\$12.00 per hour, per child (call ahead only)
Drop in full weekday.....	\$50.00 ...Over 9 hours \$75.00
Overnight Full-Time.....	\$175.00
Overnight Part-Time.....	\$65.00 per night
Sunday-Thursday overnight (If enrolled during that day) ...	\$45.00
Friday-Saturday	75.00 for every 24 hours or less. 50.00 if pick up is before 12:00

Your payment is due each Friday morning in advance of the next week. A 5.00 late fee will be assessed on Saturday evening if tuition is not paid in full and will accrue at 5.00 each morning and evening until paid in full.

Payments:

Tuition may be paid by Cash, Zelle, Venmo, or PayPal. Payments are due Friday **morning** before noon for the coming week.

We also offer automatic debit/credit card payments but the fee is 5.00 per week. You will be automatically debited the weekly tuition Friday mornings for your convenience. Late fees as well as past due tuition will also be deducted if there is failure to pay.

CCA Payments:

Small Wonders Childcare, LLC is contracted with DHS and eligible families may apply for assistance of childcare costs. The co-pay assigned by DHS is due on the first Friday morning of each month for Iowa. For Illinois, the co-pay and the difference in weekly tuition cost not covered by the state is due each Friday. If the child is absent more than 4 days a month, you are responsible to pay at the daily rate of \$40 payable on the first day of return from the 5th absence.

Holidays and Vacations

My paid Holidays are as follows New Years Eve, New Years Day and the day after/before if it falls on a Friday or Monday, Thanksgiving and the day after, Christmas Eve, Christmas Day and the day before/after if it falls on a Friday or Monday. President's Day, Martin Luther King Day, Labor Day and the Friday before, Memorial Day and the Friday before, the Fourth or July and the day before or after if adjacent to a weekend. I will also print a list of exact dates in January each year and email them to you.

Small Wonders Childcare, LLC may or may not choose to be closed one week per year for a paid vacation. You will be notified in advance of any vacation. If you are an evening client my absence may complicate you however I will do my best to accommodate your needs.

Pick-Ups

Small Wonders Childcare, LLC requires a telephone call from a parent when the regularly scheduled pick up time needs to be altered. For example, if your regular pick up time is 2:00 it is not acceptable to come at 5:00 simply because we are open without prior notice (unless in the case of an emergency) as I need to staff appropriately for each child to stay in ratio for State licensing. We understand that you cannot control traffic and meetings that run late from time to time but still appreciate a courtesy call/text. There will be a late fee of \$1.00 per minute for children left after 5:30 p.m. without a courtesy call as well if you have plans that get cancelled or if I must pay an employee to stay late. Lowering late fees is at the discretion of Lauri only.

Please list a "code" word or 4 digit number in the space provided so that we may verify you are the parent of the child you are calling about _____. If we do not recognize your voice then we will not be able to follow the directions you give us unless the word or code is provided.

Illness

In the case of illness, Small Wonders Childcare, LLC shall inform the parent of the child's symptoms and whether or not it is necessary for immediate pick up. Illness that would necessitate immediate pick up are as follows: Children who are vomiting, have diarrhea that cannot be contained within a diaper or frequency is greater than once an hour, fevers in excess of 101 combined with other contagious symptoms, 102 without other symptoms. Any contagious symptoms (conjunctivitis, chicken pox, strep throat or whooping cough) as a courtesy to other families please keep your child home until fever is absent for 24 hours without the use of Tylenol or Motrin or until antibiotics have been used for 24 hours so the child is not contagious.

Emergency Pick up

In the case of an emergency such as a suspected broken bone or a fall requiring stitches, a parent will be called and if no answer your emergency contacts will be called and Lauri or Vicky may transport the child to an emergency room where you can meet us.

Pandemics or Other Emergency Closures

In the case of an emergency situation in the United States such as the recent Covid-19 pandemic you will be asked to stay home if certain symptoms are present based on the current threat. If quarantine guidelines are being mandated you will be expected to follow them. Regardless of attendance tuition is still required to be paid each Friday morning. If you travel there may be a mandatory quarantine rule to follow. In the case of a pandemic, if anyone in your household has symptoms you will need to refrain from bringing your child to preschool until the quarantine is over and proof to be able to return is given in writing by a Dr.

Prescription and Non-Prescription medication

Medication may be given if a medication form is complete and signed and prescription medications are in the original Pharmacy container with the original labeling. Lauri and Vicky are the only authorized persons to give medication. In Lauri's absence, the person left in charge will be authorized to give the medication.

Discipline

We use "Positive guidance" for discipline. The focus is not on the negative behavior. We try to 'catch the child being good' and reward with hugs and praise. Should the child become aggressive they will be removed to sit in "Time to Think" for 1 minute per age of the child once the child is calm. After they are calm, they will then be spoken to with simple but direct terms and will be encouraged to apologize to the child they hurt.

Biting

Biting is a developmental step many children go through. It has been my experience that biting at an appropriate age begins from frustration in not being able to communicate through language. Typically when we see biting, that child will emerge with 3/4 new words very soon and the biting ceases. Until then we will shadow the child to keep the other children from being bitten and model the words they need at the time. When the child is verbal and over the age of 3, and they still bite or are overly aggressive with other children, they may be asked to leave for the other children's safety.

Potty Training

Small Wonders Childcare, LLC staff fully support potty training when the child is **developmentally ready**. We encourage and praise attempts at potty training and never chastise or punish for accidents. You may begin bringing your child in underwear **after** your child can stay dry for 6 or more hours at a time on the weekends. It is much harder to concentrate on potty when they are busy playing with friends and activities so if they get a good start at home first they will be more successful here. After your child is dry all day consistently we will then try napping them without a diaper.

Food

Small Wonders Childcare, LLC participates in the USDA sponsored Food Program, which requires providers to serve well balanced meals as well as invite three unannounced and one announced inspection per year. We offer breakfast, morning snack, lunch and afternoon snack. Dinner and evening snack is served to those on night hours. We serve whole grains, brown rice and organic fruits and vegetables whenever possible.

Parents are required to provide the amount of infant formula that is not paid for by the food program. In addition, parents need to provide diapers, wipes and a spare change of clothes. Small Wonders Childcare, LLC will provide whole milk or 1 percent milk according to the age of the child and all table food once the child is ready.

Please do not allow your child to bring food, drinks, toys, stickers, money or treats to daycare. It is not safe for our younger children. This includes candy, gum, breakfast bars, juice cups, etc. Small Wonders Childcare, LLC carefully monitors our toys for small parts that could be choking hazards and keeps them in good repair. It is simply not possible to keep track of additional toys and cups and other items brought from home during our busy morning welcomes and we wish to provide the safest environment for all the children in our care.

Comfort Zone and Field Trips

Your child may bring a special blanket to nap with that can be left and stored for use during nap time, if your child can sleep on a cot. (I have plenty of blankets here for them to use as they usually want the same as their friends) If the child still sleeps in a crib we use 'sleep sacks' to lower the

risk of SIDS. Ceiling fans are used to distribute Co2 and no other blanket, toys etc are permitted in the cribs per State rules.

Small Wonders Childcare, LLC will occasionally take some children on a field trip. Children will only be permitted to go if a signed transportation release is on file. Parents will be notified if their child participates in a field trip. We do not provide transportation to and from school.

Parents are welcome to walk into Small Wonders Childcare, LLC and into any room where services are offered anytime their child is present unless in the middle of a pandemic for safety reasons.

Privacy and Confidentiality

At Small Wonders Childcare, LLC we respect your privacy. All paperwork submitted for your child or family is placed in our office. Only Lauri will have access to the documents including credit card information. In my absence the person left in charge will only have access to the documents required to be viewed upon an inspection by State and Federal inspectors who will also only have access to enrollment documents.

Termination of Services

In the case of termination of our services, Small Wonders Childcare, LLC requires a 2 week written notice with 2 weeks pay or 2 weeks severance pay if not using the last 2 weeks. If you do not give notice and/or severance pay, late fees and court costs as well as tuition will accrue until paid in full.

If you are asked to leave for any reason, (non-payment, Child's aggression, et) you will still be required to follow the 2 week notice/severance pay schedule but will be allowed to use the daycare for 2 more weeks if you choose. If you participate in CCA payments and do not use the 2 weeks you will be responsible for the entire 2 weeks tuition, CCA will not pay their portion if the child does not attend childcare.

Thank you for choosing Small Wonders Childcare, LLC. We look forward to spending quality time with your child/children! When you sign this 5 page contract, you are agreeing that you understand everything you have read and are in full agreement with the terms of this contract.

Signatures: Parent 1 _____ Date _____

Parent 2 _____ Date _____

Parent 1 Email address _____

Parent 2 Email address _____

Office:

Start Date: _____ Rate: _____ Days Reserved: _____

Lauri Rodriguez _____

Allergy Action Plan



Child's Name _____ D.O.B. _____

ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

STEP 1: TREATMENT

DOSAGE:

Epinephrine: inject intramuscularly (circle one)

EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg

Antihistamine Dosage: _____ medication/dose/route

Other: give: _____ medication/dose/route

STEP 2: EMERGENCY CALLS

1. Call 911 State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Doctor's Signature: _____

(Required if Child has Allergies)

Photo Release Form

Webpage/Facebook Page

I _____ parent of _____ DO give permission for Small Wonders Childcare, LLC to publish pictures of my child/children on Small Wonders Childcare, LLC Webpage and Facebook page.

I _____ parent of _____ DO NOT give permission to Small Wonders Childcare, LLC to publish pictures of my child/children on Small Wonders Childcare, LLC webpage and Facebook page.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____



Transportation Release

Please choose only **ONE** of the following options:

1. I/We _____ give permission for my/our child/children to be driven in a vehicle for field trips by Small Wonders Childcare, LLC personnel.

Parent 1 _____

Parent 2 _____

2. I/We _____ do not give permission for my/our child/children to attend field trips or to be driven in a vehicle by Small Wonders childcare, LLC personnel.

Parent 1 _____

Parent 2 _____

3. I/We give my/our child/children to be driven in a car by Small Wonders Childcare, LLC personnel **ONLY** in case of emergency or in case of a need for medical treatment in my absence.

Parent 1 _____

Parent 2 _____

Child Enrollment Information

Child Information			
Child's Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Allergies, special instructions, comforting items:			

Parent/Guardian Information (1)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	
Parent/Guardian Information (2)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	

Emergency Contact (1)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Emergency Contact (2)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Emergency Contact (3) – Out-of-Area/Out-of-State			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	

Emergency Medical Treatment Authorization

Permission for medical care in parental absence.

Child's Full Name _____ Birth Date _____

Name child answers to: _____

I, _____ parent or guardian of the child named above give my permission to _____, child care home provider, to secure and authorize such emergency medical care and treatment as my child might require while under the Provider's supervision. I also authorize the Provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Doctor: _____

Doctor's Address: _____

Doctor's Phone: _____

Preferred Hospital to Contact: _____

Address: _____ Phone: _____

Persons to be contacted in emergency if the parents are unavailable:

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

Present medication(s): _____

Known allergies: _____

Date of last tetanus: _____ Religious Preference: _____

Insurance: _____

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Infant, Toddler, Preschool Age – Child Health Form

PARENTS/GUARDIAN (Complete pages 1 and 2 – Child Information)

Child's name	Child's birthdate	Child Care Facility: _____ Telephone #: _____
Parent/Guardian name #1		Parent/Guardian name #2
Child home address #1		Telephone # 1
Child home address #2		Telephone #2
Where parent/Guardian # 1 works	Work address	Home phone # Work # Cellular # Home email Work email
Where parent/Guardian # 2 works	Work address	Home phone # Work # Cellular # Home email Work email
<p>In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.</p> <p>Parent/Guardian signature: _____ Date: __</p> <p>Alternate emergency contact person's name: _____ Phone #: _____</p> <p>Relationship to child: _____ Cellular #: _____</p>		
Child's doctor's name	Doctor telephone # 1	Hospital choice: _____ _____ Phone #: _____
Doctor's address	After hours telephone #	Does child have health insurance? <input type="checkbox"/> Yes, Company: _____ _____ ID #: _____
Child's dentist's name (or family's dentist name)	Dentist telephone # 1	Does child have dental insurance? <input type="checkbox"/> Yes, Company: _____ _____ ID #: _____
Dentist's address	After hours telephone #	<input type="checkbox"/> NO, we do not have health insurance. <input type="checkbox"/> NO, we do not have dental insurance.
Other health care specialist name	Telephone #	<input type="checkbox"/> Please help us find health or dental insurance.
Type of specialty		

Child Name:

Monthly Medicine Record

Child Name: _____ Month _____ Year _____

Child Known Allergies:

Parent Permission to give medicine: I give my permission for the child care business to give the following medicine(s) to my child.

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care: ¹	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care							
Reason medicine needed: _____							
Special instructions for giving medicine: ² _____							
Beginning date for medicine: _____							
Ending date for medicine: _____							

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care: ¹	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care							
Reason medicine needed: _____							
Special instructions for giving medicine: ² _____							
Beginning date for medicine: _____							
Ending date for medicine: _____							

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care: ¹	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care							
Reason medicine needed: _____							
Special instructions for giving medicine: ² _____							
Beginning date for medicine: _____							
Ending date for medicine: _____							

Parent permission to contact pharmacy and physician: I give my permission for the child care business to contact my child's pharmacy and physician should questions arise or a situation occur that involves my child and the medication.
 Parent Name (print): _____ Parent Signature: _____ Date: _____

¹The time of day for the medicine needs to be consistent between home, child care and other programs where the child is located like school. Ask the parent when the medicine is given at home so medicine doses may be evenly spaced for maximum benefit.
²The medicine may need to be given before meals, after meals, with food, with a specific liquid (water or milk). All instructions should be written on the medicine label or instructions. When in doubt, call the pharmacy where the prescription medicine was dispensed.



Consent & Release

Name of Facility: _____ Address of Facility: _____

Name of Child: _____

The following persons are allowed to pick up my child from child care in the event that I am unable to:

<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Anyone **NOT** permitted to pick up my child (with copy of court order, if applicable):

Consent is given for the items initialed below:

_____ Walking Trips
To the following: _____

_____ Motor Vehicle Trips
Type of vehicle: _____ To the following: _____
Child restraint system to be used: _____
Special needs of child during transport: _____

_____ Daily Transportation
Type of vehicle: _____ To/from the following: _____
Child restraint system to be used: _____
Special needs of child during transport: _____

_____ Swimming and/or Wading
Location: _____

_____ Other Activities (e.g. homework supervision, trips to neighborhood playgrounds, special trips)
Description: _____

_____ Photo Release
My child may be photographed while in child care. Photos may be used in newspapers or other media for the purpose of publicity or shared with other families whose children attend the child care program.

_____ Decline Photo Release
Do not photograph my child while in the child care program.

Signature of Parent

Date

