



# Small Wonders Childcare, LLC

## Contract and Policies

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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 and their staff, 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 38 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 Preschool 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 Registration fee of 75.00. There is a once yearly supply fee of 75.00 due January 5 of each year. Basic hours of operation are 7-5:00 but may be adjusted based on a families needs. The weekly rates are as follows:

Childcare ages 0-2 Regular Hours.....	\$280.00
Preschool/Childcare ages 3-5 Regular Hours...	\$245.00
Outside of Regular Business Hours.....	\$300.00
Before/after school.....	\$150.00
Part time.....	\$60.00 (per day when available)
Drop in care.....	\$18.00 per hour, per child (call ahead only)
Drop in full weekday.....	\$85.00 ....Over 9 hours \$105.00

Overnight Full-Time.....	\$195.00 If more than 9 Hours \$205.00
Overnight Part-Time.....	\$65.00 per night
Sunday-Thursday overnight (If enrolled during that day) ...	\$50.00
Friday-Saturday	85.00 for every 24 hours or less. 65.00 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 beginning 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 Apple Pay. 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 in Iowa and Illinois 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 6 days a month, you are responsible to pay at the daily rate of \$50 payable on the first day of return from the 5th absence. There is a \$40 per child monthly Holiday Fee.

## 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 of 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/overnight 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 5:00 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.

## 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 or Lauri or Vicky may transport the child to an emergency room where you can meet us.

## 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 4 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 use:

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)

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

Antihistamine Dosage: \_\_\_\_\_

Medication/dose/route: \_\_\_\_\_

Other: \_\_\_\_\_

## STEP 2: EMERGENCY CALLS

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

2. Dr. \_\_\_\_\_

Located at \_\_\_\_\_

Phone# \_\_\_\_\_

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/Playground APP

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 Playground APP.

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 Playground APP.

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

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

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

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

# 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><b>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</b></p> <p><b>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.</b></p> <p>Parent/Guardian signature: _____ Date: __</p> <p><b>Alternate emergency contact person's name:</b> _____ Phone #: _____</p> <p>Relationship to child: _____ Cellular #: _____</p>		
Child's doctor's name	Doctor telephone # 1	Hospital choice: _____ _____ <b>Phone #:</b> _____
Doctor's address	After hours telephone #	Does child have health insurance? <input type="checkbox"/> Yes, Company: _____ _____ <b>ID #:</b> _____
Child's dentist's name (or family's dentist name)	Dentist telephone # 1	Does child have dental insurance? <input type="checkbox"/> Yes, Company: _____ _____ <b>ID #:</b> _____
Dentist's address	After hours telephone #	<input type="checkbox"/> <b>NO, we do not have health insurance.</b> <input type="checkbox"/> <b>NO, we do not have dental insurance.</b>
Other health care specialist name	Telephone #	<input type="checkbox"/> <b>Please help us find health or dental insurance.</b>
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.

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

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

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

<sup>1</sup>The 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.  
<sup>2</sup>The 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.

Attach  
Child  
Photo  
Here

## Monthly Medicine Record

Child Name: \_\_\_\_\_

Month \_\_\_\_\_  
Year \_\_\_\_\_

### Day of Month

Medicine, Dose and Route Example: Amoxicillin 250 mg., 1 teaspoon, orally	Time of Day ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	10 am	*																															

\*Place your initials in the box showing the medicine was given. Use an "A" when a child is absent. Use an "O" when medication is not given for any reason. Document the reason the medication was not given and document that the parent was informed.

### Instructions for using Medicine Record:

- **First Column:** Record the medicine name, dosage, and route.
- **Second Column:** Record the time(s) of day the medicine is to be given at child care. If the medicine is given more than one time a day, use a separate row for each time of day the medicine is to be given.
- **Third – Last Column:** The person who measures and gives the medicine must place the person's initials in the appropriate **row** (for time) and **column** (for date) that the medicine was given. Use columns numbered from 1-31 for the date. The person who measures the medicine dosage is the only person allowed to give the medicine.

Call the Healthy Child Care Iowa talkline 1-800-369-2229 to order free copies of this form.

Iowa Poison Control Center: 1-800-222-1222



# Consent & Release

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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



## Release of Liability for Playground Equipment

I, \_\_\_\_\_, hereby hold harmless, waive and release Small Wonders Childcare, LLC, their owners, staff, officers, representatives, agents, organizers and successors from liability as a result of personal injury occurring while my child/children \_\_\_\_\_ use any of the playground equipment in the childcare backyard.

I have read, understand and agree to give my express permission for my child/children to play and climb on all playground equipment. I understand that children will climb and need to have gross motor activities to develop large muscles. I understand that at times children fall from these climbing structures and I agree that Small Wonders Childcare, LLC and it's staff are not liable for injuries sustained while using such equipment.

Parent 1 \_\_\_\_\_ Date \_\_\_\_\_

Parent 1 \_\_\_\_\_ Date \_\_\_\_\_

Owner \_\_\_\_\_ Date \_\_\_\_\_