

LITTLE ARROWS CHILDCARE & EARLY LEARNING PROGRAM

Welcome to The Anchor Church Little Arrows Childcare and Early Learning Program. We are so excited you have chosen us to care for your child!
Hours of operation are 7:30AM-5PM, Monday through Friday.

At this time, space at the program is incredibly limited. Tuition will be \$160 per week per child and will be required to be paid in advance each week. To inquire about current openings, you can contact Anchor Christian Academy at office@aca.zanesville.org or 740-672-3111

Please fully complete and return as soon as possible: the slip below, the attached paperwork, and a \$50 non-refundable registration fee (checks made out to The Anchor Church). Once the registration paperwork and fee is received, we will contact you with more information.

Please let us know if you have any questions and we look forward to meeting with you!

Child's Name _____

Date of Birth _____

Days child will be attending program (please circle) M T W R F

Hours child will be dropped off and picked up _____

OFFICE USE ONLY

CASH CHECK

LITTLE ARROWS CHILDCARE & EARLY LEARNING PROGRAM

Please reach out if you have any questions. We are trying to provide all the information you need, but this is a new endeavor for us and we are learning as we go.

HOURS

7:30 AM - 5:00 PM

Drop off & pick up until 3pm go through the ACA entrance, for pick up after 3pm, please contact your child's teacher.

LATE PICK UPS

Pick up after 5pm will result in a \$10 inconvenience fee for the working staff member. For every 10 minutes, \$10 will be added. Example: 5:30 pickup would be a \$30 inconvenience fee. If this becomes a frequent occurrence, we reserve the right to enact a stricter policy.

TOYS

Students are not permitted to bring any toys from home.

ITEMS TO BRING DAILY

Lunch and 2 snacks. Refrigerator and microwave are available.

ITEMS TO LEAVE AT DAYCARE

Parents should provide a complete change of clothes, diapers, wipes, sippy cup, and blanket. Please label all items with your child's name.

REST TIME

Proper periods of rest and relaxation, including naps, are scheduled into each day.

TUITION

Tuition is \$160 per week and will be due the Friday of the previous week. Payments can be made by cash or check (made out to The Anchor Church) or online via Jupiter. We can send info about setting up the online payments if you are interested. Please note payment will need to be made even if your child does not attend on any given week. Payments may be given to your child's teacher.

WITHDRAWAL

To withdraw a child from the center we ask for two weeks' notice, or payment for last 2 weeks.

INCLEMENT WEATHER/CLOSURE

The childcare program may or may not follow school closures. We will close for Level 2 snow emergency and 2 hour delays are possible. Reach out to Shari if you have any questions.

ABSENT/ILLNESS

If your child will not be attending on a day they are scheduled, please let Shari know as soon as possible. If your child has been sick, they need to be symptom free for 24 hours before returning to the center. In the event a child becomes sick while here, they will need to be picked up within the hour.

CLOSED HOLIDAYS

Labor Day Mon, Sept 4

Thanksgiving Thurs-Fri Nov 23-24

Christmas* Mon, Dec 25, 2023-Mon, Jan 1, 2024 (reopen Tues, Jan 2)

Spring Break* Fri, March 29-April 5 (reopen Mon, Apr 8)

Memorial Day Mon, May 27

May 31 is the tentative last day of the program, with our full facility scheduled to open June 3. We will keep you updated.

*No tuition will be due for the weeks we are closed for Christmas and Spring Break!

ARRIVAL AND DEPARTURE

Parents must accompany their child to the classroom upon arrival each day to assure that a staff member is aware of their presence. Children may not be dropped off at the front entrance of the building or be sent inside alone. Also, the teacher needs to be notified of your child's departure at the end of the day. Attendance is monitored daily by the classroom staff. Be sure that you check in and out with that person. If you would like your child released to anyone other than yourself, including a non-custodial parent, then you **MUST** let us know in advance. A child shall only be released to persons sixteen years of age or older, unless written permission is granted and on file. Proof of identification will be necessary before your child will be released. If notification is not given about a change in the pickup routine, we will call you for permission to release.

ILLNESS

We will accept a child into the center that exhibits mild cold or allergy symptoms, providing that he/she is able to participate in regular activities. You will be notified if symptoms worsen.

Any child exhibiting symptoms of a contagious illness may not attend the center. If the staff identify any symptoms of contagious illness upon arrival, your child will not be permitted to enter. If your child becomes ill while at the center, we will call you to pick up the child. That child may be readmitted after being symptom free for 24 hours. If the symptoms continue for more than 24 hours, a note from the child's physician will be required. The note needs to state that the child is not contagious and may resume normal activity in order to return to the center.

Any child with any of the following signs or symptoms of illness shall be immediately isolated, and discharged to his/her parents:

- Diarrhea (more than three abnormally loose stools within a 24-hour period.)
- Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.
- Difficult or rapid breathing.
- Yellowish skin or eyes.
- Redness of the eyes, discharge, matted eyelashes, burning, itching.
- Axillary temperatures of 100 degrees F. combined with any other sign of illness.
- Untreated infected skin patches, unusual spots or rashes.
- Unusually dark urine and/or gray or white stool.
- Stiff neck with an elevated temperature.
- Vomiting
- Evidence of untreated lice, scabies, or other parasitic infestations.
- Sore throat or difficulty in swallowing.

A child isolated due to suspected communicable disease shall be within sight and hearing of a staff member at all times. A cot will be made available to make the child comfortable.

Staff exhibiting symptoms of communicable disease will be kept home, and replaced with a qualified person for that time.

MEDICATIONS

The health and safety of the children is so important, and therefore we have specific procedures for administering any and all medications, medical foods or modified diets. We cannot administer ANY medication, food supplements, or modified diets without a signed form by the parents and sometimes the doctor. Please be sure to understand these procedures beforehand. This will prevent confusion when your child does need medication.

PRESCRIPTION MEDICATIONS are administered according to the physician's instructions. They must be presented in their original container with the prescription label intact. The label will state the child's name, the current date (within the last 12 months), the correct dosage and number of times to be given. With this bottle and label, we will need only the parent's signature on the medication form, not the physician's. Without this information, the physician's directions and signature will be necessary on the form as well. A physician's signature is also needed for a modified diet if a food group has been eliminated. The signed medication form will have to be resubmitted after 12 months if the child is still taking the medication or is still on the modified diet.

NON-PRESCRIPTION MEDICATIONS that do not contain aspirin or codeine may be administered by the center without a physician's signature if they are presented in their original container with the label intact. The label must include an appropriate dosage for your child's age and weight. The full name of the child must be printed on the original container. Dosages administered by the center will not exceed the manufacturer's recommendation. Over the counter medications will be administered for a maximum of three consecutive days. The medication form must be filled out by the parent and signed before any medication can be given.

Non-prescription topical ointments, creams or lotions can be applied with instructions and a signature from the parent on a medication form. This form will remain valid for 12 months. Ointments, creams and lotions that are applied for skin irritations can be given for no more than 14 consecutive days.

MODIFIED DIETS that eliminate an entire food group need a medication form signed by a physician.

EMERGENCIES

Even with the most carefully made plans, unfortunately, at times, medical emergencies may arise. In the event of such an occurrence, certain steps will be followed. The school office will be notified immediately, and will decide what action to take. The parents will be notified of the situation. Should the parents be unreachable, or the

severity of the illness or injury warrant it, 911 will be called. The child will be transported to the hospital previously designated on the emergency transportation form by the parent. In extreme emergencies, the child will be transported to the nearest hospital.

In the event of a dental emergency, the child's dentist will be called. If the emergency warrants it, 911 will be called. The child will be transported to the hospital of the parent's choice.

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth	First Day at Program/Home	
Home Address			City	
State	Zip Code	Home Telephone Number		
Parent/Guardian Name #1		Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's		Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip	
Email Address (if applicable)		Cell Phone (if applicable)		
Parent's Work/School Name		Parent's Work/School Telephone Number		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
Parent/Guardian Name #2		Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's		Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip	
Email Address (if applicable)		Cell Phone		
Parent's Work/School Name		Parent's Work/School Telephone Number		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.				
Name		Name		
City	State	City	State	
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital				
Street Address				
City	State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - *check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No
 Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on file.
 N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or **medical personnel** in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? Yes (*If yes, skip to Emergency Transportation Authorization section*)
 No (If no, fill out the following):
 The program's policy is to check diapers every 2 hours. Please indicate if you want your child's diaper checked according to the program's policy or another:
 I agree with the program's schedule I do not agree, please check my child's diaper every hours.

Emergency Transportation Authorization

Give <i>Permission</i> to Transport		OR Do not sign both	<i>Do Not Give Permission</i> to Transport	
Program or Home Name			Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No (*check one*)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.