

MAMA MELLI CHILDCARE CENTER

(512)-922-9796

POLICIES

AGES: 18 months through age 4 ½, unless otherwise agreed upon.

HOURS: 7:30 a.m. – 5:30 p.m. Monday – Friday. Some flexibility will be considered on a case by case basis.

MEALS: Mama Melli Childcare Center will provide a.m. and p.m. snacks only. All food provided by the Center will be gluten-free and it is preferred that the food prepared for the child by the parents be gluten-free as well, but it is not required. Mama Melli is not responsible for the nutritional value of the lunch provided by the parents or for meeting the child's daily food needs.

RELEASE OF CHILDREN: Children will only be released to a parent or persons authorized by the parent (after verification and copy made of ID). Notice of persons other than the parent picking up the child is preferred.

SUPPLIES FEE: To be paid annually at the beginning of September. If care begins in the middle of the year, then the remainder is due with the first month's tuition.

LATE FEE: \$5.00 for every 15 minutes after 5:30 p.m.

PAYMENT: Payment obligation is based on the days YOU AGREE to use child care, not on actual hour of attendance. Payment is due if you have agreed to use blocks of time whether or not your child actually attends. This includes vacation and sick time. An additional charge of \$25 will be added for all late payments (after 5 days of date due).

ADJUSTMENT PERIOD: When a child is first accepted into Mama Melli Childcare Center, there is an adjustment period of 30 days when either party is free to terminate. After this period, **4 week advance notification is required** for either party.

HOLIDAYS: Mama Melli Childcare Center will be closed on major holidays. **PAYMENT IS DUE FOR THOSE HOLIDAYS IF IT FALLS ON YOUR REGULARLY SCHEDULED DAY.** The major holidays are: New Year's Day (days closed may vary), Memorial Day, the 4th of July, Labor Day, Thanksgiving (and the day after) and Christmas (days closed may vary during the Christmas/New Year's holiday season, but you will be responsible for payment on all days closed if it falls on your regularly scheduled day).

ILLNESS: For the wellbeing of our children, Mama Melli Childcare Center will NOT accept a child with a fever of 101+ (child must have regular temperature for 24 hours prior to attending), vomiting or diarrhea, a suspicious rash or anything else other than a cold. Regular fees will apply when a child is

absent due to illness. If your child gets ill while under the care of Mama Melli Childcare Center, it is your responsibility to have your child picked up in a timely manner.

VACATION: Fees are waved ONLY during childcare vacation. Mama Melli Childcare Center will provide a vacation schedule in advance.

MEDICATION: Mama Melli Childcare Center will not dispense medication to your child.

ESSENTIAL OIL APPLICATION: If you would like for your child to receive regular application of essential oils through out the day, there is a \$15 charge if our oils are used and it's free of charge if you supply your own oils. The appropriate paperwork must be filled out.

MEDICAL EMERGENCIES: In the case of a medical emergency, 911 will be called and CPR/First Aid Certification will be put to use as needed. A parent will be notified immediately.

EMERGENCY PREPAREDNESS PLAN: When the decision is made to evacuate, the announcement will be made and the house will be evacuated immediately. A binder containing parent and emergency contact telephone numbers for each child in care, authorization for emergency care for each child and the attendance record information for children in care at the time of the emergency will be taken to the designated safe area. The children will be relocated to the designated safe area by car. 911 will be called from a cell phone outside the building once the evacuation is complete and all parents will be notified. The designated safe area is Powerhouse of Praise Christian Fellowship Church located at 8213 Brodie Lane, phone number 512-301-2530. An in-depth emergency preparedness plan is available upon request.

ANIMALS: Mama Melli Childcare Center is the proud owner of 1 dog that is up to date on her shots and has received statements of health from their veterinarian, which are available to view upon request.

PARENTS' RIGHTS:

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. Review a copy of the minimum standards set by the state at any time at the DFPS website <http://www.dfps.state.tx.us>
3. Review Mama Melli Childcare Center's most recent Licensing inspection report at any time upon request.
4. Receive the address and telephone number of the local licensing office and number of the DFPS child abuse hotline. Address: **14000 Summit Drive, Suite 100, Austin, TX 78728**

Phone number: 512-834-3426

DFPS child abuse hotline: 1-800-252-5400

My signature verifies that I have read and received a copy of Mama Melli Childcare Center's policies

Signature

Date

ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		– consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:		Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:					
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:		<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:					
<input type="checkbox"/> Mondays	from:		to:		
<input type="checkbox"/> Tuesdays	from:		to:		
<input type="checkbox"/> Wednesdays	from:		to:		
<input type="checkbox"/> Thursdays	from:		to:		
<input type="checkbox"/> Fridays	from:		to:		
<input type="checkbox"/> Saturdays	from:		to:		
<input type="checkbox"/> Sundays	from:		to:		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address
School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature
Date
2. A signed and dated copy of a health care professional's statement is attached.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian
Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)

Positive

Negative

Date:

Signature or stamp of a physician or public health
personnel verifying immunization information above.

Signature

Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the
statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature

Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official
notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at

www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date

Child Name (last, first, middle)		Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)		City	County	Zip
Mailing Address (if different) -- Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)				

* If applicable.

1. Health

Does your child have any allergies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?			
How should we respond if he/she has an allergic reaction?			
Does your child have an existing illness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?			
Is the medication prescribed for continuous use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?			
What are your ideas about toilet training?			
How can we best help?			

3. Behavior:

Does your child have any special fears?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?			
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?			
When your child gets upset, what helps him/her calm down?			
What is a good way to distract your child when he/she is having a temper tantrum?			
Are there any particular routines that are particularly helpful at naptime?			
What position is most comfortable for your child when he/she is napping?			

4. Eating Preferences:

What are your child's favorite foods?			
Does your child use utensils, eat with fingers, feed self?			
Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. Activities:

What activities do you like to do with your child?			
What activities does your child like to do when playing with other children?			
What does your child like to do when he is playing alone?			

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)			
-----------------------------------------------------------------------------------------------------	--	--	--

I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

--	--	--	--

Discipline and Guidance Policy for _____

Name of Operation

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

parent employee/caregiver household member of child-care home

Permission to Photograph

I, _____
 (parent's or guardian's name)

give permission for _____
 (name of child care provider)

to photograph my child/ren, _____
 (child's name)

for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website *		
Use still photos in promotional materials		
Videos:		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
Other (please list):		
Facebook		

* only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider Name/ Daycare	Date

Caregiver	Telephone No.
Address	

AGREEMENT

I, _____, agree that _____,
(Parent) (Caregiver)

will care for _____.
(Children)

beginning on _____, _____, _____.
(month) (day) (year)

Care will include the following meals and snacks:

- Breakfast Morning Snack Lunch Afternoon Snack Supper

I will pay a Weekly Monthly fee of \$_____. Payment is due in advance on _____.

If this fee is not paid by that day, a penalty of \$_____ will be charged, or my child must be withdrawn from care.

My children will be in care between the hours of _____ and _____ on _____.
(time to arrive) (time to leave) (days)

Care outside of these hours will require an additional fee of \$_____ for each _____ minutes, which will be paid the same day.

When I withdraw my child(ren) from care, I will give at least _____ weeks advance notice.

Signature-Parent Date

Signature-Caregiver Date

WHAT TO BRING TO MAMA MELLI CHILDCARE

1. Diapers and wipes (enough for the day)
2. Ready-to-eat lunch in ready-to-eat containers in a lunch box with an ice pack
3. A water bottle
4. Fitted crib sheet (for nap time, can keep here and will be washed weekly)
5. Anything your little one needs for nap (i.e. blanket, pillow, pacifier)
6. An extra pair of clothes (just in case!)