01/09/2020

***ROBIN SCOTTS’ CHILD CARE POLICY***

* Please ***sign*** in and ***out*** daily.
* Children with ***contagious*** illness or fever will need a doctor note prior to the child returning back to the facility due to our concern for the other children’s health.
* Children with ***minor*** ***colds***, such a ***clear*** runny nose, are acceptable.
* Children that have been out for vomiting, diarrhea or fever must stay home for 24 hours with none of the above before returning to the program.
* Based on child’s age, children must have their ***immunization*** records on file in Robin’ child care home. There is a 30 day grace period to obtain all pertinent immunization records.
* 6Always send a ***change*** ***of*** ***clothes*** to the child are for your child’s comfort.
* Please bring a full supply of ***diapers*** and ***wipes***. You will be charged $2.00 per diaper until your supplies are brought in & $3.00 per box of wipes, ***disposable*** ***only***.
* Please supply ***bibs*** and ***bottles*** already made if needed.
* Child care is provided for school age children during ***school*** ***holidays***. Their will be an additional $***20***.***00 a day*** fee added to your weekly rate.
* Child care hours are from ***7***:***00am to 6***:***00pm***. A late fee of $***2***.***00*** per minute will begin at 6:01pm. ***Payable*** ***immediately***! Please be considerate, by bringing and picking up your child on time
* ***Parents*** ***arriving*** after ***9***:***00am*** will need to find alternate care unless previous arrangements have been made with me.
* A balanced Breakfast will be served as well as nutritional from 7:30am untill 8:30am. ***Breakfast*** stops at **8**:***30am***
* Please call if your child is going to be ***absent*** from the program.
* Your help is appreciated by insuring that your child doesn’t bring ***toys***, ***money***, ***gum*** or ***food*** to his/her Child care home.
* We will give ***medication*** to children provided by you. A ***medical*** ***release*** must be completed and signed along with permission from the doctor.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These policies are to ensure the safety of your child and to maintain a level of care consistent with childcare homes. These policies are not negotiable and are to ensure fair treatment of your Child Care provider as well as you the parent. Please read the above information, sign and then return the form to me