



Tiny Toes Learning Center

Enrollment Packet

1235 Pocono Blvd.
(Belmont Plaza)

Mount Pocono, PA 18344

www.tinytoeslearning.com

tinytoesabc@gmail.com

"Where we touch hearts and build minds 24 hours a day."



2019 - 2020 Weekly Tuition Rates

FULL-TIME CARE

Infants (3 months - 2 years): \$195

Toddlers (2 years - 3 years): \$185

Pre-School (4 years - 5 years): \$175

Before School only: \$75

After School only: \$75

Before and After School: \$125

Weekend day*: Infants - \$90, 2 years and up \$75

Weekend evening and overnight*: Infants - \$120, 2 years and up \$100

PART-TIME CARE

Infants (3 months - 2 years): \$97

Toddlers (2 years - 3 years): \$92

Pre-School (4 years - 5 years): \$87

*WEEKEND RATES ARE PER DAY

Date Application Completed or Updated _____

Date of Enrollment _____

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.

CHILD INFORMATION:

Date of Birth: _____

Full Name: Last _____ First _____ Middle _____ Nickname _____

Child's Physical Address: _____

FAMILY INFORMATION: Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

CONTACTS: Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application.

Name _____ Relationship _____ Address _____ Phone Number _____

Name _____ Relationship _____ Address _____ Phone Number _____

Name _____ Relationship _____ Address _____ Phone Number _____

In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name _____ Relationship _____ Address _____ Phone Number _____

Name _____ Relationship _____ Address _____ Phone Number _____

HEALTH CARE NEEDS: For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes ___ No ___

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____
Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency. _____ Date _____

Signature of Parent/Guardian _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA. CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED		
NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		
ADDRESS		TELEPHONE NUMBER
SPECIAL DISABILITIES (IF ANY)		
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		ALLERGIES (INCLUDING MEDICATION REACTION)
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		MEDICATION, SPECIAL CONDITIONS
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT OBTAINING EMERGENCY MEDICAL CARE		
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING
PERIODIC REVIEW		

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

ORIGINAL

Child and Adult Care Food Program

Child Enrollment Form (Sample)

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

Sponsor/Center Name: 323-45-2380
 Agreement #: 1235 Pocono Blvd, Suite 105
Play Toes Learning Center
 1235 Pocono Blvd, Suite 105
 Monticello, PA 18204
 Review completed enrollment form and enter the

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	TIMES CHILD NORMALLY ATTENDS DURING WEEK				TIME CHILD ATTENDS SCHOOL	MEALS RECEIVED <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
		AM	PM	TIME	TIME		
FIRST CHILD	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:	Enrollment Date:				Withdrawal Date:	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE <input type="checkbox"/> Some as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	TIMES CHILD NORMALLY ATTENDS DURING WEEK				TIME CHILD ATTENDS SCHOOL	MEALS RECEIVED <input type="checkbox"/> Some Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
SECOND CHILD	<input type="checkbox"/> Some as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	Enrollment Date:				Withdrawal Date:	<input type="checkbox"/> Some Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE <input type="checkbox"/> Some as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	TIMES CHILD NORMALLY ATTENDS DURING WEEK				TIME CHILD ATTENDS SCHOOL	MEALS RECEIVED <input type="checkbox"/> Some Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
THIRD CHILD	<input type="checkbox"/> Some as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	Enrollment Date:				Withdrawal Date:	<input type="checkbox"/> Some Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK

Signature _____ Signature of Parent or Guardian _____ Date _____ Telephone Number of Parent or Guardian _____

CHILD CARE REPRESENTATIVE USE ONLY: _____ Name of Representative/Signature _____ Date _____

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:

Insert URL Here

STEP 1 List ALL children in day care (If more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name

Foster Child	Migrant	Runaway	Homeless	Head Start
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often?			
	Weekly	Bi-Weekly	Monthly	Bi-Monthly
\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/Social Security/SSI/VA Benefits	How often?			
		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State Zip Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov

This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?				Household size	Eligibility		
<input type="text"/>	Weekly	Bi-Weekly	Monthly	2x Month	<input type="text"/>	Free	Reduced	Denied
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Categorical Eligibility <input type="checkbox"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date			

FEE AGREEMENT

55 PA CODE CHAPTERS 3270.123 3280.123 3290.123

NAME OF CHILD			
FEE AMOUNT	PER - DAY/WEEK	DAY PAYMENT TO BE MADE - Weekly or Biweekly	
<i>Late Co-payments are an additional \$20.00</i>			
Services to be provided as part of the daycare fee. (example: Transportation, care, meals etc.) CHILD CARE, MEALS, BREAKFAST, LUNCH, SNACKS, DINNER CORE KNOWLEDGE EDUCATIONAL PROGRAM: ARTS, CRAFTS, COMPUTER LEARNING AND OUTDOOR RECREATION.			
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSONS DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED	
LATE FEE \$ 1.00	PER MIN-HR Per Min	*See emergency contact*	
Extra services to be provided at an additional fee if applicable: <i>Parent/Guardian(s) is responsible for all fees not paid by CCIS or private fees such as: late fees, special activities, and events.</i>			
<i>**Late Co-payments are an additional \$20.00, ***Declined Payments will be charged a processing fee of \$15.00 along with late fee.</i>			
I, Parent/Guardian;			
<input type="checkbox"/> Received complete written program information at the time of enrollment. (S 3270.121, 3280.121, 3290.121) <input type="checkbox"/> Agree to update the emergency contact/parental consent form information as changes occur or every 6 months as required. (3270.124, 3280.124, 3290.124) <input type="checkbox"/> Two (2) Week notice is mandatory if you decide to terminate care. Withdrawal fee will be applied to your last week's payment <input type="checkbox"/> Late payments will be an additional \$20.00. <input type="checkbox"/> Declined payments will be charged a processing fee of \$15.00			
SIGNATURE-OPERATOR		DATE	SIGNATURE-PARENT OR GUARDIAN
DATE OF CHILD'S ADMISSION			DATE
DATE OF WITHDRAWAL			SIGNATURE-PARENT OR GUARDIAN
			DATE

Policies Agreement

Child Name: _____ Child Name: _____

Child Name: _____ Child Name: _____

The following rules pertain to Tiny Toes Learning Center's policies. These policies are non-negotiable and are legally binding, Please initial next to each policy and sign and date at the bottom.

A. ENROLLMENT

Initials

- _____ 1. All forms must be filled out completely and returned to Tiny Toes administration before beginning childcare.
- _____ 2. The client understands that medication logs must be filled out completely before any medication can be administered.
- _____ 3. Parents/ Guardian agrees to submit a current health assessment form with immunization record completed by the doctor, and current medical insurance card.
- _____ 4. A two-week (10 day) written notice must be given if the parent/guardian decides to terminate care.
- _____ 5. Tiny Toes Learning Center is responsible for informing parents of any accidents while your child is in our care. You will receive a completed incident report which will be placed in your child's file.

B. PAYMENTS

- _____ 1. All weekly fees must be paid no later than 11am Friday. Payments processed after 11am will receive a late fee of \$20.00.
- _____ 2. All fees are processed through Tuition Express@. NO CASH payments will be accepted. Receipts will be given. Payments that are declined will receive a return fee of \$15.00.
- _____ 3. Payments are still required whether your child comes to school or not. (Holidays do not affect the week)
- _____ 4. All co-payments need to be current for your child to attend child care for that week.

C. HOURS/DAYS

1. Your child receives up to _____ hours of care per day. If your child needs over _____ hours of care a day, there will be a charge of \$10.00 per hour. This is subject to change at any time.
2. Tiny Toes Learning Center will be closed on the following holidays. Holiday closures do not affect tuition. Please also see the Holiday Closing list for more details.

New Year's Day

Martin Luther King

Easter Sunday

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Christmas Eve

Christmas Day

New Year's Eve

3. Tiny Toes Learning Center will be closed for one (1) week each year. Parents are responsible for **making alternative** child care for their child.

D. ILLNESS

1. Parents must notify Tiny Toes Learning Center if your child will be absent due to an illness.
2. If your child has any of the following; fever, diarrhea, nausea, or any other contagious symptoms they will not be allowed to come to school until he/she is symptom free for at least 24 hours. Please see Sick Policy for more details.
3. Medications can be given if it is in the original container, labeled with the child's name and a medication log is completed.

E. CLOTHING & SUPPLIES

1. Children's belongings must have their name written on it. Tiny Toes Learning Center is not responsible for lost or stolen items.
2. All children including school-age children must have, weather appropriate, change of clothes

Policies Agreement

_____ 3. All children must have a sheet and small blanket to use during naptime.

_____ 4. The following items are needed for your infants and toddlers:

Diapers/ Pullups Wipes

Spare Clothing Special Foods

D. DISCIPLINE PROCEDURES

_____ 1. At Tiny Toes redirection is always used to ensure children are having a positive experience at school. In any event that redirection is not working your child may be removed from class until can calm down. Please be advised this is used as a last resort.

_____ 2. If your child has behavioral concerns, we will notify you. We will set a meeting to discuss all concerns and create a plan to resolve constant disruptive, or unacceptable behavior.

Parent's Signature

Date

Parent's Signature

Date

Child Health Assessment

Parents & Child Care Providers fill-in this part.

Child's Name: (Last)	(First)	Parent/Guardian:		
Date of Birth:	Home Phone:	Address:		
Child Care Facility Name:	County:	Work Phone:		
<p><i>To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.</i></p> <p>PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at <www.aap.org> or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.</p> <p>Health history and medical information pertinent to routine child care and emergencies</p> <p>(describe, if any):</p> <p><input type="checkbox"/> NONE</p> <p>Allergies to food or medicine (describe, if any):</p> <p><input type="checkbox"/> NONE</p> <p>Date of most recent well-child exam:</p> <p><input type="checkbox"/> NONE</p> <p>Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.</p>				
LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE	
IN/CM % ILE	LB/KG % ILE	IN/CM (Birth to Age 2)	% ILE (Beginning at age 3)	
PHYSICAL EXAMINATION <input checked="" type="checkbox"/> = NORMAL IF ABNORMAL - COMMENTS				
Head/Ears/Eyes/Nose/Throat				
Teeth				
Cardiorespiratory				
Abdomen/GI				
Genitalia/Breasts				
Extremities/Joints/Back/Chest				
Skin/Lymph Nodes				
Neurologic & Developmental				
IMMUNIZATIONS	DATE	DATE	DATE	DATE
DTaP/TP/Td				
POLIO				
HIB				
HEP B				
MMR				
VARICELLA				
PNEUMOCOCCAL				
OTHER				
SCREENING TESTS		DATE TEST DONE		NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD				
ANEMIA (HGB/HCT)				
URINALYSIS (UA) (at age 5)				
HEARING (subjective until age 4)				
VISION (subjective until age 3)				
PROFESSIONAL DENTAL EXAM				
Health Problems or Special Needs, Recommended Treatment/Medications/Special Care/attach additional sheets if necessary				
<p><input type="checkbox"/> NONE</p> <p>Medical care Provider: NEXT APPOINTMENT - MONTH/YEAR:</p> <p>Address: Signature of Physician or CPNP:</p> <p>Phone: License Number: Date Form Signed:</p>				

Parents may write immunization dates, health professionals should verify and complete all data.

Pick-Up Authorization

I, _____, authorize
Tiny Toes Learning Center to release my child(ren) to the person(s) designated on
this form. This is in accordance with Tiny Toes Learning Center's Emergency
Operation Plan.

Name of Child/Children:

Adults authorized for Pick-up and Relationship to child(ren) (Must have valid ID)

Parent's Name

Relationship

Date

Address:

Phone #'s

Home:

Mobile:

Work:

Parent's Signature:

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____, (child's legal name), born _____, do hereby consent to any medical care determined by a physician to be necessary for the welfare of my child while said child is under the care of Tiny Toes Learning Center and I am not reasonably available by telephone to give consent. This authorization is effective from _____ to _____.

Printed Name and Signature of Parent or Legal Guardian _____ Date _____

Print Name of Witness & Signature _____ Date _____

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address _____

Telephone: Mother _____ (mobile) _____ (work)

Father _____ (mobile) _____ (work)

Child's Birthdate _____ Last Tetanus _____

Allergies to drugs or foods _____

Special Medications, Blood Type or Pertinent Information

Child's Physician _____ Phone _____ Insurance _____
Policy # _____

Preferred Hospital _____

Sick Child Policy

Hello, and Thank You for choosing Tiny Toes Learning Center LLC, for your childcare needs. Here is an updated copy of our sick policy please read it carefully and sign the last page then return immediately. If this policy is not signed and returned your child will not be admitted back into the program.

Tiny Toes Learning Center LLC, is a "well child" program we cannot provide continuous care for mildly ill children. If your child becomes mildly ill, they will be excluded from the program until recovered. A doctor's note may include the child back into the program, however; it is up to the judgment of the child care staff to determine if the child is well enough to participate in daily program activities.

Tiny Toes Learning Center LLC, understands that it is difficult for parents and guardians to leave or miss work therefore it is highly suggested that alternative arrangements are made for instances when children must remain at home or be picked up early due to illness. We take the health of the children in our care very seriously.

Because children in child care are exposed to germs carrying disease and illness we must do our best to limit exposure to reduce the spread of sickness and disease for all children in our care.

Your child must be picked up within a 30-minute time frame after the parent is called. If the child isn't picked up or we are unable to reach the parent of the child, the emergency contact person will be called. If no one can be reached this is considered neglect and as mandated reporters, we will have to report this as an incident of neglect. Your child will be made comfortable and offered a quiet place to rest until you arrive. If your child leaves another program or school during the regular school day due to illness, he/she may not attend care that same day.

Exclusion from the center is sometimes necessary to reduce the transmission of illness. Our center is unable to meet the needs of a sick child.

Mild illnesses are very common among young children, however; to prevent the spread of illness we've listed symptoms and illnesses that will require your child to be excluded immediately.

In addition, we ask that you do not mask the symptoms with Tylenol, Motrin, or Advil because your child may still infect the other children with his or her illness.

Sick Child Policy

Coxsackie Virus (foot mouth disease) and Chicken Pox

If your child has been diagnosed with foot mouth disease, he or she may not return back to the program for the minimum of five days. A doctors' note is required before the child will be able to return. This is a two-step process them must be an initial diagnosis and then a follow up by your primary physician to make sure the foot and mouth disease is no longer contagious. They must scab on the rash before the child is let back into the program. This is a very contagious illness.

****Although chickenpox is not as popular as it was before if a case is found we will follow the same rules for foot mouth disease. ****

Conjunctivitis (Pinkeye)

If your child is suspected to have conjunctivitis or pinkeye you are required to pick your child up immediately. Conjunctivitis is highly contagious, and your child may infect other children. If you Suspect that your child may have conjunctivitis, please do not bring them into the daycare. Take your child immediately to the primary physician or urgent care. Please inform the daycare of the illness.

Strep Throat

Strep throat is a highly contagious illness amongst young children again if you suspect your child may have strep throat please take them to your primary physician or urgent care immediately. For small children it is advised that you do a follow up appointment to make sure the antibiotic has worked and strep is no longer in your child's system.

Scarlet Fever

Scarlet fever is very contagious. The symptoms may contain rash and fever. Please do not send your child to the daycare if you see the symptoms. **A five-day exclusion period is required if your child has been diagnosed with scarlet fever.** A doctors' note is required before your child can return.

Scabies and Lice

Scabies and lice are highly contagious illnesses. Your child will not be permitted back into the program if there is still a remaining rash from scabies. Your child will not be able to return to the program for five days after medication is applied to the skin if scabies is found.

If your child has lice he or she may not return to the program for 5 days. Lice is a highly contagious and it spreads quickly. There should be no nicks or lice present in your child's hair when they return to daycare. Again, please do not hide this information from us they are other children in the program who have families. It is not fair to infect a whole family with lice when this could've been avoided by you keeping your child home.

Sick Child Policy

This is proof that I have read, and I understand the updated version of the Tiny Toes Learning Center Sick Child Policy.

Child's Name _____

Parent's Signature _____ Date

Parent's Signature _____ Date

Administrator Signature _____ Date

To the Parent/Guardian of _____

This letter is to assure you of our concern for the safety and welfare of children attending Tiny Toes Learning Center. Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation:* Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc. In case of inclement weather, we may then proceed indoors at a neighbor's.
- *In-place sheltering:* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- *Evacuation:* Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility. We currently have 2 available, they are:
 - Emergency Relocation A at: Tiny Toes Learning Center (Back Of Parking Lot)
1235 Pocono Blvd
Mount Pocono PA 18344
 - And Emergency Relocation B at: Tiny Toes II
1 Knob Rd
Mount Pocono PA 18344

If it ever becomes necessary to relocate, a sign will be posted on the door stating which facility we've gone to (A or B).

If you're not sure how to get there, please ask for directions before there is an emergency.

- *Modified Operation:* May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children, but may be necessary in a variety of situations.

Please listen to 107.9 or 96.7 Radio or WNEP Channel 13 for announcements relating any of the emergency actions listed above.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information. The facility director may provide an alternate phone number (i.e. cell phone number, etc.) to call in an emergency event.

The form designating persons to pick up your child is included with this letter for you to complete and have returned to the child care facility immediately. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child.

I realize that emergency circumstances may require changes to your plans, but I urge you to not attempt to make different arrangements if possible. This will only create additional confusion and divert staff from their assigned emergency duties.

To assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact Chevette Showers at 855.663.8469.

Sincerely,

I, _____, authorize Tiny Toes Learning Center to release my child(ren) to the person(s) designated. This is in consonance with the Tiny Toes Learning Center Emergency Plan.

Child's Name

Designated Custodian (s), Name, & Relationship

_____	_____
_____	_____
_____	_____
_____	_____

Parent's Signature

Date

Print Name

Address

Address

(Home Phone)

(Work)

(Cell)

NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated. PLEASE PRINT CLEARLY.

Transportation Consent

I, _____, give permission for my child,

_____ , to be transported by Tiny Toes Learning Center in their vehicle(s) for rides to:

Please initial which you are giving permission for.

_____ Playground _____ Beach

_____ Field Trips _____ Local & State Parks

_____ Library

_____ School

_____ Pick-up/Drop off to and from home when needed. (Contract Needed)

Parent Signature

Date

If you have any questions or concerns regarding the transportation of your child, please contact us.

Thank You,
Tiny Toes Learning Center

Photo Release

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent's Name: _____ Date: _____

From time to time we take pictures/videos during our activities. We would like your permission to use these pictures on our website and/ or Social Media. Pictures would be selected to highlight activities during our class environment, and our fun events. The pictures will only be used by Tiny Toes Learning Center LLC. to show the many ways your children can have fun learning.

Please take a moment to let us know your preferences regarding our use of photos/videos of your children:

YES _____ I grant permission to use photos/videos of my child on Tiny Toes Learning Center's website and/or Facebook.

-OR-

NO _____ Please do NOT take or use any photos of my child.

Parent's Signature _____ Date _____

For questions or concerns about this form, please contact us.

Getting to Know You...

Child's Name

Nickname

Age

Parent's Name

Enrollment Date

Please answer the following questions so we can become familiar with your child.

1. Has your child been in an early learning program or child care before? If so which facility? _____

2. Tell us about your child's favorite games, and toys, what do they enjoy?

3. What does your child eat? (please specify) _____

4. What does your child dislike eating? _____

5. How do you encourage your child to eat? (some parents tell their child meat is "chicken" to encourage eating) _____

6. Is your child allergic to anything? _____

7. What is your child afraid of? _____

8. Describe your child's schedule:

- Normal bed time: _____
- Waking time: _____
- Meal times: _____

9. Does your child have any siblings? _____ If so, what are their names and ages?

Getting to Know You...

10. Does your family have any pets? _____
11. Is your child fully potty trained? ___ Yes ___ No
12. Is your child currently, taking any medications, food supplements or on a modified diet? _____
13. *Are there any special needs (medical, developmental, social or health)?

If yes, does your child have an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)? If so we would like a copy of the plan, so we can provide the best possible learning experience for your child.

14. *What programs or individuals work with your child regarding their special needs? _____

***Please know that withholding information about your child's medical needs, will result in your family being immediately withdrawn from the program.**

15. Are there any custody agreements that we should know about? _____

16. What are your expectations of our program? _____

17. Is any aspect of the education program especially important to your child/family?

18. Are you willing to volunteer in our classroom? _____ If so, when are you available? _____

19. Are there any other ways you want to be included in center events or activities? _____

20. Is there other information you would like to share? _____

Resource List

<u>Type of Business</u>	<u>Name of Business</u>	<u>Phone Numbers</u>	<u>Address</u>
<u>Financial Assistance</u>	Monroe County Assistance Office	570-424-3030	1972 West Main Street Stroudsburg, PA 18360
<u>Rent / Financial Assistance</u>	First Presbyterian Church	570-421-7751	579 Main Street, Stroudsburg, PA 18360
<u>Rent / Financial Assistance</u>	Salvation Army	570-421-3050 ext. 22	226 Washington Street E. Stroudsburg, PA 18301
<u>Housing Assistance</u>	Housing Authority of Monroe County	570-421-7770	1055 Main Street. Stroudsburg, PA 18360
<u>Emergency Shelter</u>	Pocono Area Transitional Housing (PATH)	570-476-1828	Stroudsburg, PA 18360
<u>Emergency Shelter</u>	Salvation Army	570-421-3050 ext. 24	226 Washington Street E. Stroudsburg, PA 18301
<u>Domestic Assistance</u>	Women's Resources of Monroe County	570-421-4200	225 J. Wilson Drive Delaware Gap, PA 18327
<u>Community Meals (1st and 3rd Mon.)</u>	Church	570-421-0750	915 N. 5 th street Stroudsburg, PA 18360
<u>Community Meals (Mon-Fri 11a-12p)</u>	Salvation Army	570-421-3050 ext. 25	226 Washington Street E. Stroudsburg, PA 18301
<u>Community Meals (Call for times)</u>	Mountain Home United Methodist Church	570-595-6491	6680 Route 191 Mountain home, PA 18342
<u>Food Pantry</u>	Feeding Families	570-997-3702	Mt. Pocono PA, 18034
<u>Food Pantry</u>	Eglise Evangelical De La Renaissance	570-895-2344	129 Lower Swiftwater Rd. Swiftwater, PA 18370
<u>Food Pantry</u>	Top of the Mountain Food Pantry	570-646-7456	133 Firehouse Rd. Pocono Pines, PA 18350
<u>Community Information/ Resources</u>	State Representative	570-894-7905	354 Memorial Blvd, Tobyhanna, PA 18466
<u>Legal Help</u>	Monroe County District Attorney	570-517-3062	610 Monroe Street, Stroudsburg, PA 18360
<u>Mental Health</u>	MHDS	570-420-1900	724 Phillips St., Stroudsburg, PA 18360
<u>Mental Health</u>	The Rose Resiliency Center	570-972-8211	2557 Rte. 940., Pocono Summit, PA 18346
<u>Mental Health</u>	Forensic Counseling	570-476-7704	1385 Pocono Blvd, Mount Pocono PA 18344

Resource List

<u>Type of Business</u>	<u>Name of Business</u>	<u>Phone Numbers</u>	<u>Address</u>
<u>Mental Health</u>	Crossroads	570-476-9228	37 Danbury Terrace., E. Stroudsburg, PA 18301
<u>Utility/Heat Assistance</u>	Low Income Heating Assistance (LIHEAP)	866-857-7065	N.E. Processing Center Danville, PA
<u>Utility/Heat Assistance</u>	Dollar Energy Fund	570-421-3050 ext. 22	226 Washington Street E. Stroudsburg, PA 18301
<u>Electric Assistance</u>	Met Ed / First Energy	800-545-7741	76 S. Main Street Stroudsburg, PA
<u>Electric Assistance</u>	PPL / On track	800-342-5775	827 Hausman Road Allentown, PA 18104
<u>Natural Gas Assistance</u>	UGI	800-844-7276	1 Piper Way Lock Haven, PA 17745
<u>Phone Assistance</u>	Assurance Wireless	888-898-4888	
<u>Phone Assistance</u>	Verizon Lifeline	800-837-4988	
<u>Taxi Service</u>	Pocono Cab	570-424-2800	431 N. Courtland St. E. Stroudsburg, PA 18301
<u>Taxi Service</u>	WGM	570-223-9289	9074 Franklin Hill Rd. E. Stroudsburg, PA 18301
<u>Transportation Assistance</u>	Shared Ride	570-839-6282 ext. 434	134 MCTA Drive Swiftwater, PA 18370



School Closures 2019-2020



<u>HOLIDAY</u>	<u>2019 DATES</u>	<u>2020 DATES</u>
Independence Day	Thursday, July 4 th , 2019	Saturday, July 4 th , 2020
Labor Day	Monday, September 2 nd , 2019	Monday, September 7 th , 2020
$\frac{1}{2}$ day before Thanksgiving	Wednesday, November 27 th , 2019	Wednesday, November 25 th , 2020
Thanksgiving Day	Thursday, November 28 th , 2019	Thursday, November 26 th , 2020
$\frac{1}{2}$ Day after Thanksgiving Day	Friday, November 29 th , 2019	Friday, November 27 th , 2020
$\frac{1}{2}$ day before Christmas Eve	Monday, December 23 rd , 2019	Wednesday, December 23 rd , 2020
Christmas Eve	Tuesday, December 24 th , 2019	Thursday, December 24 th , 2020
Christmas Day	Wednesday, December 25 th , 2019	Friday, December 25 th , 2020
Day after Christmas	Thursday, December 26 th , 2019	Saturday, December 26 th , 2020
New Year's Eve	Tuesday, December 31 st , 2019	Thursday, December 31 st , 2020
New Year's Day	Wednesday, January 1 st , 2020	Friday, January 1 st , 2021
Presidents Day	Monday, February 17 th , 2020	Monday, February 15 th , 2021

****Attention Parents**-**

The above dates are subject to change. If Tiny Toes is forced to close due to inclement weather, a message will be sent to your mobile number on file. Communication is a two-way street, please call if you are unsure of any days we are closed.



Dear Parents,

Drop off Rule:

We want to inform all Parents to Drop Off all Children By 9am Sharp every day.

Please be advised that the door is locked after 9am and no children will be permitted in the building.



Lost item Prevention:

We require that you write your child's name on all your child's belongings for identification purposes if something is lost or misplaced.



Dear Parents,

Please be advised that all Students are required to wear their Tiny Toes Learning Center uniforms daily.



In an effort to remain cost effective we are asking parents to provide uniform style polo shirts in grey, navy blue, light blue, black or white to be embroidered with our TTLc logo.

There is an embroidering fee of \$5 per shirt. Pants are to be in the following colors: Cotton material only. No jeans or sweats. Khaki beige, navy blue, black and grey.

Thank You.



Dear Parents and Guardians:

In order to maintain consistency and reduce classroom interruptions, we are asking parents to wait in the reception area during pick up and their child(ren) will be brought out to them.



Dear Parents/Guardians,

Yellow Student Communication Folders will be coming home with each child *every day*. Folders contain daily progress reports and more. Please **RETURN** empty folders back to the Learning Center *every day*.