



## **WEBSITE**

[www.creativelearningcentereaston.com](http://www.creativelearningcentereaston.com)

[Facebook.com/CLCLV](https://www.facebook.com/CLCLV)

610-438-3022 (Forks Location)

Fax # 610-438-3463 (Forks Location)

Email ([www.creativelearningcenter@rcn.com](mailto:www.creativelearningcenter@rcn.com))

**\*\*STAR 4 CENTER\*\***

**Tamara L. Hammer**

**Director/Owner of Creative Learning Center**

I have cherished my work in this industry. My journey in Early Childhood began in 1997 when I started a Family Child Care Center in my home along with my two children, and my husband Michael, (Tamara's Tiny Tots). After many requests to grow, we expanded to a Group Child Care Center in our home. Our Home Center was very successful. In 2003, my children were getting older than daycare age, so we decided it was time to move our Center out of our home.

My husband Michael and I opened Creative Learning Center in September 2003 until September 2013. In 2013 we expanded our Palmer Facility to where it is today. In May 2015 we opened our second Center in Forks Twp. My dream is to guide and educate all the children in my care. We have many different programs going on during the day. We offer Tech Stars, a computer program that teaches appropriate activities and guides each child to gain knowledge on a computer and other devices. Each child enrolled at our center will receive this class with

no extra charge to families. We have also partnered with many agencies in the Early Intervention Field which will help us help your child reach their highest potential in early childhood development and learning. Please take a few moments to read this parent handbook.

Thank you for your interest in my Center.

# ENROLLMENT IS OPEN TO CHILDREN AGES 6 WEEKS THROUGH 11 YEARS

(Classroom ages could change based on enrollment)

Infant Care/Young Toddler	Childcare ages 6 weeks possibly through 18 months (steady walking)
Toddler Care	Childcare age 18 months – 2 ½ years old (potty train ready)
Pre-School I	Childcare age 2 ½ years old – 3 ½ years old
Pre-School II	Childcare ages 3 ½ years old – 5 years old (pre-kindergarten)
School Age K – 5 <sup>th</sup>	Kindergarten/Before & After School/Summer

## WELCOME

We at Creative Learning Center understand anxiety about leaving your children in the care of others while trying to work. CLCLV is compassionate to your feelings and will provide a caring, loving, safe, enriched environment for your child. Your child will be in a program that emphasizes creative arts and crafts, along with a kindergarten readiness program with age-appropriate activities to promote healthy child development.

We strive to develop the whole child in an atmosphere rich in experience and varied in activities. We offer opportunities for your child to grow and learn in a safe, happy, nurturing and stimulating environment. We work individually and in group settings to meet the needs of all children. Our desire is that your child feels confident to explore his or her world, to develop a positive self-esteem and to respect one-self and others.

CLCLV is a non-smoking tobacco free facility including the outdoor areas. Please adhere to this policy.

**CLCLV Palmer** is a STAR 4 Center (3421 Nightingale Drive Easton, PA 18045)

**CLCLV Forks** is a STAR 4 Center (1700 Sullivan Trail Suite #2 Easton, PA 18040)

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## Frequently Asked Questions

### **Do I have to pay for care when my child is sick, holiday or inclement weather?**

Yes, you pay the same amount every week that was agreed upon at enrollment.

### **What if a holiday falls on a day my child is enrolled?**

We will try to reschedule a missed day because of a holiday however we cannot promise we will be able to do this based on ratio and enrollment in the class that day.

### **Do I receive a vacation week for my child that I do not have to pay?**

Yes, after 6 months of continuous care you receive one-week non-paid vacation yearly, unless your child does not attend in summer months.

### **If I am a teacher, must I pay for summer months when I am off?**

No, however, you put this in writing when you sign up your child, leave a deposit in June for your first week back to school in August and you pay every week of care from the start of school to end (August-June). You will not have to pay through the summer if your child is not in attendance. We do offer and encourage you use part-time care through the summer months to maintain routine for your child.

### **When is payment due?**

Monday the week of service by 6:30pm. If you are paying bi-weekly or month, you must pay ahead. Title 20 co-pays are due every Monday and if not paid, we must report to Title 20. Your balance must be paid in full weekly or your child will not be allowed to return until your balance is paid in full.

### **Is my Deposit refundable?      Deposits are NON-REFUNDABLE.**

### **How do I pay, Check-Cash-Credit Card?**

We accept cash, check, credit card or online banking through your financial institution. If paying with cash, please place in an envelope with your last name and the amount given to be placed in our drop box outside of Ms. Tamara's office. If writing a check, please write your child's name on your check. If using a credit card through Procure, there is a convenience fee of 2.5%. You may use online banking and schedule a check to be sent every week.

**IF YOU CAN NOT PAY YOUR TUITION, YOU MUST CONTACT TAMARA OR MIKE DIRECTLY TO SET UP A PAYMENT PLAN UNTIL YOU GET BACK ON TRACK.**

### **Is there a late fee if I pick up after my contracted hours or after business hours of 6:30 PM?**

Yes, if you need extended care past our designated 10-hour day, we charge \$30.00 per child, per day. If you arrive past business hours of 6:30pm, there is a late fee of \$20 for the first 15 minutes then \$1.00 per minute thereafter.

### **Do you serve meals?**

Yes, for infants we offer Target brand formula (Regular, Sensitive and Soy), oatmeal and rice cereal at 4 months old, Gerber stage 2 fruits and vegetables at 6 months old. For toddlers through school age, we offer daily hot breakfast, hot lunch, snacks, milk and juice. **This is included within your tuition!**

We are part of PA Food Program and we are a **PEANUT Free Center**.

## MISSION & PHILOSOPHY STATEMENT

The responsibility of this facility is to educate and develop each student's potential for creative, intellectual, social and emotion growth. It is the purpose of our facility and its faculty to provide each child with the ability to identify the necessary tools required to establish relationships, conquer obstacles, accomplish goals, and solve problems. Our responsibility to these children is to foster an understanding and appreciation of our multicultural, multiethnic and economically diverse population which is an important factor in developing peer respect with each individual child.

The **Montessori Method** focuses on the development of the total child where each child's unique personality is encouraged; each is respected as an important member of the community. Each child has the opportunity to work at his or her own pace to indulge in the innate willingness to learn. The Montessori approach offers a broad vision of education as an aid to life. It succeeds because it is based on the natural development of the total child.

## VISION STATEMENT

Our lifelong commitment to all children we serve parents, teammates & our community neighbors and partners. We are dedicated to providing a creative self-directed childhood program, through which each child will gain self-confidence and grow to become a productive confident citizen in our society.

## CURRICULUM STATEMENT

The Creative Curriculum grows and changes along with the early childhood field as we learn from current research and gain new insights about what teachers need to know in order to teach effectivity.

The Creative Curriculum resources are designed to support teachers at all levels of experience in planning and implementing a high-quality developmentally appropriate program. It's effectiveness in helping children acquire social competence are implemented as intended. Like a blueprint, they exist only on paper until they are interpreted and used to build our program.

The Creative Curriculum is based on five fundamental principles. They guild practice and help us understand the reasons for intentionally setting up and operating early childhood programs in particular ways. These are the principles:

- Positive interactions and relationships with adults providing a critical foundation for successful learning.
- Social-Emotional competence is a significant factor in school success.
- Constructive, Purposeful play supports essential learning.
- The physical environment affects the type and quality of learning interactions.
- Teacher- Family partnership promote development and learning.

We partner with EASD, NASD and surrounding schools, we utilize PA Early Learning Standards to establish appropriate curriculum to prepare each child for higher education. We utilize child observations along with the child's interest to help plan and guide the development of each child. Assessment tools used are Teaching Strategies Gold and or Ages and Stages which is used for our 45-day assessment. Educators will conduct assessments throughout the school year to determine the needs of each child. We connect with parents in curriculum by posting lesson plans and conducting Parent Teacher Conferences throughout the school year.

Our Classrooms are set up in learning centers based on the key learning areas where children can be guided to work independently resulting in successful discovery which begins to develop positive self-image.

Our Environment is center based which allows the children to independently work and develop skills; based on the Montessori Method each child is encouraged to work at his/her own pace and will build self-esteem by conquering the challenges of the work that is presented in each learning center.

Educators at CLCLV with a background in Early Childhood Education or a related field use their education and expertise to teach young children. Each educator is trained annually based on DHS and Keystone Stars guidelines.

**Staff Education Trainings & Certifications:**

FBI Criminal History Clearance, PA Child Abuse Clearance, PA State Criminal History Clearance, National Sex Offender Registry, Infant & Child CPR, First Aid, Fire Safety, Child Abuse Prevention, Keystone Stars 101 and Stars 102, Common Illness, Health and Safety, Classrooms Observation.

Parent involvement is encouraged and respected by the educators and child in order to display co-responsibility for the students’ many areas of development, behavior and basic needs. Educators will assist families with adjustment of transition from pre-kindergarten to kindergarten.

**Daily Schedule**

6:30 – 8:00	Center Opens-Small Group Play
8:00 – 8:30	Breakfast
8:30 – 9:00	Clean up/Bathrooms
9:00 – 11:30	Circle Time/Arts/Centers/Gross Motor
11:30 – 12:00	Lunch
12:00 – 3:00	Quiet Time/Nap
3:00 – 3:30	Snack
3:30 – 6:30	Physical Education Activity/Center Play/Free Play
6:30	Center Closed

**\*\*Parents Please Supply:**

- \* Blanket/Pillow/Crib Sheet
- \* Diapers/Wipes/Formula/Baby Food
- \* One bottle or sippy cup per mealtime
- \* Change of clothes, extra underwear, socks
- \* Summer: Sunscreen/Bug spray \* NO Flip Flops
- \* Winter: Gloves, hat, coat, boots

**Center Provides\*\***

CACFP PA Food Program includes: formula, baby food, hot breakfast, hot lunch, snacks, drink

**Center Hours**

\*The center will be open Monday through Friday from 6:30 am until 6:30 pm.

**Inclement Weather Information**

CLCLV’s policy is to remain open even when public schools are closed. If we are in a state of emergency which causes extremely hazardous driving conditions, announcements for late openings, early dismissals or the possibility of closing the Center, will be made on **Facebook and ProCare Connection app**

**You are still responsible for tuition when we are closed for inclement weather**

# Tuition Rates

UPDATED FOR January 2022

Contracted weekly tuition is expected regardless of sick days, holidays, and inclement weather

**Rates increase each January unless notified otherwise**

**Payment due Monday!**

**Tuition includes Breakfast, Lunch, Snacks, and Drinks  
CACFP (PA Food Program) approved meals**

*New rate agreements will be made after room transitions or child birthday*

	<b>Full Time 5 days up to 10 hours per day</b>	<b>Part Time 5 days up to 5 hours per day</b>	<b>Part Time 4 days a week</b>	<b>Part Time 3 days a week</b>	<b>Part Time 2 days a week</b>
Infants	\$260	N/A	\$240	\$220	\$196
Young Toddlers (1)	\$255	\$213	\$235	\$209	\$182
Older Toddlers (2)	\$250	\$209	\$230	\$203	\$176
Preschool 1 (3)	\$240	\$203	\$220	\$193	\$169
Preschool 2 (4)	\$230	\$199	\$210	\$188	\$169
School Age Summer 1 <sup>st</sup> - 5 <sup>th</sup>	\$195	\$171	\$167	\$161	\$148

**SCHOOL YEAR K – 5<sup>th</sup> Grade**

AM or PM 6:30-8:30

\$120 Includes Breakfast or Snack

AM & PM

\$145 Includes Breakfast and Snack

**Hybrid Schedule**

\$175 Includes Breakfast, Lunch and Snack

**Virtual Schedule**

\$215 Includes Breakfast, Lunch and Snack

**SCHOOL CLOSED K – 5<sup>th</sup> Grade extra \$30.00 a day**

**Extended care:** More than 10 hours a day add, **\$30.00** per child, per day

**Late pick-up:** Arrival after 6:30 pm **\$20.00** for first 15 minutes and **\$1.00** for every minute thereafter

**Registration Fee:** \$40.00 at time of enrollment (one time only fee)

10% discount for each additional sibling FT care

10% discount for active or veteran military families

**Title 20 Families must pay their COPAY every MONDAY per CCIS. You MUST give the center a 2-week written notice before you withdraw your children.**

**\*\*\*\*\*Holidays the Center is closed\*\*\*\*\***  
**These are Paid Holidays**

New Year's Eve possible close or early dismissal at 1:00

New Year's Day

Day after New Year's if holiday falls on a Thursday

Good Friday (In-service Training Day)

Memorial Day

Independence Day

Labor Day

Columbus Day (In-service Training Day)

Thanksgiving (Thursday & Friday)

Christmas Eve possible close or early dismissal at 1:00

Christmas Day

Day after Christmas if Holiday falls on Thursday

**\*\*\*\*\*Please check current year calendar\*\*\*\*\***



## General Requirements

### PARENTS RESPONSIBILITIES:

- Read all literature within Parent Handbook and information posted on website, Facebook, as well as stay abreast on any communications sent via email or newsletter
- Complete registration forms and provide emergency contact information twice a year
- Notify Director when information changes
- Complete Health Forms within 60 days of enrollment then updated every 6 months for infant/young toddler and updated yearly for older toddler/preschooler
- Update medical records with scheduled visits to the child's doctor.
- **Complete Food Program Enrollment and Eligibility Forms**
- Sign child/ren into center upon drop off and sign child/ren out of center upon pick up
- Contact Center when child will not be attending
- Extra set of clothes with your child's name marked clearly on clothing, sneakers or shoes, **no flip flops**
- Diapers and wipes if needed
- Bottles, formula, and baby food if needed marked with your child's name
- Crib sheet for crib or nap mat, blanket and pillow that fits in a draw string bag
- Medicine... if needed, prescription or non-prescription medicine, parents should send a written notice to the center from your doctor describing the time and amount that the medication must be administered to your child, **original bottle only**. Fill out Medical Log provided in your child's classroom.

## Absences Policy

Parent/Guardian is responsible for payment of tuition each week. No reductions are given for illnesses shorter than 10 consecutive business days. Illnesses must be accompanied by a doctor's note stating the length of 10 business days of illness or longer for a credit to be approved.

## Allergy Policy

We are a PEANUT FREE Center because of peanut allergies. We ask all parents with a child with a specific food allergy to go through our Monthly Menu and circle what your child can not have. Our cook will make sure to make an alternative meal.

## Annual Fundraiser

Every school year we do two (2) fundraisers per year for a specific project. We ask that all parents participate. We also pick a specialty product to do an additional Fundraiser, which is optional.

## Birthday Policy

Birthdays are a special time for your child. You may send a special snack of individual treats such as cupcakes, brownies, cookies, etc. Please make arrangements with me in advance so we can plan this for a snack time and so we can talk about any food allergies that may be present by another student. We are a peanut free center.

## Biting Policy

Biting is not a form of VIOLENCE. If a child, ages infant through 3 years old, is biting it typically is because of frustration based on lack of language skills. We DO NOT dismiss children who bite. Rather, we as parents to contact Early Intervention to evaluate for a potential speech delay.

## CACFP (Food Program)

**“All Meals served to children under the Child and Adult Care Food Program are served at no separate charge regardless of race, color, national origin, sex, age, or disability. There is no discrimination in admission policy, meal service, or the use of facilities.” The compliant procedures: Any complaints of**

**discrimination should be submitted in writing within 180 days of the incident to the USDA, Director, Office of Civil Rights, Washington, D.C. 20250**

### **Child Abuse Policy**

CLCLV has a Standard Code of Ethics – Child Abuse Policy, which outlines procedures to be followed in the event of suspected child abuse. All staff are trained on these standards. Each staff is a mandated reporter for the State of PA. By law they must call if they suspect abuse.

### **Communication Policy**

Each month there will be designated, thematic unit of learning. Each week in that month we will be focusing on elements of that month’s theme. Holidays will also be covered with each particular month. **\*\*\*If holidays are a problem with any parent/guardian please discuss with the director, and a solution will be discussed.** At the beginning of each month parents are asked to visit our website [creativelearningcentereaston.com](http://creativelearningcentereaston.com) to print the current newsletter expressing the goals of that month and the goals of the next month. Each parent should download the Procure App to their phones to obtain daily notes, goals, lesson plans, etc. All objectives in general for each child are as follows:

- To make choices knowing consequences
- To work independently and cooperatively
- To share with other children
- To develop self-motivation skills
- To improve listening skills
- To maintain feelings of security
- To provide “meaningful play”
- To have consideration for others and show kindness
- To show respect to self, others and the earth

### **Discipline Policy**

Creative Learning Center believes that discipline is to be a learning experience, not a punishment or shameful experience.

- First unacceptable behavior, the child will be given a warning by the director.
- Second unacceptable behavior, the director will ask the child to take a break from the group until the child is able to cooperate with the rest of the group.
- Third unacceptable behavior, the director will speak to the child’s parent/ guardian.
- Fourth unacceptable behavior, the director will have a conference with the child and parent/guardian. During this conference, hopefully we can decide how to handle this situation in the best interest of the child. If parent/guardian and director cannot come to an agreement with the behavior of the child, the director may terminate the agreement with the parent/guardian for child care without any notice if this is in the best interest of the daycare and all the other children.

### **Fire Regulation Policy**

As required by the State of Pennsylvania, Creative Learning Center must document at least six fire drills per year. The Center will have fire evacuation plans posted within the structure. This will enable all personnel and children to be aware if a real situation would occur.

## Illness & Medication Policy

Parents/Guardian must agree to notify the Center and to make other arrangements if your child shows signs of the following:

- **Fever higher than 101.0**
- **Vomiting must be vomit free for a FULL 24 HOURS!**
- **Diarrhea after 2 diarrhea diapers, or uncontrollable in underwear child must be removed for a full 24 hours per CLCLV. The American Academy of Pediatrics and The Department of Health requires a full 7 days free of diarrhea (if you have any questions, please call 1-800-243-2357) however, we know it is important that you go to work, so we will only require a 24-hour separation. Please understand we are trying to stop the spread of illness even though this may create a hardship, your child should come first when they are sick!**
- **Any contagious disease (Chicken pox, Pink Eye, Lice)**
- **Severe pain or discomfort in any area of the body**
  
- **PRESCRIPTION MEDICATION: we are required by DHS to have the original prescription label along with a note from your child's doctor including name of medication, reason for the medication, time and amount of dosage for us to administer the medication.**
  
- **OVER THE COUNTER MEDICATION: we are required by DHS to have a note from the parent on file stating the name of the medication, the reason for it and the time and dosage of the medication.**
  
- If your child receives an antibiotic from your physician, your child will not be permitted back into the Center until he or she has had the antibiotic in their system for a full **24 hours**. **A note will be required** from your physician stating when the 24-hour period is up and that your child is allowed back into the Center. Once the antibiotic is in your child's system for 24 hours, which is usually 3 or 4 doses, your child will not be contagious to the other children.
  
- Your child will not be permitted into the Center with a fever of 101.0 degrees or higher. If your child has a fever, he or she is contagious. Your child will infect the other children. Your child must not re-enter the Center until the fever is below 101 degrees for a full 24 hours. **WE cannot administer Tylenol/Ibuprofen to any child.** You will be phoned of symptoms during the day, a parent/guardian will be notified to pick up and you must pick up your child as soon as possible (within the hour).

**\*\*\*Parent/Guardian must have a physician's release before the child is allowed back into the Center\*\*\***  
**\*\*\*Payment is required regardless of child's illness\*\*\***

- In the event that an emergency occurs, the child's parent/guardian will be called first. An ambulance will then be called. If the parent is not reached, the director will be in charge of all decisions concerning the child. A release form must be signed. Parents need to list specific medical doctors if they have a preference. If a parent also wishes to designate a particular facility over another, he or she must list them in order of preference. Parents will be responsible for payment of emergency medical treatment for illness or injury which may occur while your child is in attendance of the Center.

Parents must sign the Medication Log located in each room prior to the Teacher's administering medication to your child. Please see classroom Teacher for instructions of Medical Log and Medicine Box. Medication should be in original prescription box. We do not administer over the counter medicine without a Doctor's written prescription and instructions and Doctor's signature.

- **PRESCRIPTION MEDICATION: We are required by DHS to have the original prescription label along with a note from your child's doctor including name of medication, reason for the medication, time and amount of dosage for us to administer the medication.**

- **OVER THE COUNTER MEDICATION:** We are required by DHS to have a note from your child's doctor on file stating the name of the medication, the reason for it and the time and dosage of the medication.
- **ASTHMA/DIABETES:** When a child requires specific medications such as an inhaler for Asthma or insulin for Diabetes. The Teachers and Parent/Guardian will have a meeting and possibly a training will be provided to staff, so everyone has knowledge to care for this specific child. Medications will be in place and all forms signed with notes from the doctors will be in the child's file.

### **Language Policy**

At least one member of the staff should be able to communicate with the Parent/Guardian and children in the family's native language (sign or spoken) or the facility will work with a translator to communicate with Parent/Guardian. Efforts will be made to support a child's and family's native language while providing resources and opportunities for learning English. Teachers will work with families to learn key words in their native language to communicate with the child or children in care. Props will be used such as picture schedules, translating tools etc. to help teachers communicate with the non-English child. Early Intervention could be called for an evaluation of the child to help support this child successfully function in the classroom.

### **Parent/Teacher Conferences Policy**

There will be (2) **Parent/Teacher Conferences held annually**, each **November** and **April**, as well as a 45-day evaluation done on the 45<sup>th</sup> day of enrollment in each classroom your child enters. You will have time to sit down with your child's Teacher and discuss observation, development, etc. You will see signup sheets in your child's room on your child's **Parent Board** to do a face-to-face conference or phone conference during your lunch break for parents who cannot make it in.

#### **During your conference:**

You will receive an evaluation on your child's progress. This form you will sign and take home.

There may be discussion regarding any behavioral issues that have developed in the classroom as well as any development delays discovered during assessment.

The Director/Assistant Director may be in attendance if such discussion occurs. CLCLV believes in Early Intervention. If we feel your child has a delay in any area of development we are hoping for full cooperation with parents/guardians to have a discussion regarding outside help through Early Intervention, Colonial IU or any other outside service.

### **Parents who are Teachers**

Teachers that sign a contract for the school year must pay for every week between the months of September and June. There will be no paid vacation for teacher families since child/ren does not attend in the summer. You must leave a deposit in June to hold your spot for August/September.

### **Part Time Policy**

Children enrolled for part-time care are encouraged to be dropped off by 9:30am so that they can receive the benefits of our educational program. Drop off is **REQUIRED** by 11:30am.

## Referral Policy

**Any parents needing to contact Public, Social, Educational, Wellness Medical, Mental Health and Community Services see numbers below.**

### Subsidized Child Care

Early Learning Recourse Center      Northampton County      610-437-6000

Unconditional Child Care

610-432-3919

Early Child Mental Health

800-528-7222 Ext.2328

Early Intervention (Birth-3)

610-829-4800

Colonial Intermediate Unit (3-5)

610-252-5550

Speech Therapy

Developmental Evaluations

Autistic Determination

Behavioral Counseling

The Special Kids Network

1-800-986-4550

Chip

1-800-549-7101

Community Services for Children

610-437-6000

Northampton County Assistance Office

610-250-1745

Caring Foundations Blue Chip of PA

1-800-KIDS-101 (5437)

Aetna US Health Care CHIP of PA

1-800-822-2447

WIC (Women Infant and Children)

610-435-5673 Allentown

WIC

610-691-6491 Bethlehem

Creative Learning Center  
of the Lehigh Valley  
ALL LOCATIONS  
Forks/ Palmer  
EVALUATION/ASSESSMENT

To Parents/Guardian:

The first 5 years of life are very important to your child because this time sets the stage for success in school and later life. During infancy and early childhood many experiences should be gained, and many skills learned. It is important to ensure that each child's development is proceeding without problem during this period; therefore, we are interested in helping you follow your child's growth and development. You can help us by providing us with permission to complete evaluations on your child's progress. There may be questions we need to ask you from time to time regarding areas of development that you observe at home, but for the most part this evaluation can be done here at school. This is part of Quality Child Care through Keystone Stars and we need to begin this program for every student enrolled. These evaluations will be done and will follow your child through this Center and then into Elementary School.

If there are concerns about your child we will contact, you directly and we can discuss any issue we observe. All information regarding your child will be kept completely confidential.

Sincerely,

Tamara L. Hammer  
Owner/Executive Director

## **Inclusion of Children with Special Needs in the Child Care Setting**

All children should be included in all activities possible unless a specific medical contraindication exists. The goal is to provide fully integrated care to the extent feasible given each child's limitation. Federal and state laws do not permit discrimination based on the disability (i.e. Americans with Disabilities Act).

Studies have found the following benefits of inclusive child care: Children with special needs develop increased social skills and self-esteem; families of children with special needs gain social support and develop more positive attitudes about their child; children and families without special needs become more understanding and accepting of differences and disabilities; caregivers/teachers learn from working with children, families and service providers and develop skills in individualizing care for all children.

Teachers may need to seek professional guidance and obtain appropriate training in order to include children with special needs, such as children with severe disabilities and children with special health care needs such as chronic illnesses, into childcare settings. These may include technology-dependent children and children with serious and severe chronic medical problems. The childcare health consultant should be involved in the transition and enrollment process in order to support individual accommodations and the care of children with special health care needs. Every attempt should be made, however, to achieve inclusion if the parent/guardian so wishes.

### **Process Prior to Enrolling at a Facility**

Children with disabilities and children with special health care needs and their families and teachers should have access to and be encouraged to receive a multidisciplinary, interdisciplinary, or transdisciplinary assessment by qualified health providers before the child starts in the facility. This information needs to be shared with the parents/guardian's consent and agreement to disclose information if it is relevant to the health and safety concerns in the childcare setting. If all are consenting:

- A medical care plan developed by the child's primary care provider.
- Results of medical and developmental examinations.
- Assessments of the child's behavior, cognitive functioning or current overall adaptive functioning.
- Evaluations of the family's needs, cultural and linguistic differences, concerns and priorities.
- Other evaluations as needed

### **Developing a service plan for a child with a disability or a child with Special Health Care Needs**

The parents/guardians of a child with a disability or a child with special health care needs, the child's primary care provider, any authorized service coordinator, any provider of intervention services, and the teacher should discuss and determine the type of frequency of the services to be provided within the child care facility. To serve children with varying forms and severities of disabilities or special health care needs, teachers should take a flexible approach to combine and deliver services. Parents/guardians must be involved to assure that the plan is compatible with their care and expectations for the child.

## School Age Homework Policy

CLCLV will assist with homework for school age children however parents are responsible for checking homework, studying spelling words or studying for tests and signing homework. Please make sure folders are checked every night by parents.

## School Age Children

If at any time a school age child threatens deadly harm to a child and/or teacher as well as if a school age child causes substantial bodily injury to another child or teacher, they will be expelled immediately.

## Security Policy

You will choose to scan your fingerprint or input bypass code to allow access to signing your child in upon drop off and signing out upon pick up. **You must sign your child/ren in and out EVERYDAY.** Additionally, this security system allows you access to open the front door. **PLEASE DO NOT allow anyone else to enter the Center with you.** If you allow someone in after you have signed in, there's always a possibility that they do not belong inside and we run the risk of a security breach in our Center. We need to work together to keep our center as safe as possible and NEED your help to do this. If your child needs to be picked up by someone other than the parent/guardian, they must be listed on the child's Emergency Contact Form and he or she will be required to show a form of photo identification to be approved by the Teacher in the room or the Administration of the Center. It is the parents' responsibility to phone the Center to advise either the Director or Teacher that someone other than the approved people will be picking up. We will not release a child without a phone call if the person is not listed on your Emergency Contact Form.

## Suspension/Expulsion Policy

In the event we discover challenging behavior/developmental needs with a specific child, there needs to be an understanding that a Parent/Caregiver will be in agreement in seeking help for your child.

- 1. Initial Enrollment:** If your child has a documented developmental/emotional delay/deficit, the IEP or developmental report MUST be given to the center director prior to enrollment.  
The following will then occur:
  1. An observation by our Developmental Specialist will occur within 14 days of enrollment.
  2. A team meeting will be held within another 14 days, which will include the following individuals: Child's parents, agency/provider, therapists, center director, and developmental consultant. The parent may invite any other support they feel would benefit the child.
- 2. Currently Enrolled:** If your child is currently enrolled in CLCLV and has been identified/diagnosed with any developmental/ emotional delay/deficit, the parent must provide documentation/report indicating what the diagnosis is, the needs, and supports your child requires. The following will then occur:
  1. A team meeting will be held within 7-10 days, which will include the following individuals: Child's parents, agency/provider, therapists, center director, and developmental consultant. The parent may invite any other support they feel would benefit the child.
- 3. Developmental Concerns:** In the case we are having concerns related to your child's development, including disciplinary problems where physical aggression is observed, our developmental consultant will conduct an observation of your child. The following will then occur:
  1. The parents will be notified, and a meeting will be scheduled and held within 7 days of the observation so we can take a proactive approach and develop a plan of action.
  2. The plan will be implemented in the classroom along with assistance from our developmental consultant.
  3. We will document any concerns/physical aggression observed daily for parents, director's and developmental consultant.



4. When a child's behavior concerns are severe and warrants his/her removal from the classroom twice in one day, parents will be called to pick up the child from the center.
5. He/she will be able to return to the center on the following day.
6. If the child needs to be sent home (3) three days in one weeks' time, the parent will be contacted on the third day, and programming will be suspended for a period of (3) three working days, beginning the day after the removal.
7. A conference will be set up prior to the child's return to the center. Parent, teacher, development consultant, director and owner will be in attendance. This meeting will include possible strategies and the need for assistance in the classroom.
8. This process is very difficult for all staff and Director's. We do not want to expel any child, however care can end immediately if we feel that we cannot provide the support your child may need and or immediate threat to the safety or well being of your child, the children in the classroom or our staff.

### **Termination Procedure Policy**

This contract may be terminated by either parent/guardian or provider by giving a **2-week written notice** in advance of the ending date. Payment by parent/guardian is due for the notice period, regardless if the child is brought to the provider for care. The provider may terminate the contract without giving any notice if the parent/guardian does not make payments when due or if not following our stated policies. If contract is terminated, deposit paid by parent/guardian only will be refunded if account is in good standing. Failure by the provider to enforce one or more terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

### **Transferring Records Policy**

Children's records are collected through a written request via a letter or signed form from the parents. When the parent withdraws his/her child from and requests information from a child's file, the following procedure will be followed:

- Parent requests desired information from the child's file.
- Parent signs Permission for Release of Information Form provided by the Center Director.
- Center Director makes a copy of requested information and gives it to parent.
- Release of information form is placed in child's file.

Director will Release the following information:

- Child's Developmental summaries and continuums
- Child's Health Appraisals
- Child's Immunization Record
- Tuition Fee Agreements
- Application for Child Care

### **Transition Policy**

The Director or Assistant Director will continue to monitor all Lead Teachers preparing children for transition to the next classroom. On the Parent Board in each room you will find posted Transition Activities each room is using to prepare children for transition into the next room. A letter will be sent to each parent/caregiver instructing them when and how their child will be transitioned. Each child will receive 2 weeks of transition time to adjust in their new routine with the help of a familiar teacher from their room for the first week. Parents will be offered a group meeting regarding Transition to another classroom or higher education setting.

## Under the Influence Policy

In the event that a parent/guardian attempts to pick up a child while under the influence of alcohol, prescription, or illegal substance, CLCLV staff and administration will take the following steps:

Parent/Guardian will be notified we are not releasing the child

Parent/Guardian will have the option of finding an alternate pick up arrangements

If the Parent/Guardian does not agree with decision the local authorities will be notified.

## Vacation Policy

Children must be enrolled for **six months** consecutively before you are allowed **5** vacation days (one week) per contracted year taken consecutively Monday through Friday, for full time children, yearly thereafter. **No Payment is required** for those **5** days. **\*\*Please give the Center a minimum of three weeks** written notice when taking your child out of the Center for vacation. If you do not work during the summer months, you do not receive a vacation September through June.

## Stakeholder List

Early Learning Resource Center (Northampton County) Title 20 – assistance in childcare costs.	610-437-6000
Early Intervention (Birth-3)	610-829-4800
Colonial Intermediate Unit (3-5) Speech Therapy Developmental Evaluations Autistic Determination Behavioral Counseling	610-252-5550
Pinebrook Family Answers Unconditional Childcare	610-432-3919
Northampton County Assistance Office	610-250-1745
Easter Seals of Eastern PA Development issues for children under 3	610-866-8092
Tracey Elementary School	610-250-2556
Behavioral Health Services (Provider 50) Colonial IU #20 KidsPeace Valley Youth House	610-252-5550 800-257-3223 610-954-9561

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Parents,

If you have any ideas of community-based programs or services that can be helpful to this center or fellow families of this center please fill out the form below so we can add them to our list:

Name of Company \_\_\_\_\_

Service they provide \_\_\_\_\_

Phone number \_\_\_\_\_

Parents,

Like us on FACEBOOK  
FACEBOOK.COM/CLCLV  
You will receive reminders  
About Events, Parties, etc.

Also

[www.creativelearningcentereaston.com](http://www.creativelearningcentereaston.com)

Our WEB SITE

You will find monthly newsletter and menu  
Please print both each month and go over with your child.

This is a great activity to share with your child and a great way to  
stay involved in your child's activities and special events!

Download PROCARE App for daily communication from your  
teachers regarding your child's day, goals, plans, general care.

PROCARE SOFTWARE to pay your tuition bill  
[www.myprocare.com](http://www.myprocare.com) to set up your account.

## **In the Event of an Emergency**

To the Parent / Guardian:

This letter is to assure you of our concern for the safety and welfare of children attending **Creative Learning Center of the Lehigh Valley**. 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-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 re-location facility at **Tracy Elementary School 1243 Tatamy Road Easton, PA 18045. (Palmer Location)**
- *Evacuation:* Total evacuation of the facility may become necessary if there is danger in the area. In this case, children will be taken to re-location facility at **Forks Elementary School 1709 Richmond Road Easton, Pa 18045. (Forks Location)**
- *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 monitor **Procare APP** for communication and 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 (484-627-2252) 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 day care facility no later than **one week after enrollment**. 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 specifically urge you **not** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order 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 **Tamara L. Hammer 610-438-4172 creativelearningcenter@rcn.com**.

Sincerely,

Tamara L. Hammer Director/Owner

**ENROLLMENT |**

**PAPERWORK**

**BELOW**

**PLEASE FILL OUT**

**EVERYTHING TO THE**

**BEST OF YOUR ABILITY**

**THANK YOU**

## Holidays 2022

New Year's Day (Saturday)	1/1/2022
Good Friday (Training Day)	4/15/2022
Memorial Day	5/30/2022
Independence Day	7/4/2022
Labor Day	9/5/2022
Columbus Day (Training Day)	10/10/2022
Thanksgiving	11/24/2022
Day After Thanksgiving	11/25/2022
Christmas Eve (Saturday)	12/24/2022
Christmas (Sunday)	12/25/2022
Day After Christmas (Observance)	12/26/2022
New Year's Eve (Saturday)	12/31/2022

**Creative Learning Center of the Lehigh Valley  
EMERGENCY CONTACT/PARENTAL CONSENT FORM**

CHILD'S NAME	BIRTH DATE:
ADDRESS	
MOTHER'S NAME/LEGAL GUARDIAN:	HOME #
ADDRESS	CELL #
EMAIL ADDRESS	
BUSINESS NAME	BUSINESS #
BUSINESS ADDRESS:	
FATHER'S NAME/LEGAL GUARDIAN	HOME #
ADDRESS	CELL #
EMAIL ADDRESS	
BUSINESS NAME	BUSINESS #
BUSINESS ADDRESS	
EMERGENCY CONTACT PERSON NAME:	PHONE #
EMERGENCY CONTACT PERSON NAME:	PHONE #
EMERGENCY CONTACT PERSON NAME:	PHONE #
PERSON TO WHOM CHILD MAY BE RELEASED- NAME/ADDRESS	PHONE #
PERSON TO WHOM CHILD MAY BE RELEASED- NAME/ADDRESS	PHONE #
PERSON TO WHOM CHILD MAY BE RELEASED- NAME/ADDRESS	PHONE #
CHILD'S PHYSICIAN/MEDICAL PROVIDER NAME/ADDRESS	PHONE #
SPECIAL DISABILITIES (IF ANY)	ALLERGIES INCLUDING MEDICATION REACTION
MEDICAL/DIEATARY INFORMATION	MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE PROVIDER NAME	POLICY NUMBER (REQUIRED)
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>	
OBTAINING EMERGENCY MEDICAL CARE	ADMINISTRATION OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS	SWIMMING <b>N/A</b>
TRANSPORTATION BY THE FACILITY	WADING <b>N/A</b>

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# AGREEMENT

55 PA CODE CHAPTERS 3270.123 & .181(C);3280.123&.181(c);3290.123&.181(c)

NAME OF CHILD			
FEE AMOUNT <b>\$</b>	PER-DAY-WEEK <b>PER WEEK</b>	DAY PAYMENT TO BE MADE <b>MONDAY FOR WEEK OF CARE</b>	
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)			
CHILD'S ARRIVAL TIME <b>AM</b>	CHILD'S DEPARTURE TIME <b>PM</b>	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED	
LATE FEE <b>\$ 20</b>	PER MIN-HR <b>1<sup>st</sup> 15 min. past building hours</b>	<b>X</b>	
<b>\$ 1</b>	<b>Per minute after 6:45</b>	<b>X</b>	
Extra services to be provided at an additional fee if applicable			
I, the parent/guardian;			
<input checked="" type="checkbox"/> Received complete written program information at the time of enrollment. (S 3270.121, U 3280.121, 3290.121)			
<input checked="" type="checkbox"/> Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (3270.124, 3280.124, 3290.124)			
SIGNATURE-OPERATOR	DATE	SIGNATURE-PARENT OR GUARDIAN	DATE
DATE OF CHILD'S ADMISSION	PERIODIC REVIEW		
DATE OF WITHDRAWAL			
		SIGNATURE-PARENT OR GUARDIAN	DATE



# CHILD HEALTH REPORT

(55 PA CODE SS3270.131, 3280.131 AND 329G.131)

CHILD'S NAME: (LAST) (FIRST)		PARENT/GUARDIAN:				
DATE OF BIRTH:		HOME PHONE:		ADDRESS:		
CHILD CARE FACILITY NAME:						
FACILITY PHONE: <b>610-438-3463 (FAX)</b>		WORK PHONE:				
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.						
PARENT'S SIGNATURE:						
<b>DO NOT OMIT ANY INFORMATION</b> <b>This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.</b>						
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):						
<input type="checkbox"/> NONE						
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.						
<input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY):						
<input type="checkbox"/> NONE						
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.						
<input type="checkbox"/> NONE						
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?						
<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:						
HAS THE CHILD RECEIVED ALL AGE-APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? SEE SCHEDULE AT <a href="http://www.aap.org">WWW.AAP.ORG</a>  <input type="checkbox"/> YES <input type="checkbox"/> NO		NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.				
		VISION (SUBJECTIVE until age 3)				
		HEARING (SUBJECTIVE until age 4)				
		LEAD				
<b>RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD</b>						
<b>IMMUNIZATION</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>COMMENTS</b>
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT		
ADDRESS:				TITLE:		
PHONE:			LICENSE NUMBER:		DATE FORM SIGNED:	

# Creative Learning Center of the Lehigh Valley Parental Consent Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Parent Please initial for written consent:**

\_\_\_\_\_ Transportation by facility (ie. Emergency evacuation or medical situation)

\_\_\_\_\_ Homework Supervision for Kindergarten and School Age families. Parents must check work.

\_\_\_\_\_ Sunscreen/Lotion/Bug Spray/Hand Sanitizer

\_\_\_\_\_ In napping classrooms children need to rest for 30 minutes before they get a quiet activity

\_\_\_\_\_ Post Allergies

\_\_\_\_\_ Permission for Evaluation/Assessment of your child

\_\_\_\_\_ Parents will be opened to Early Intervention (Free through State of PA) if assessments show any delay.

\_\_\_\_\_ I have read the Suspension/Expulsion Policy in the Parent Handbook, I will agree to services.

\_\_\_\_\_ **Payment is due weekly on Monday by 6:30pm, the week of service**

\_\_\_\_\_ Update Emergency Contact Form and Agreement every 6 months. Health Forms every well visit.

\_\_\_\_\_ Field Trips/walks/summer activities

\_\_\_\_\_ I have read and understand an agree to follow all procedures stated in the CLCLV Parent Handbook including giving **a 2 week written notice for disenrollment**

\_\_\_\_\_ Pictures of your child on bulletin boards or displays in the classroom or hallways

\_\_\_\_\_ Pictures of your child for social media to include our website and Facebook.

\_\_\_\_\_ Pictures of your child taken during CLCLV events for publication or display.

\_\_\_\_\_ I have read and understand the CLCLV **Emergency Operation Plan** in the event of an emergency evacuation.

\_\_\_\_\_ Emergency Medical Care / Minor First Aid

## CLCLV Authorization for Medical Treatment:

**In the event of emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize CLCLV to send my child to the nearest hospital or a hospital of my choice:** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_.

Name of Hospital

# Getting to Know You

Thank you for choosing to join our family here at the Creative Learning Center of the Lehigh Valley. We are thrilled to have the opportunity to teach your child/ren. In order to serve your child and family's needs, we ask that you please complete the following form. This form's purpose is to get to know our families, help the teachers to comfort the child, and develop a deeper understanding about your expectations. Please take a moment to answer all the questions and share as much information as you are comfortable with. **THANK YOU SO MUCH FOR YOUR INVOLVEMENT!**

My name is: \_\_\_\_\_

I was born on: \_\_\_\_\_

My nickname/s are: \_\_\_\_\_



People who live in my house:  
(Names and Relationship)

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I have \_\_\_\_\_ pets at home.  
They are:

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My favorite activities, games,  
books and/or toys are:

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This calms me when I am scared,  
upset, frustrated or angry:

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My favorite and least favorite foods are:

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What makes you excited about coming  
to the Creative Learning Center:

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Describe your child's schedule:  
(Wake up, activities, routine, bedtime, etc)

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How do you help your child learn something new:

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Three things I hope for my child to learn or master:

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Five words that best describes your child.

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### Child History

- |   |     |    |
|---|-----|----|
| 1. Was your child full-term at birth?   | YES | NO |
| 2. Does your child have any known allergies?<br>If yes, please list: _____  | YES | NO |
| 3. Does your family have any food preferences? (EX: no pork, no juice, no chocolate, etc)<br>If yes, please list: _____ |     |    |
| 4. Is your child toilet trained?  | YES | NO |
| Is your child in process of toilet training?  | YES | NO |
| 5. Are there any needs or fears we should be aware of?<br>If yes, please list: _____                                    | YES | NO |

**\*\* IF relevant, please provide a copy of the evaluation and IFSP or IEP \*\***

- |  |     |    |
|--|-----|----|
| 6. Has your child ever been in a child care program?<br>If yes, which childcare program? _____   | YES | NO |
| 7. Has anyone worked previously with your child?<br>If yes, may we contact them?<br>Name: _____ Relationship: _____ Phone: _____<br>Name: _____ Relationship: _____ Phone: _____ | YES | NO |
| 8. Is there any other information that we should know that will help your child transition into our Center?<br>_____   |     |    |

Family History

1. Are there any custody issues?

YES

NO

If yes, please provide a copy of a Court Order so that we can support your legal custody agreement

2. Is there any information about your family's culture, ethnicity, language, religion that is important for us to know? \_\_\_\_\_

\_\_\_\_\_

Permission for Release of Information: CLCLV has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child.

Director Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Parent Decline \_\_\_\_\_

Meeting Date with Teacher \_\_\_\_\_

# Infant Feeding Schedule

Child's Name: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

Drop Off Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

## Please initial below to indicate preference:

\_\_\_\_\_ Breast milk    \_\_\_\_\_ Formula (provided by you)    \_\_\_\_\_ Formula (Target Brand provided by us)

\_\_\_\_\_ Spring water (provided by you)    \_\_\_\_\_ Tap water (provided by us)

## Please indicate below normal daily feeding schedule:

\_\_\_\_\_ 2 oz    Times of day    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

\_\_\_\_\_ 4 oz    Times of day    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

\_\_\_\_\_ 6 oz    Times of day    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

\_\_\_\_\_ 8 oz    Times of day    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

## Please indicate below if introduced and when:

\_\_\_\_\_ Apple juice    Date: \_\_\_\_\_

\_\_\_\_\_ Rice Cereal    Date: \_\_\_\_\_

\_\_\_\_\_ Oatmeal Cereal    Date: \_\_\_\_\_

\_\_\_\_\_ Green Beans    Date: \_\_\_\_\_

\_\_\_\_\_ Apples    Date: \_\_\_\_\_

\_\_\_\_\_ Sweet Potatoes    Date: \_\_\_\_\_

\_\_\_\_\_ Pears    Date: \_\_\_\_\_

\_\_\_\_\_ Carrots    Date: \_\_\_\_\_

\_\_\_\_\_ Peaches    Date: \_\_\_\_\_

\_\_\_\_\_ Peas    Date: \_\_\_\_\_

\_\_\_\_\_ Banana    Date: \_\_\_\_\_

\_\_\_\_\_ Squash    Date: \_\_\_\_\_

\_\_\_\_\_ Chicken    Date: \_\_\_\_\_

\_\_\_\_\_ Turkey    Date: \_\_\_\_\_

\_\_\_\_\_ Beef    Date: \_\_\_\_\_

\_\_\_\_\_ Pork    Date: \_\_\_\_\_

# Contract

**Payment Due Date:** Monday by 6:30pm as per Parent Agreement Form and payment option selected below.  
**If you do not pay your child will not allowed to attend.**

**Absences/Holidays/Snow Days:** Parent/Guardian is responsible for paying the required tuition amount no credit will be given for day/days not in attendance.

**Outstanding Balances:** If your child has an outstanding balance, your child will be declined the ability to maintain an active status, transition to a new classroom, transfer records, or obtain end of year tax statements until the account balance is current or paid in full.

**Returned Bank Draft:** a \$30 fee per NSF bank draft will be charged; future payments may be required in the form of cash.

**Declined Credit Card:** A \$10 fee will be applied to each time a credit card is declined for any reason.

**Late Pick Up Fee:** \$20 for the first 15 minutes past program hours selected (your agreed time within your 10 hours) and \$1.00 each minute thereafter. **Example (your hours are 8:00-5:00, you pick up at 5:45 your late fee will be \$20 for first 15 minutes and \$30 for the additional 30 minutes totaling \$50).**

**Refunds/Credit Policy:** The first and last week's tuition due at the time of registration is nonrefundable.

**Vacation Policy:** A two-week prior written notice is required for a vacation credit. Vacation credits are earned after enrollment for 6 consecutive months. This vacation credit may be used for 5 consecutive business days and renew annually according to the calendar year from January-December.

## **Payment Option Form**

\* Registration Application will not be processed without 1<sup>st</sup> and last week's tuition payment.

\* A 2.5% convenience fee will be added to each credit card transaction.

## **Payment Plan Tuition Credit Cards will be charged every Monday for week of service**

- Weekly/Biweekly Tuition Payment (paid ahead)  
 Monthly Tuition Payments (Credit Card/Bank Draft/On Line)

## **Method of Payment**

- Cash  
 Check  
 Credit Card (2.5% convenience fee will be added to each transaction)  
 Bank Draft Payment  
 Bank Bill Pay Online

## **Credit Card: (If we have a credit card on file, we will charge it every Monday)**

Master Card     Visa     Discover

Credit Card Number \_\_\_\_\_ Exp..Date: \_\_\_\_\_

3-digit code on back of Bank Debit Card \_\_\_\_\_ Zip Code \_\_\_\_\_

## **Bank Draft Payment:**

Routing #: \_\_\_\_\_ Account # \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

**Bank Bill Pay Online:** Online Banking through your bank, please set CLCLV up as a bill and use your child's name as the account number.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the CLCLV's payment procedures and policies. I understand that my child will become ineligible for participation in the childcare program if payment has not been received by CLCV weekly on Monday by 6:30pm or in advance Bi-weekly/Monthly (**this guarantees your spot in our center**). I agree to update the emergency contact parent consent form, agreement form, health appraisal forms and any information whenever changes occur or every six months at a minimum (DHS Standards 3270.124, 3280.124, 3290.124) I agree to a two-week written notice to the Child Care Director prior to my child's last day in the program. CLCLV will not provide care on holiday/in-services days listed on our Holiday Page.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

**How Did You Hear About Us So We Can Thank, \_\_\_\_\_?**

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Confidentiality Policy between Staff and Families Parents please read and initial**

CLCLV Staff are not permitted to babysit any child enrolled in either center. Parents please initial stating that you understand this policy. \_\_\_\_\_

CLCLV Staff and families are not permitted to be friends on Facebook, Instagram, or any other social media outlet. Parents please initial that you understand this policy. \_\_\_\_\_



## **INDIVIDUALIZED EDUCATION PLANS (IEP) & INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP) INFORMATION SHEET**

Because of the diverse set of needs of the children in your program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. This request should be made as early as possible. There are many ways to make this request, and the "sign off sheet" sample below is one example. Other possibilities include asking during the enrollment meeting and including the request with the Parent Handbook. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPAA in particular, is highly recommended.

### **Parent Sign-off Sheet**

**Child's Name:** \_\_\_\_\_

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP
- Not Applicable

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## Suspension/Expulsion Inclusive Support Policy

Updated April 1, 2022

1. Creative Learning Center (CLCLV) is a full inclusion center.

Definition of Early Childhood Inclusion:

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.

2. **Initial Enrollment:** If your child has a documented developmental/emotional delay/deficit, the IEP or developmental report MUST be given to the center director prior to enrollment.

The following will then occur:

3. An observation by our Developmental Specialist will occur within 14 days of enrollment.
4. A team meeting will be held within another 14 days, which will include the following individuals: Child's parents, agency/provider, therapists, center director, and developmental consultant. The parent may invite any other support they feel would benefit the child.

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

CLCLV Director: \_\_\_\_\_ DATE: \_\_\_\_\_

3. **Currently Enrolled:** If your child is currently enrolled in CLCLV and has been identified/diagnosed with any developmental/ emotional delay/deficit, the parent must provide documentation/report indicating what the diagnosis is, the needs, and supports your child requires. The following will then occur:

2. A team meeting will be held within 7-10 days, which will include the following individuals: Child's parents, agency/provider, therapists, center director, and developmental consultant. The parent may invite any other support they feel would benefit the child.

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

CLCLV Director: \_\_\_\_\_ DATE: \_\_\_\_\_

4. **Developmental Concerns:** In the case we are having concerns related to your child's development, including disciplinary problems where physical aggression is observed, our developmental consultant will conduct an observation of your child. The following will then occur:
9. The parents will be notified, and a meeting will be scheduled and held within 7 days of the observation so we can take a proactive approach and develop a plan of action.
  10. The plan will be implemented in the classroom along with assistance from our developmental consultant.
  11. We will document any concerns/physical aggression observed daily for parents, director's and developmental consultant.
  12. When a child's behavior concerns are severe and warrants his/her removal from the classroom twice in one day, parents will be called to pick up the child from the center.
  13. He/she will be able to return to the center on the following day.
  14. If the child needs to be sent home (3) three days in one weeks' time, the parent will be contacted on the third day, and programming will be suspended for a period of (3) three working days, beginning the day after the removal.
  15. A conference will be set up prior to the child's return to the center. Parent, teacher, development consultant, director and owner will be in attendance. This meeting will include possible strategies and the need for assistance in the classroom.
  16. This process is very difficult for all staff and Director's. We do not want to expel any child, however care can end immediately if we feel that we cannot provide the support your child may need and or immediate threat to the safety or well being of your child, the children in the classroom or our staff.

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

CLCLV Director: \_\_\_\_\_ DATE: \_\_\_\_\_

Remember we are here to work as a team. If parents choose not to follow through with our recommendations or policies, CLCLV may not be the appropriate environment for your child.

Creative Learning Center reserves the right to disenroll a child at any time, without notice, if the above agreement is not upheld by the parent.

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

CLCLV Director: \_\_\_\_\_ DATE: \_\_\_\_\_

If you have any questions or thoughts, please document them below and they will be addressed by the director at the time of signature.

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Please clearly print your EMAIL below,  
Thank you!

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Parent Name: \_\_\_\_\_

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



Please clearly print your EMAIL below,  
Thank you!

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Parent Name: \_\_\_\_\_

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