

**ALL NESTLED INN FAMILY CHILDCARE HOME
 ENROLLMENT INFORMATION / RECORD OF CONTACT FORM
 142 Township Road 158 Chesapeake, Ohio 45619
 allnestedinn@gmail.com
 Nest Line: (740) 867-6427 Flight Line: (304) 416-3387**

Hours of Operation
 Monday – Friday 6am- 6pm
 Scheduled based on Family Need

Parent Information

Please check the item or items that best reflect your family dynamic:

Single parent: _____ Married: _____ Divorced: _____

Live in Parenting arrangement: _____ Guardian: _____

* If divorced, please attach legal child custody agreement section.

Parent (**Father**): _____

Address: _____

Home Phone: _____ Cell: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

Email: _____

Parent (**Mother**): _____ Cell: _____

Address: _____

Home Phone: _____

Employer: _____

Employer Address: _____



Employer Phone: _____

Email: _____

Emergency Contacts:

Emergency contact: _____

Phone: _____ Cell: _____

Emergency contact: _____

Phone: _____ Cell: _____

Multi Sibling Account Yes / No

Military Family Yes / No

How did you hear about our Family child care services? (Please circle)

ODJFS Referral Referral Friend Relative Web search

Child Information

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Does your child have any health and/or learning issues that will require medication, or supportive care resources such as rehabilitation, therapy, psychological counseling, an aide or other medical care needs? Y: _____ N: _____

If yes, please provide a detailed explanation and how the staff can be supportive of those needs. Complete a Medical Plan and an ODJFS Medication Disbursement Form.



Do you feel your child needs an IDP (Individualized Development Plan)? Y:

____ N: ____ IEP? Y ____ N: ____

What school district are you in? _____

Pediatrician

Name: _____

Address: _____

Phone: _____

Hospital Preference:

Cabell Huntington: ____ Kings Daughters: ____ St. Mary's: ____ Other: ____

Insurance

Person Responsible for Medical coverage: _____

Insurance Carrier: _____

Policy Number: _____

Phone: _____

MEDICAL HOME PLAN

In the event of an accident or injury during child care please list the order in which you want staff to respond: Using the numbers 1-5 with 1 being priority and 5 less priority place a number by the following choices:

____ Contact Mother

____ Contact Father

____ Contact Emergency back-up



_____ Call 911

_____ Call Pediatrician/ Physician/ Poison Control

All parents are required to sign Child Care Liability information form and return with this packet. All accidents and injuries are reported to the licensing agency. You may contact the agency with any concerns at:

ODJFS

1100 South Seventh Street Ironton, Ohio.

Request to speak to Childcare Licensing Specialist

Phone: (740) 867-3304 Extension 324

Child Care Fees

Please place your initials by the type of care you are requesting. Any changes requested must be done in writing and require two week written notice.

Our Public fees are charged at county rate reimbursement.

Our Private cash price child care fees are charged at current Market rates as follows:

_____ Registration Fee \$50 per child no family discounts applied to this fee, this fee is charged annually on August 1

_____ Full Time: (5 days or 50 hours per week) \$150 per child \$250 per family

_____ Part Time: (4 days or 40 hours per week) \$120 per child \$225 per family

_____ Drop-In Hourly: \$5 per hour per child \$8 per family (Available only if we have a spot that day.)

Availability use Limited to 1-2 days per week

(48 hour notice required and based on availability)



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_____ Daily Rate: Limited to 3 days per week per child \$40

_____ Date night 1 Free per month (\$40 value)

_____ 10% Military Discount

_____ 10% Multi- Sibling discount

Late Pick up is \$10 per half hour and is due for any time past 6pm without prior written notice and or text message in the event of emergency issues. This fee is due at pick up.

This fee applies to all accounts both Public/ Private.

No family discounts provided for drop in care

Please choose below the payment option that best fits your family's budget needs for making timely child care payments.

Payment Schedule

I will make my child care payments:

Weekly _____

Bi-Weekly _____

Monthly _____

Daily: _____

In the event you need to change the time you pay your account from the options given, you must put your request in writing. Changes will not be accepted in a mid -payment week but will be effective the next pay period. At the termination of services by parent the parent must provide a written two week notice via the exit interview form. All fees must be paid on the date written termination is given. If you choose to not use the two weeks of care during the written termination you are still liable for the payment of that



time slot. If childcare is terminated by the provider the provider reserves the right to terminate without notice. Any outstanding accounts from the parent must be paid up to the date the provider gives termination and may extend additional fees if legal fees in the collection of any unpaid debt are incurred. As a professional courtesy always keep us notified of any changes. Our goal is to be a helpmate.

Child Care Bonus

Date night is provided **free** of charge, once per month, so that parents have an opportunity to reconnect and build positive relationships that support a positive developing family. Please provide a one week written notice of the date night and time you will be using. All children must be picked up by 11:30pm

Child Care Schedule

In the boxes below please list the child care hours you are requesting with this enrollment. Please note each time your schedule changes you will need to request and complete a signed revision schedule before changes will be accepted. You are required to provide 7 days written notice prior to making new changes to add, drop, or revise care hours on an addendum contract form. If you are using ODJFS assistance, your child care reimbursement will only cover your education training study release / and or employment dates and travel time. If you are using county services your family fee is due every Friday. You are entitled to make payments in a manner that best assists your family. You may make payments daily, weekly, bi- weekly or monthly, but you cannot exceed payments due into a new billing month cycle. Any additional fees incurred including: late fees due to travel and or account balance, Mommy's Day Out, Employment searches,



and other appointments will be billed at our private rate of \$5 per hour: per child. If you are a multi-sibling family that rate will be \$8 per hour. Any fees not paid in full will be billed a late fee of \$40 per day not to exceed one week fees. (A total maximum of \$120) and services will be terminated in 7 days in accordance with contract definitions and revisions of UNPAID accounts. All unpaid account balances will be placed in legal collections and are subject to professional fees incurred in addition to the one -week fee charge. We do not accept checks. We do offer direct billing from your checking account. Ask us for details.

Schedule Request

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM Hours Requested						
PM Hours Requested						

All parents are required to **sign your child in and out on our daily sheets**. Please be sure and tell alternate pick -ups to sign in/out daily with their signature not yours. Photo ID is required for back up contacts and must be provided at time of pick up. You must send in a written note on days an alternate will be used. I will accept a text message. In the event of an unplanned pick up by someone other than the parent, you must call / text provider allowing permission for child to be released. If you are using ODJFS credit card



system you are required to swipe in and out daily. You are responsible for keeping your card in your possession at all times. It is a government violation for your CCIDS card to be used by anyone other than the parent and his/ her assignee. **As your provider, I CANNOT swipe your card.** Any fees not covered by participants' using ODJFS will be your responsibility.

Child Care Closures

Daycare will be closed for the following days, **with pay**:

January 1 New Year's Day

Good Friday

Memorial Day

July 4

July 5-11th My vacation is a **PAID vacation you pay** for that week... I am CLOSED.

You are paying for a position.

You DO NOT PAY the week of your vacation. You only get one week vacation FREE

Any additional days taken off by you require weekly customary payment.

No exceptions.

3 Personal Days TBA

3 sick days per year (AS much notice as is possible will be provided)

3 Training Dates to Be Announced

November Thanksgiving & Black Friday

December 24- January 1 There is **no charge** to the parent for this time off.



Supply List

The following items are needed for your

Toddler – Preschooler cubby:

2 Changes of Clothing suitable to weather conditions

Toothbrush / paste / wash cloth/ cleanser/ lotion

Tissues/ Wipes

Brush/ Comb

Potty seat / Flushable wipes

Infant cubby:

Diapers/ Crèmes/ Wipes/ Tissues / Lotion/ Cleanser / wash cloth

Bottles / Formula/ Food (First 12 months) / sippy cup / spoons / bib

2 Changes of clothing suitable to weather conditions

Feeding chair booster seat

Teethers / Hair brush

Daycare Checklist

_____ ODJFS Forms

_____ Contract- ANI

_____ Birth Certificate

_____ Immunization Record

_____ Emergency Contact card / Copy of Your Insurance Card



_____ ANI/ ODJFS Parent Handbook Signature page

_____ ANI Parent Contact Information Share page

_____ Medical Home Plan

_____ ANI Behavior Management Plan (Ages 2-4)

_____ Infant Intake Form

_____ ANI Nutrition Intake Form

_____ Medication Authorization

_____ Liability Form

_____ ODJFS contract

_____ ANI Photo Release

_____ USDA Food Program Registration / Renewal Form

_____ ANI Water Release

The following Ohio Department of Jobs & Family Service forms must be completed and returned prior to the first day of care for both public and private paying accounts:

JFS 01207 Parent Handbook Checklist (Must read and date you received a copy of our Parent Handbook)

JFS01217 Request for Administration of Medication (Must print each time you require the daycare to give child medication)

JFS 01218 Basic Infant Information (Required for Birth to 18 months)

JFS 01225 Routine Transportation Release Form



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- JFS 01226 Field Trip Release Form
- JFS 01227 Swimming Release From
- JFS 01228 Infant Daily Report
- JFS 01229 Transition Letter from Program
- JFS 01234 Child Enrollment & Health Information
- JFS 01235 Sleep position Waiver
- JFS 01236 Child Medical Physical Care Plan
- JFS 01591 Curriculum Assessment Tool
- JFS 01592 Individual Child Plan for SUTQ
- JFS 01305 Child Medical statement for Childcare
- JFS 01933 Liability insurance Statement

Parent Handbook Signature Page

_____ I do not have any questions at this time.

_____ I have read and reviewed this handbook with Stephanie Geneseo. At this time, I have the following questions:

_____ I have received a copy of the parent contract and my rights and responsibilities in entering this child care program.

_____ I agree to the terms and conditions of this contract.



_____ I agree to pay my account in accordance to this agreement and accept all fees listed.

_____ I agree to give a written two-week notice and pay all fees at the time of terminating this contract.

_____ I agree to a professional relationship with this daycare. I will resolve differences by using the Incident and Exit Forms to seek positive resolutions.

_____ I will refrain from adult related conversations in front of other children and families.

_____ I will not use profanity of any kind.

_____ I will not smoke on the premises.

_____ I will not bring a firearm or weapon onto daycare property. Conceal Carry Rules Apply with written documentation. Weapon must not enter Geneseo home. Must be left in locked car.

_____ I will not harm my child in any way on daycare premises. This includes spanking, hitting, slapping. I understand this daycare and all providers are mandated court reporters and have the best interest of my child in mind. Any suggested appearances of abuse and or neglect will be reported for investigation.

This contract is completed on _____ day of _____ month of _____ year between Stephanie Geneseo, Family Child Care Provider of All Nestled Inn Family child care home and Parent/Guardian:

_____ Parent/Guardian:

This contract has been notarized by: _____

*All Nestled Inn Family Child Care Home
Stephanie Geneseo Director
142 Township Road 158 Chesapeake, Ohio 45619
Phone: (740) 867-6427
On the Go: (304) 416-3387
Email: allnestledinn@gmail.com*

