

**ALL NESTLED INN FAMILY CHILDCARE HOME
ENROLLMENT INFORMATION / RECORD OF CONTACT FORM**

142 Township Road 158 Chesapeake, Ohio 45619

allnestledinn@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, 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 a 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 \$40 per child no family discounts charged annually on August 1

_____ Full Time: (5 days or 50 hours per week) \$150 per child \$225 per family

_____ Part Time: (4 days or 40 hours per week) \$120 per child \$200 per family

_____ Drop-In Hourly: \$5 per hour per child \$7 per family

Availability use Limited to 1-2 days per week (48 hour notice required and based on availability)

_____ 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 no later than **the first** of each following month. 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 \$7 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.

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**:

November Thanksgiving & Day after

December Christmas Eve and Christmas Day

January 1

July VACATION DATES

3 Personal Days TBA

3 sick days per year

3 Training Dates to Be Announced

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

_____ Birth Certificate

_____ Immunization Record

_____ Emergency Contact card

_____ Parent Handbook Signature page

_____ Parent Contact Information Share page

_____ Medical Home Plan

_____ Behavior Management Plan (Ages 2-4)

_____ Infant Intake Form

_____ Nutrition Intake Form

_____ Medication Authorization

_____ Liability Form

_____ ODJFS contract

_____ Photo Release

_____ USDA Food Program Registration / Renewal Form

_____ 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:

Please visit: www.odjfs.state.oh.us/forms/ Click on childcare in upper Right hand bar.

Click on Rules and Forms located in the Left hand drop down menu. Click on and complete the following forms:

JFS 01234 Child Enrollment & Health Information

JFS 01225 Routine Trip Permission Slip (Only by those using carpool)

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 01242 Medical Dental General Emergency Plan

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

JFS 01236 Child Medical/ Physical Care Plan (MEDICAL HOME PLAN)

JFS 01305 Child's Medical Statement

Fill out forms online. Print 2 copies. Return to Daycare

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.

_____ 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
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On the Go: (304) 416-3387
Email: allnestledinn@gmail.com***
