



BETTY'S FAMILY CHILD CARE

8 LESTON STREET

MATTAPAN, MA 02126

Cell (617) 784 – 1404

Home (617) 698 – 0170

Philosophy

Welcome to Betty's Family Child Care. We are looking forward to working with you and your child in the most important growth and development period in your child's life. We will strive to make our home your child's home away from home. We not only have a clean and ideal play environment for your child, but we also do our best to provide a safe and nurturing one. While your child is in our care, we will do everything in our power to prepare your child for every aspect of their growth and development (self-identity, emotional development, social play, prosocial behavior, large motor development, small motor development, cognitive development, spoken language, prewriting and pre-reading skills, art skills and imagination). All of these aspects are encouraged to flourish on a daily basis so that when your child is ready for entering elementary school, they will be fully prepared.

Things Expected of Parents

As an integral part of your child's growth, I expect you as a parent to:

1. Be open and honest about your child's health.
2. Be open and honest about your child's temperament.
3. Be responsible for the child if you are on the premises.
4. Work with me as a team to provide the best guidance and discipline for your child.
5. Comply with childcare closing time so that we can continue a healthy relationship.
6. Acknowledge late pick-ups and pay late fees in a timely manner.
7. Watch your language at home; children repeat what they hear most and if your words are foul, theirs' will be as well. Foul language is not allowed in my care.
8. Respect the fact that your child is not the only child in my care. Therefore, I am not able to always give your child one on one attention. There is only so much this human body can do.
9. Refer to this handbook if you have any question about fees, holidays, illnesses, etc.
If you have any questions after reviewing the handbook, then please direct them to me.
10. Call and inform me if your child will be tardy or absent.

Sign: _____ Date: _____

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15. Enrollment Packet	Added for parents to complete
16. Your Copy of Handbook	Added for parents to read/sign

PARENT/PROVIDER AGREEMENT

The state of Massachusetts requires a license for this business. The purpose of this contract is to define the mutual terms of agreement for childcare arrangements. It is your responsibility to let me know any changes of address, phone, or emergency numbers, or emergency backup person. After you have returned the contract, you will be given a copy for your own records.

Hours and Days of Operation

Childcare services have been in place since **January 13th 2003** The hours for care will Begin at **7:30AM** and end at **5PM** from Monday thru Friday.

If the child is going to be absent or late, please call in advance. Childcare will not be available on the following holidays so please make arrangements for child care if you have to work holidays:

- 1. NEW YEAR'S Day (January 1st)**
- 2. MARTIN LUTHER KING DAY (3rd Monday in January)**
- 3. PRESIDENT'S DAY (3rd Monday in February)**
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- 12. DAY AFTER THANKSGIVING (Friday)**
- 13. CHRISTMAS DAY (December 25th)**
- 14. DAY AFTER CHRISTMAS (December 26th)**

*** Two professional Days will be determined each year and will be included on the holiday schedule. Schedule is subject to change each year. You will be provided a new one each year.**

PAYMENT AND PAYMENT METHOD\$ **335.00** per week for children under age 2.9\$ **200.00** per week for part time\$ **310.00** for children over age 2.10\$ **190.00** per week for part time\$ **185.00** per week for after school care (if space is available).

\$ **3.00** per minute late fee. This fee will be charged for any child who is not picked up by closing time. This fee must be paid by the next day, or your child will not be admitted the following day. There are no exceptions to this rule.

Payment is due weekly, in cash/check/Cash App (add \$4.95 transaction fee) and in advance at the time of enrollment. Payment in advance of care can be made on Friday evenings or Monday mornings upon the child's arrival. In the event of parents leaving with a balance, your tax documents will be withheld until payment is made.

TUITION UPDATES

A non-refundable Tuition Deposit equal to two weeks of care is required as well as the first week of care is due at the time registration is confirmed. This two week deposit is applied to the last two weeks of care when a two-week written notice is given. Please note, you must give the written notice, otherwise, if a two-week written notice is not given when a child has withdrawn from the program, the family will be billed for two weeks of care.

Sign: _____

Date: _____

Parent/Provider Vacation and Vacation Pay

Each year, my vacation time will be taken in **February, the 4TH and 5th WEEK OF JUNE, another WEEK will be split up between Thanksgiving and Christmas weeks.** There will be a one week vacation pay for the week of February, two for the weeks in June, and one for Thanksgiving week. **Christmas week is the only week that vacation pay is not required.** Remember, the last vacation week of the year is the week I split up in November and December. You will be responsible for making other childcare arrangements. Whether you take your vacation at these times or make other arrangements for your child, is entirely up to you, but please note again, there will be a charge for four weeks of vacation. However, since

this is a slot availability childcare, when you take vacation, there will be payment due whether your child attends or not. If no payment is made, I will assume that you have chosen to terminate my service without notice and another child will be given your slot. There will be no exceptions to this rule.

Unexpected/Emergency Closures

Due to unforeseen circumstances/emergencies, from time to time I may have to close for a day or open later than usual. On those days, the agency children will be placed with backup providers within the agency. However, I do not provide any backup providers for private parents. Private parents are responsible for choosing their own person/people or center to act as backup caregivers for their child/children. Please be sure that you have a backup plan for these closures.

If I am closed unexpectedly for three or more days in a row, I will not require payment for those days with the exception of COVID.

Sign: _____ Date: _____

Tuition Update

Please pay attention to the changes that will be in effect as of April 2024. There will be a fee increase for cost of operations on the first week of April 2024. This increase will be a \$10 per week increase. As stated previously, there will be a late charge of \$3.00 a day added to payments that are not made on time. Payment is due weekly and in advance. Payment may be made the Friday before care or Monday morning, the week of care. Late fees of \$3 will be enforced. Thank you for your cooperation.

Sign: _____ Date: _____

Meals

All meals will be provided by the provider. I am currently a part of the Clarendon food program and I will be serving the following meals for children ages (0 -5):

 * Breakfast * Lunch * PM snack all infants will be fed on demand, since their needs are different from older children.

The snacks will be healthy snacks which will promote healthy eating. I have enclosed a meal menu along with this contract so you will have an idea of the kind of foods I will be serving the children. Please look it over carefully and inform me of any food allergies that your child has so we can adjust the menu to fit your child's needs. For parents who would like to provide snacks for their children, please provide them with a healthy snack. If a child enters the childcare with gummy snacks, sugary treats such as lollipop, candy, sugarcoated cookies, and other things that have no nutritional value, those items will be returned at the end of the day. If or when I serve juice, it will be 100% juice. Therefore, I encourage you to send 100% juice if you choose to send juice with your child as a snack choice option. Children are only allowed 6oz. of juice once per day if juice is served.

For parents of infants, they must update and notify provider of any changes in feeding schedules, formulas and additional foods.

Please explain child's dietary needs:

Snow Day and Unexpected Emergencies

The daycare will only close when there has been a State declared snow emergency or other form of threatening weather or weather conditions are hazardous to the health and safety of the children. Please tune in to the radio station WBZ located on the AM dial for school/program announcements of snowstorm emergencies which begins at 5:30a.m. Closings are also televised on the local news channels. I will call or text parents to inform them of the closures.

Medical History and personal information updates

Your child is required to have proof of vaccination presented at the time of enrollment. They must have a physical exam within one month of admission into this childcare program and must be reevaluated yearly. If it is found that you have not been truthful about your child's health, this will be grounds for immediate termination. Children cannot come to care with the following health conditions: COVID-19 symptoms which are listed on a separate symptoms' checklist sheet: Because of this new disease, if your child has any cold symptoms, they are to be kept at home and be tested by their pediatric physician before they can attend care (with proof that they have been seen),

eye infection with thick mucus or pus draining, strep throat, impetigo, viral infection, diarrhea, head lice, or ring worm. These conditions are infectious and the safety of the other children in care is top priority. Contagious diseases must be brought to my attention immediately. All involved families will be notified.

If your child becomes ill during care (vomiting, diarrhea, rash, bumps, etc.) or your child has a fever of 100° or higher, you will be called to pick up your child immediately. If you cannot be reached, I will contact one of the emergency backups you have listed. The child will be readmitted 24 hours after symptoms have subsided. Always keep in mind that if someone else's child is ill, the way you feel about that child being present in the same environment as your child, other parents feel likewise. Please notify me if your child will be absent because of illness. If your child is home for more than 3 days, a signed physician's report will be requested.

Medication will only be administered if there is a signed permission form from a licensed physician and only if the medication is in the original container. Parents must also give the first dose of any new medication in my presence before I am able to give that medication to the child.

I must always have an updated record of your address and telephone numbers (including business number and extensions, cellular numbers, and home phone number as well as back up people's information) in case I need to contact you. If you move or change your number, you will need to update that information no later than a week after those changes. I will also call these numbers periodically to ensure that they are still active. If they are not, I will be contacting you (in writing) for current numbers.

Pick Up and Back Up Person/s

If you are unable to pick up your child on a particular day and a designated person will pick them up, I must be notified the day before or that morning when you drop your child off for care. I will ask anyone who is listed as a backup person to show ID before your child is released into their care. I will also copy the ID card and place it in your child's record for future reference. These steps are to ensure your child's safety.

Picking Up Under the Influence of Drugs and/or Alcohol

In the event a parent or other persons come to pick up a child and is under in influence of drugs or alcohol, I will not release the child to that individual. As stated before, I will provide a safe environment for your child. I will also inform the proper authorities immediately of this event as well as any other mandated reporting systems. I will not place any child's life at risk, even if it is the child's parent who comes to pick them up.

Sign: _____ **Date:** _____

Clothing

All clothing and other items must be labeled with the child's name and brought in some type of storage bag.

Parents will supply at least two complete sets of clothing and the following if necessary:

___*___ Disposable Diapers ___*___ Baby Wipes ___*___ Bibs ___*___ Soap (if needed) ___*___ Training Pants (when potty training)

I do not supply the above materials, so please make sure you send and replace these items as needed in a timely manner. No other child's supplies will be used on anyone else's child.

I (we) fully understand and agree to the terms of this contract. This agreement may be renegotiated at any time.

Parent(s) signature _____ Date _____

Provider's signature _____ Date _____

Breakfast Served

Oatmeal
Chocolate
milk
Banana or Apple slices
Turkey
Bacon

Cereal with milk
100% Juice
Banana or Apple slices
Turkey Bacon

Waffles with syrup
Sausage
Banana or Apple slices
Chocolate milk

Pancakes with syrup
Chocolate
milk
Banana or Apple slices
Sausage

French Toast with syrup
100% Juice
Banana or Apple slices
Turkey Bacon

Lunch & Dinner Served

*Pasta & Spaghetti Sauce &
Ground
Turkey
Milk
Banana or Apple slices

Pizza with fruits and milk
Milk
Banana or Apple slices
Baked French Fries

*Macaroni & Cheese
Milk
Mixed Vegetables
Baked or Barbeque Chicken

*Nuggets
Baked French Fries
Milk
Banana or Apple slices

Ham & Cheese Sandwich
Milk
Banana or Apple slices
Yogurt

Tuna Fish Sandwich
Milk
Banana or Apple slices
Yogurt

*Spaghetti & Meat Balls
Milk
Banana or Apple slices
Yogurt

*Ravioli
Banana or Apple slices
Milk
Yogurt

*Rice & Peas or Rice & Kidney
Beans
Baked or Barbeque Chicken
Milk
Mixed Vegetables

* = Choices served for dinner
* All ham and bacon are turkey (not
Pork)

*These are samples of foods
served

Snacks Served

Cheese & Crackers
Tuna &
Crackers
Cookies
Pretzels
Cheez-It
Gold Fish Crackers
Graham
Cracker
Nilla Waffers
Homemade Banana Bread
Homemade Cake

Popcorn
Yogurt
Dole Fruit Cup
100% Juice
Milk
Smoothie
Cantaloupe
Oranges
Tangerines
Honeydew Melon

Grapes
Plums
Peaches
Apples
Banana
Mango
Watermelon
* Some fruit choices are
summer only



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I (we) fully understand and agree to the terms of this contract. This agreement may be renegotiated at any time.

Parent(s) signature _____ Date _____

Provider's signature _____ Date _____