

## **QUALITY FIRST CHILD CARE, INC.**

Christian Pre-Schools & Daycare Group Home

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Maria Cruz (Owner/Licensee)  
Vice President & Chief Operating Officer  
Quality First Child Care – SC002, Inc.  
1451 Glenside Drive  
Bolingbrook, Illinois 60490  
Telephone 1: (630) 631-4088  
Telephone 2: (630) 296-0366  
[www.qualityfirstchildcare.com](http://www.qualityfirstchildcare.com)



# **HANDBOOK SERVICES AGREEMENT AUTHORIZATION FORMS**

Rev. 9.20.2013

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**TABLE OF CONTENTS**

**CHILD CARE SERVICES AGREEMENT**

STATEMENT OF SERVICES PURPOSE AND GOALS..... 4

DAYS AND HOURS OF SERVICES..... 4

DROP OFF & PICKING UP PROCEDURES..... 4

VACATIONS/DAYS OFF ..... 5

DAY PROGRAM RATES ..... 5

EVENING PROGRAM RATES ..... 5

SIBLING DISCOUNT..... 5

PAYMENT ..... 5

LATE PAYMENT SERVICE CHARGE..... 6

RETURNED CHECKS ..... 6

SUBSIDY PARENTS..... 6

TERMINATION..... 6

MEDICAL HISTORY RECORD ..... 6

MEDICAL EMERGENCY CARD ..... 6

ILLNESSES ..... 7

SICK LEAVE ..... 7

B'DAY PARTIES ..... 7

CHRISTMAS & HALLOWEEN PARTIES..... 7

SCHOOL PICTURES ..... 7

GRADUATION DAY ..... 8

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FIELD TRIPS..... 8

PARENTS RESPONSIBILITIES ..... 8

SIDS NOTICE TO PARENTS OF INFANTS..... 8

**OPERATING POLICES**

BRING TO SCHOOL CHECKLIST ..... 10

SIGN-IN & SIGN-OUT POLICIES..... 11

STUDENT ABSENCE POLICY ..... 12

STUDENT WITHDRAWAL POLICY ..... 13

**AUTHORIZATION FORMS**

FIELD TRIP PERMISSION FORM ..... 14

BLANKET PERMISSION FOR WALKING TRIPS FORM ..... 15

BLANKET PERMISSION FOR OUTSIDE PLAY FORM..... 16

CHILD RELEASE FORM ..... 17

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT FORM..... 18



**QUALITY FIRST CHILD CARE, INC.  
CHILD CARE SERVICES AGREEMENT**

**STATEMENT OF SERVICES, PURPOSE AND GOALS**

Quality First Child Care (the "QFCC") is a Christian Pre-School and Day Care Group Home which provides daytime and evening child care services.

Our goal is to share with the child an attitude that reflects sharing, cooperation, manners, self discipline and other key social skills. Additionally, we work to help our students master basic number skills, colors and the alphabet as well the developmental skills.

As a licensed Day Care Home, we are limited to the number of children that can be in attendance at a given time. This policy is to allow us to provide childcare to those parents who sincerely need it, and not just an occasional baby-sitter.

**DAYS AND HOURS OF SERVICES**

- 2:00 PM TO 8:00 AM - Sunday through Saturday
- 2:00 PM TO 8:00 AM – Sunday through Saturday

\*\*There will be no child care services on the following paid holidays:

New Years Eve  
New Years Day  
Dr. Kings Day  
Christmas Eve  
Christmas  
Good Friday  
Memorial Day  
Labor Day  
Thanksgiving  
Day after Thanksgiving  
July 4<sup>th</sup>

**DROP OFF & PICKING UP PROCEDURES**

- Each child must be signed in upon arrival and signed out when picked up.
- For your child's safety, children will only be picked up by person/persons named on the pickup form.
- If a parent or person responsible for pick up arrives after 5:30 p.m. they will be charged \$1.00 for every minute late.

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- If the parent calls ahead of time and explains that they may be late because of an emergency or another reason, it is up to the teacher’s discretion that is closing the daycare that evening.
- If it is after a child’s scheduled pick up time and the child has not been picked up or contacted by the child parent or guardian, QFCC will call the emergency numbers on the child’s registration form.
- If the child has not been picked up after 30 minutes and there has been no contact with a parent or emergency person, the authorities will be called and the child will be removed under their protection.

**VACATIONS/DAYS OFF**

QFCC’s staff will be unavailable for two week’s per calendar year. Back-up care may be available. However, if backup care is not available the parent will be responsible for providing alternate arrangements for the care of their children. Parents will be notified at the beginning of the year for vacations days/days closed.

**DAY PROGRAM RATES**

Ages 6 weeks-23 months

Full-Time ..... \$180.00  
Part-Time ..... \$45.00 per day

Ages 2 Years – School Age

Full-Time ..... \$150.00  
Part-Time ..... \$35.00 per day

Ages 6 and Up

Full-Time ..... \$120.00  
Part-Time ..... \$25.00 per day

**EVENING PROGRAM RATES**

Ages 6 weeks-23 months

Full-Time ..... \$180.00  
Part-Time ..... \$45.00 per day

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**Ages 2 Years – School Age**

Full-Time .....\$150.00  
 Part-Time .....\$35.00 per day

**Ages 6 and Up**

Full-Time .....\$120.00  
 Part-Time .....\$25.00 per day

**\*\*5 Hours or more per day is considered full-time**

**WEEKEND DROP-IN PROGRAM RATES**

Number of Children	QFCC Weekly Client Rates	
	2 – 4 Hour Fee	4 – 8 Hour Fee
1	\$24.00	\$52.00
2	\$32.00	\$68.00
3	\$40.00	\$84.00
4	\$48.00	\$100.00

Number of Children	Non QFCC Drop-In Clients Rates	
	2 – 4 Hour Fee	4 – 8 Hour Fee
1	\$28.00	\$56.00
2	\$36.00	\$72.00
3	\$44.00	\$88.00
4	\$52.00	\$104.00

**SIBLING DISCOUNT**

- 10% discount on the lesser fee.

**PAYMENT**

- A ONE WEEK DEPOSIT IS REQUIRED UPON ENROLLMENT.
- This deposit is used to hold your slot and replace supplies for the year. No other deposits will be required.
- Payment shall be made in full on Monday of each week with no deduction for absences. There will be a \$10.00 per day surcharge for late payments.

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- There will be a \$1.00 per minute fee when you are late picking up your children.
- It is understood that rates for part-time children, e.g. before and after school will be paid at full-time rate if the child is in attendance more than part-time. (Snow days, Christmas break, summer vacations, etc.)

**LATE PAYMENT SERVICE CHARGE**

- Daily charge of \$5.00 per day will be added to monthly tuition for all payments received after the due date and for all outstanding balances.

**RETURNED CHECKS**

- There will be a \$50.00 charge for all returned checks.
- *RATES DO NOT INCLUDE: DIAPERS, VITAMINS, BABY WIPES AND MEDICINE.*

**SUBSIDY PARENTS**

- Please be advised that DHS is here to help you pay a portion of your tuition. You are responsible for the remaining portion of the Day Care's fee.

**TERMINATION**

- The Provider or Parent may terminate this contract by providing written notice of such termination. A minimum of two weeks prior to the effective date of the termination is required.

**MEDICAL HISTORY RECORD**

- A record of each child's medical history is kept on file. Each child must have a physical examination prior to admission to QFCC. Please return the medical form prior to your child's first day of attendance. A new physical is required every two years per DCFS.

**MEDICAL EMERGENCY CARD**

- The Provider will not administer any medication without instruction from the parent. If a child needs medication and is well enough to attend my home, you may instruct me (in writing) to administer medications.

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### **ILLNESSES**

- The Provider will care for your child while ill, only if the illness is minor. However, if Provider determines that the child is too ill to remain in daycare, you will be notified and asked to pick up your child promptly. For the protection of all children, seriously ill children should be kept at home.
- For the purposes of this agreement serious illness shall be identified as follows:
  - A temperature of 101 or greater
  - Diarrhea/ Vomiting
  - Rash/ Ringworm
- If the daycare is closed due to the Provider's illness or emergency, fees will be reduced by the daily rate. Every effort will be made by the Provider to avoid such closing, but occasionally emergencies and illnesses may arise.

### **SICK LEAVE**

- We understand that children become ill and empathize with your situation, but unfortunately we cannot waive fees for sick days. If a child is seriously ill and cannot attend school per a doctor's written notice for more than one consecutive week, the following payment schedule applies to maintain your spot:
  - Week 1: 100% of regular fee charged
  - Week 2 & 3 – 50% of regular fee charged
  - Week 4: 100% of regular fee charged

### **B'DAY PARTIES**

- Birthday parties are always welcome. Please notify the Teacher or staff at least one week in advance so that the school's schedule can be adjusted accordingly.

### **CHRISTMAS & HALLOWEEN PARTIES**

- QFCC observes Christmas and Halloween celebrations. We will provide parents of advance notice of these events. Please inform us if you do not wish your child to participate so that arrangements can be made for your child to be picked up early or not attend on that day.

### **SCHOOL PICTURES**

- QFCC contracts with Twin Image Studios to take pictures when the need arises. We will notify you two weeks before picture day so that your child has an opportunity to participate.

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**GRADUATION DAY**

- The Pre-school celebrates students who will be leaving the preschool program to attend regular school. We invite the parents to attend and provide advance notice for such occasions. Refreshments will be provided by QFCC.

**FIELD TRIPS**

- QFCC schedules several field trips throughout the year. Additional fees apply for some of these events. However, a number of the trips are paid for by QFCC. Parents are welcome to attend.

**PARENTS RESPONSIBILITIES**

The parents' responsibilities are as follows:

- A clean change of clothes will remain in the daycare at all times or be brought daily. If your child is an infant, you will be responsible for diapers, pull-ups, diaper rash cream or wipes.
- Reporting any changes in address, phone numbers, employment, work hours or person designated to pick up your child immediately so that I may contact you in the event of an emergency.
- Enforcing the daycare's rules which include no running, jumping, jumping on furniture, rough play, throwing toys, yelling inside house, shoes off at the door, coats and belonging in their place. While rules can be hard for children to remember, they are for safety purposes and extremely important.

**SIDS NOTICE TO PARENTS OF INFANTS:**

- If your child should die of unexplained causes of SID'S (SUDDEN INFANT DEATH SYNDROME) while in our care, Quality First Child Care, Inc. will not be held liable without an official autopsy and legal determination that QFCC was responsible for the cause of death.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]  
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IN WITNESS WHEREOF, each of the undersigned has caused this Child Care Services Agreement to be executed as of the date first written above.

**QUALITY FIRST CHILD CARE, INC.**

An Illinois non-for-profit corporation

By: \_\_\_\_\_  
Maria Cruz  
Its Vice President & Chief Operating Officer

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

**CHILD'S NAME**

Parent(s) of \_\_\_\_\_

Parent(s) of \_\_\_\_\_

Parent(s) of \_\_\_\_\_

**PARENTS NAME**

By: \_\_\_\_\_  
Print Mother's Name

By: \_\_\_\_\_  
Signature

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

By: \_\_\_\_\_  
Print Father's Name

By: \_\_\_\_\_  
Signature

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

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## CHILD CARE SUPPLY CHECKLIST

*Items Your Child Will Need To Help Make Them Feel At Home*

*Please make sure to provide labels for your child's items.*

### 0-24 months

- \_\_\_\_\_ Pre-made Bottles
- \_\_\_\_\_ Cereal and Baby food daily (if necessary)
- \_\_\_\_\_ Baby Wipes
- \_\_\_\_\_ Diaper (Weekly Supply)
- \_\_\_\_\_ Diaper Rash Cream
- \_\_\_\_\_ Extra Clothing (Full Set)
- \_\_\_\_\_ Crib Sheets (2)
- \_\_\_\_\_ Light Blanket
- \_\_\_\_\_ Light Sweater or Blanket

### 24-36 months

- \_\_\_\_\_ Diapers (25 per week)
- \_\_\_\_\_ Blanket for Naptime
- \_\_\_\_\_ Crib Sheets (2)
- \_\_\_\_\_ Drinks
- \_\_\_\_\_ 2 snacks per day (Optional)
- \_\_\_\_\_ Full Change of Clothing (including socks)

### 36 months – 5 ½ Years

- \_\_\_\_\_ Diapers and wipes when necessary (no pull ups)
- \_\_\_\_\_ Blanket and sheet
- \_\_\_\_\_ Full Change of Clothing (including socks)
- \_\_\_\_\_ Drinks
- \_\_\_\_\_ 2 snacks per day (optional)
- \_\_\_\_\_ Lunch (optional)
- \_\_\_\_\_ Snow pants (during winter)



## SIGN-IN & SIGN-OUT POLICIES

QFCC's sign-in and sign out policy is as follows:

1. When dropping off and picking up your child, please sign your child in/out on the SIGN-IN sheet. No staff person will be responsible for signing your child in/out.
2. If the School has to sign in your child, the sign-in time will be defaulted to the School's official opening time of 7:00 a.m. Additional charges may be incurred as a result which will be the full responsibility of said parent.
3. Billing associated with failure to sign-in and sign-out will be reflected on the invoice for the following week.

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

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

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



## STUDENT ABSENCE POLICY

Please telephone QFCC by 7:00 a.m. should your child miss a day of school and describe why they are absent. Each child will be allowed 1 free week vacation for every 6 months of continuous enrollment. All school holidays and additional unexplained, unapproved (by Director) absences will be billed at the full tuition rate.

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

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

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

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## STUDENT WITHDRAWAL POLICY

We require a deposit equal to 2 weeks of tuition. This deposit will be used for the first and last weeks of care, provided you give us one month notice upon leaving the center. We will make exceptions to the notice period due to unexpected and uncontrollable events such as a layoff or sudden job relocation, with supporting documents from employer.

Obviously should extenuating circumstances such as family crises arise, discretion will be applied by the School's management staff. Withdrawals of convenience or last minute withdrawals will be your responsibility. We remain available to discuss this policy in general or individual circumstances.

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

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

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

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## FIELD TRIP PERMISSION FORM

TRIP DESTINATION: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

COST: \_\_\_\_\_

TRANSPORATION: \_\_\_\_\_

NOTES: \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child,  
\_\_\_\_\_, to attend the field trip to  
\_\_\_\_\_, on \_\_\_\_\_.

In case of an emergency, I give permission for my child to receive medical treatment. In case of  
such an emergency please contact: \_\_\_\_\_.

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

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

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

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## BLANKET PERMISSION FOR WALKING TRIPS

I hereby give permission for my child (Name) \_\_\_\_\_ to participate in walking trips in and around the neighborhood of the daycare. I understand these walks:

Include no safety hazards and will not involve entrance into any facility other than parks; libraries; post offices; fire station; art galleries; or any other place suitable for children to see.

As parent/guardian, I remain fully responsible for any legal liability, which may result from any personal action taken by my child.

I understand that this event will take place away from school grounds and that my child will be under supervision of the teachers and other representatives of QFCC Pre-School & Daycare. I consent to the conditions of the event stated above, including the method of transportation.

I understand and agree that in the event that my child should suffer injury of any sort while participating in this event, I will not seek to pursue any claims against the supervisor, the school, and /or any of its agents, servants, employees or volunteers.

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

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

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





## BLANKET PERMISSION FOR OUTSIDE PLAY (Backyard of Daycare Home and Local Park Playground)

I hereby give permission for my child (Name) \_\_\_\_\_ to participate in outside play in designated backyard of home in the rear of 784 Bethel Avenue, Bolingbrook, Illinois 60490 and at the local park playground nearest 784 Bethel Avenue, Bolingbrook, Illinois 60490. I understand that playing:

Include no safety hazards and will not involve entrance into any facility other than parks; libraries; post offices; fire station; art galleries; or any other place suitable for children to see.

As parent/guardian, I remain fully responsible for any legal liability, which may result from any personal action taken by my child.

I understand that this event will take place away from school grounds and that my child will be under supervision of the teachers and other representatives of QFCC Pre-School & Daycare. I consent to the conditions of the event stated above, including the method of transportation.

I understand and agree that in the event that my child should suffer injury of any sort while participating in this event, I will not seek to pursue any claims against the supervisor, the school, and /or any of its agents, servants, employees or volunteers.

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

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

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



## CHILD RELEASE FORM

I, \_\_\_\_\_ hereby release my child \_\_\_\_\_ to one of the following names in the event the child's other parent, guardian or I can not pickup our child after school. I will notify you immediately in the event of a change of a name as I understand this going on file:

Once my child has been picked up by a family member, friend or associate I know all responsibilities of my child were released from QFCC Pre-School & Daycare and all premises of the QFCC Pre-School & Daycare.

The QFCC Pre-School & Daycare will not be liable for any injuries and accidents pertaining to my child once they have been picked up.

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

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

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



## PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME:			
AGE:		DATE OF BIRTH:	
ADDRESS:			
PARENT(S) NAME:			
PARENT(S) ADDRESS:			

### CHILD'S MEDICAL INFORMATION

MEDICAL PROBLEMS:			
ALLERGIES:			
MEDICINE(S) CHILD IS TAKEN:			
MEDICINE(S) CHILD IS ALLERGIC TO:			
CHILD'S DOCTOR NAME:		PHONE:	

### CHILD'S INSURANCE INFORMATION

COMPANY/HMO:			
GROUP:		IDENTIFICATION#:	

I (We) state that we are the parent(s) or guardians(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center Director or Director's designee to obtain emergency treatment of my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately
2. The child's physician will be contacted
3. We will attempt to contact you through all the emergency persons listed on the child's application form
4. If we can not contact you or your child's physician we will do any or all of the following:
  - a. Call for emergency first aid assistance/transportation
  - b. Call another physician
  - c. Have the child transported to an emergency hospital in the company of a staff member

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

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

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

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## DISCIPLINE POLICY

Definition: “Discipline” means the ongoing process of helping children to develop self-control for self-management while protecting and maintaining the integrity of the child.

### Positive Discipline

Caregivers shall use positive discipline, which shall include the following:

- Communicate to children using positive statements,
- Encourage children with adult support, to use their own words and solutions in order to resolve their own interpersonal conflicts.
- Communicate with children by getting down to their eye level and talking to them in a calm quiet manner about what behavior is expected.

### Inappropriate Discipline

Any person, while on child care premises, **shall not** engage in any of the following actions toward children:

- Inflict corporal punishment in any manner upon a child’s body.
- Hit, spank, beat, shake, pinch, or any other measure that produces physical discomfort.
- Cruel, harsh, unusual, humiliating, or frightening methods of discipline, including threatening the use of physical punishment.
- Placement in a locked or dark room.
- Public or private humiliation, yelling, or abusive or profane language.
- Staff shall not associate disciplinary action or rewards with rest, food or toileting.

Caregivers **shall not**:

- Use time out for any child less than three (3) years of age.
- Use time out for any purpose other than to enable the child to regain control.
- Physically restrain children except (1) when it is necessary to ensure their own safety or that of others; and (2) only for as long as is necessary for control of the situation.



Discipline Documentation

- This Policy shall be distributed to parents and staff.
- Caregivers shall have ongoing communication with the child's parent or guardian regarding all aspects of the care of the child.
- Caregivers shall document any history of recurring discipline problems and subsequent formal parent conferences in the child's record.
- In cases of recurring or severe misbehavior, parents will be contacted and a meeting will be scheduled with the goal of finding a permanent resolution for behavioral problems.
- If the misbehavior continues the Provider may place the child on a two week probationary period.
- If the situation does not improve, or a plan cannot be implemented for improvement during the probationary period, parents will have one week to withdraw their child from the Day Care.

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

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

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



## SLEEPING & NAPPING ARRANGEMENT

I understand that my child \_\_\_\_\_ while under the care of \_\_\_\_\_ will be napping on a **Cot**, **Mat**, **Bed**, or **Crib** in of the provider's home. He or she will be supervised. If my child is an infant, I also understand that my child will be placed on his/her back to sleep.

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

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

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