

Jelly Bean Group Family Day Care

516 East 84th Street, #1W

New York, NY 10028

T: 212.472.3744

E: jbdaycare89@gmail.com

PARENT/PROVIDER AGREEMENT

Parent: _____

Child: _____

Days of care: _____

Start date: _____

Payment Policy

Fees per week: _____

- x Payment is due if day care is closed for observed holidays, inclement weather or if the child is ill or absent due to family event or holiday;
- x Payment is requested on the Friday before or day prior to beginning of vacation; and x Switching scheduled days of attendance is not permitted, a daily rate applies to additional days attended.

Deposit Required

Two weeks tuition: _____ Deposit refundable *only* if parent provides termination notice six weeks in advance.

Hours of Operation

Monday-Friday 8:00am to 5:45pm
 Late fees: 5:45pm to 6:00pm, \$10.00
 6:00 to pick-up, \$15.00 per 15 minutes (\$1.00 per minute)

I HAVE READ THIS AGREEMENT CAREFULLY WITH FULL UNDERSTANDING OF THE POLICIES OF THIS CHILD CARE HOME AND AGREE TO ALL OF THE ABOVE.

Taraneh Farjad

Date

Parent signature

Date

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Taraneh Farjad

Date

Parent signature

Date

EMERGENCY CONTACT INFORMATION

Name of child: _____ Date of Birth: _____

Address: _____ Phone: _____

Name (Parent 1): _____

Home phone: _____ Work: _____

Mobile: _____ Email: _____

Occupation: _____

Work Address: _____

Name (Parent 2): _____

Home phone: _____ Work: _____

Mobile: _____ Email: _____

Occupation: _____

Work Address: _____

Emergency Contacts

Name: _____ Relationship to family: _____

Home phone: _____ Work: _____

Mobile: _____ Email: _____

Name: _____ Relationship to family: _____

Home phone: _____ Work: _____

Mobile: _____ Email: _____

Persons authorized for pick-up:

(The following must include, but not limited to, emergency contacts listed above)

Name: _____ Phone: _____

Name: _____ Phone: _____

SLEEPING AND NAPPING AGREEMENT
Family Day Care and Group Family Day Care

Sleeping and napping arrangements must be made in writing between the parent and the child care provider. The provider shall maintain this completed agreement on file in the child care home. This arrangement is required by New York State Child Day Care Regulations [Family Day Care 417.7 (i) and 417.8 (a) (1), and Group Family Day Care 416.7 (i) and 416.8 (a) (1)].

I, (parent name) _____, understand that my child(ren),
_____, while under the care of (child care provider)
_____, will be napping on a (bed/cot/mat/chair)
_____ in the (baby room/main room) _____ of the child
care home.

My napping child will have competent supervision at all times, either through:

(Please check one box below)

Direct supervision by a caregiver who is in the same room and has direct visual contact with him/her;

OR

Indirect supervision by a caregiver who uses a functioning electronic monitor and remains on the same floor as my child at all times. The doors to all rooms where children are napping must remain open, as well as the doors to all rooms used by the provider.

If my child is an infant, I also understand that my child will be placed on his/her back to sleep. **Parent's Signature:**

Name (please print): _____ Signature: _____

Date: _____ (Month/Day/Year)

Child Care Provider's Signature:

Name (please print): _____ Signature: _____

Date: _____ (Month/Day/Year)

Bureau of Child Care (Rev 10/2009)

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In case of accident or illness requiring immediate medical attention, the undersigned authorizes (Name of Day Care Provider) _____ to call a physician or to take my/our child(ren) to the nearest hospital or doctor.

Doctor Contact

Doctor Name: _____

Address: _____ Phone: _____

It is understood that if possible, his/her service will be obtained. If neither the parents nor the doctor can be contacted, Jelly Bean Group Family Day Care provider is authorized to contract another doctor. It is also understood that this agreement covers only those situations which, in the best judgment of Jelly Bean Group Family Day Care provider, are true emergencies. Otherwise, we (I) expect to be notified of illness or accident at once and shall make our/my own arrangement for medical care for our /my child(ren) with the physician or hospital of my/our choice.

Intending to be legally bound hereby, we (I) agree to pay all reasonable expenses incurred.

Parent signature

Date

Parent signature

Date

Name of child(ren)

Date

PERMISSION FOR OUTDOOR ACTIVITIES

The provider staff, Jelly Bean Group Family Day Care, may take my child(ren)
_____ for short walking trips and any other activities checked below
as part of the Jelly Bean Group Family Day Care program activities.

Jelly Bean backyard _____ Neighborhood Park _____ Other _____

Parent signature

Date

Parent signature

Date

JELLY BEAN FEEDING SCHEDULE

Name of Child: _____ DOB: _____

I (parent name(s)) _____

Will supply Jelly Bean Group Family Day Care with, (number of ounces) _____ of (breast milk/frozen breast milk/formula) _____ to be fed (times per day) _____.

Permit a Jelly Bean Group Family Day Care onsite provider to prepare _____ (name of formula) for (number of bottles) _____ to be fed (times per day) _____.

Will also provide:

__ Bottles of water to be fed (number) __ times a day,

__ Bottles of juice to be fed (number) __ times a day,

__ Yogurt to be fed (number) __ times a day,

__ Puree fruit to be fed __ times a day,

__ Cereal to be fed __ times a day by spoon.

Notes/Updates:

Parent signature

JELLY BEAN GROUP FAMILY DAY CARE

CHILD HEALTH POLICY

Child must remain home, or will be sent home if he or she experience one or more of the following:

- x Fever over 100q F-child **must be fever-free without the aid of medication, for at least 24 hours prior to returning to Jelly Bean**, if child is sent home from JB with fever, he/she may not return the following day
- x Diarrhea-child must remain home if he or she has two or more loose stools x Vomiting (stomach virus)-child must be able to keep food down for at least 24 hours x Contagious or unidentified rash-child should not return until doctor sees rash and it is no longer contagious x Conjunctivitis (Pink Eye)-child may return when eyes are no longer red or pink and discharge stops

Jelly Bean staff use the following steps to determine whether to exclude child:

- x Conduct a health check x
Take the child's temperature x
Isolate the child best as possible x
Contact parents and/or guardians
- x Check other children, depending on child's illness x Contact other parents, depending on child's illness

Allergies, Colds and seasonal viruses

- x Generally, children who are "well" are welcome to attend; this includes those with mild colds (slightly running nose, mild congestion, cough, etc...). A child with a heavy cold including thick mucus, severe congestion or a persistent cough should remain home until the symptoms subside. To ensure a child's fast and full recovery and to isolate the illness, keeping children home to rest and fully recover is optimal for sick children and the wellbeing of others.
- x Jelly Bean has a nut-free policy; please inform staff if your child has any known allergies.

- Immunizations** x All children must have updated immunization forms completed by their pediatrician in accordance with age; x If a child is exempt from immunizations for medical or religious reasons, pediatrician must provide certificate or letter of exemption stating specific exemptions for Jelly Bean's records;
- x Parents should notify JB staff of immunization appointments in order to send medical records home in advance;
 - x Parents should submit an updated medical form at least once a year.

Medical Emergencies

In the event of a medical emergency involving a child, JB staff will contact parent or guardian. JB staff will contact emergency contacts if guardians/parents are unreachable. If time is limited, JB staff will accompany child to hospital straightaway while remaining staff will contact parent/emergency contacts and other JB staff.

Jelly Bean Medical Authorization

JB staff is only authorized to administer over-the-counter topical ointments; staff is not permitted to administer any other medicine at any time.

THINGS TO BRING TO JELLY BEAN

Please bring the following to Jelly Bean on your first day or during your child's transition week:

- x Blanket for naptime-please bring small blanket(s) for cot, crib or sleeping mat x Pacifier or comfort item- if your child uses a pacifier, please leave an extra at Jelly Bean for backup x Diapers-please bring one pack of diapers to store, we will send home the empty container as reminder to bring additional diapers
- x Diaper rash cream/balm x Bibs x Extra clothing-onesies, socks, shirts, bottoms, dress, sweater/sweatshirt and underwear (these items are stored in gallon-sized Ziploc bags)
- x Food/snack-please bring all food in a lunch bag/box. All containers, leftover food, etc... will be sent home at the end of the day. We can only store small containers of cereal, baby food or other things consumed daily.
- x Formula/milk-we can store frozen breast milk, formula, infant cereal, etc... x Child photo for display at JB

NOTE: Please be sure to label **all items** including Tupperware containers (including lids) bottles, bottle caps, blankets, extra clothing, etc... with your child's **first and last name**. You may label bags, yogurt containers, and clothing with a Sharpie while tape may be suitable for other items. Printable labels are often more permanent-dish washer and washing machine proof. Several online labels websites are below (there are loads more):

Mabel's Labels

www.mabel.ca

Stuck on You

www.stuckonyou.com/

Over The Counter Topical Ointments

PROVIDER:

GFDC: _____



Child Name: _____

D.O.B: _____



I _____, give _____
(Parent Name) (Name of Provider)

permission to apply the following:

diaper rash _____ to be applied _____ times a day **OR** as needed
(Name of ointment)

sunscreen _____ to be applied _____ times a day **OR** as needed
(Name of lotion / cream / spray)

insect repellent _____ to be applied _____ times a day **OR** as needed
(Name of repellent)

I will supply the products Provider will supply the products

Additional Information:

Signature _____
(Parent's signature)

Date _____

Reminder:

This program does not administer prescribed ointments / creams or medications.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative mm

TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year	<u> / / </u>	Result:	mcg/dL	<input type="checkbox"/>	Venous	<input type="checkbox"/>	Capillary
2 years	<u> / / </u>	Result:	<u> </u>	<input type="checkbox"/>		<input type="checkbox"/>	
			<u> </u> mcg/dL		Venous		Capillary

Most recent date of lead screening (if different from above):

<u> / / </u>	Result:	<u> </u> mcg/dL	<input type="checkbox"/>	Venous	<input type="checkbox"/>	Capillary
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Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that:
he/she is free from contagious and communicable disease and is able to participate in child
day care.

Yes No

Signature of Examiner

Address

Please Print Name

City, State, Zip

()

Title

Phone

Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.