

REGISTRATION PACKET
Berry Tender Child Care
P.O. Box 471
Strawberry Point, Iowa 52076
berrytenderchildcare@gmail.com
Phone Number: 563-933-2514

1. IDENTIFICATION

A. Child's Name _____ (nick name) _____
Address _____
Date of Birth _____

Circle the day(s) child care is needed:

Day: Monday Tuesday Wednesday Thursday Friday

Hours:

B. Mother's Name _____ Phone _____
Address _____
Employer _____ Phone _____
Cell Phone _____
Email _____

C. Father's Name _____ Phone _____
Address _____
Employer _____ Phone _____
Cell Phone _____

D. Legal Guardian other than parent (if applicable)
Name _____ Phone _____
Address _____
Employer _____ Phone _____
Cell Phone _____

2. FAMILY HISTORY

Marital Status of Parents

1. Married
2. Divorced
3. Separated
4. Deceased
5. Single

Other Children in the Home (name and age)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

3. PHYSICAL REGIME

Infants: Formula _____

Usual Feeding Pattern _____

Does your child have any unusual eating problems or food dislikes? _____

What is your child's usual bedtime? _____

Wake up time? _____

Nap Time? _____

Attitude toward bed/nap? _____

How does your child state the need to urinate? _____

Bowel movement? _____

4. PLAY AND SOCIAL SKILLS

How does your child get along with other children? _____

Are their playmates:

Girls Boys Younger Older None

What is the usual size of neighborhood playgroup? _____

5. PERSONALITY AND EMOTIONAL DEVELOPMENT

Do you regard your child as affectionate? Yes or No

To whom? _____

Do they accept new people easily? _____

What are your child's fears? _____

Is your child usually happy? _____

Does your child have any nervous habits? _____

When you find it necessary to discipline you child who usually does it and how? _____

Give further information which you believe will be helpful to us in understanding your child. _____

Does your child have a handicap, explain? _____

Do you consider your child to be:

- a. Left handed
- b. Right handed
- c. Unsure

List any food or medication allergies _____

Parent Signature: _____ **Date:** _____

TRAVEL AND AUTHORIZATION

I do/do not give permission for my child, _____, to leave Berry Tender Child Care for trips in a car or public transportation to special place, walks to the park or around town, etc. I understand that I will be notified before such activity.

Restrictions on such trips:

- 1. Each child under the age of six will be secured in a child restraint seat. All other children will be secured in a safety belt.

Parent /Guardian Signature _____ Date _____

PICTURE RELEASE

I hereby do/do not give my consent to let my child be photographed for use by the center in newspapers or other media for purpose of publicity or advertisements.

Parent /Guardian Signature _____ Date _____

SUNSCREEN

I do/do not want sunscreen to be applied to my child. (There will be a \$5.00 yearly fee to cover this expense)

Parent /Guardian Signature _____ Date _____

PAYMENT POLICY

I (we) will be responsible for paying my (our) child care bill every Friday. I have reviewed the Payment Policy and agree to the terms.

(Father Signature)

Social Security Number

(Mother Signature)

Social Security Number

PICK UP PERMISSION FORM

CHILDS FULL NAME _____

I hereby give permission for my child to leave the center with the following people listed below. It is the responsibility of the parents to notify the center, in writing, of any changes. Anyone not listed below will not be able to take your child out of the center.

	NAME	RELATIONSHIP	HOME #	CELL#	WORK#
1.	_____	(Mother)	_____	_____	_____
2.	_____	(Father)	_____	_____	_____
3.	_____		_____	_____	_____
4.	_____		_____	_____	_____
5.	_____		_____	_____	_____
6.	_____		_____	_____	_____

If there is a separation or divorce custody problem of which we should be aware please explain. _____

The following people may NOT pick up my child:

Parent /Guardian Signature _____ Date _____

PARENTAL EMERGENCY MEDICAL CONSENT

This form must be presented upon admission for treatment.

NAME OF CENTER: Berry Tender Child Care

CHILDS FULL NAME: _____ Date of Birth _____

In the event that the child listed above may require surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to _____ Hospital and Doctor _____ or their designee to provide this care. In the event that the child listed above may require dental and/or dental surgical care, I hereby give my consent to _____ Dentist Office and Dentist _____ or their designee to provide this care. I agree to pay all the cost and fees contingent or any emergency medical care and/or treatment for my child as secured or authorized under this consent. COMMENT: Every effort will be made to notify the parents/guardian immediately in case of an emergency. This form will be presented upon admission for treatment.

Mother/Guardian with whom the child Reside:

Name _____ Relationship to Child _____
Address _____ Home # _____ Cell # _____
Employer _____ Work Phone _____
Department _____ Work Hours _____

Father/Guardian with whom the child Reside:

Name _____ Relationship to Child _____
Address _____ Home # _____ Cell # _____
Employer _____ Work Phone _____
Department _____ Work Hours _____

People authorized to contact in case of an emergency if parents are unavailable:

Name _____ Relationship to Child _____
Address _____ Home # _____ Cell # _____
Employer _____ Work Phone _____
Department _____ Work Hours _____

Name _____ Relationship to Child _____
Address _____ Home # _____ Cell # _____
Employer _____ Work Phone _____
Department _____ Work Hours _____

List any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in the care of Berry Tender Child Care? _____

Childs Doctor _____ Phone _____

Street Address _____

Family Dentist _____ Phone _____

Street Address _____

Date of last Tetanus _____ Known Allergies _____

Present Medication _____ Religious Preference (optional) _____

Insurance Company _____ Policy Holders ID # _____

This consent will be in effect for one year beginning (date) _____ and continue while the child is enrolled in this facility.

Parent /Guardian Signature _____ **Date** _____

ALLERGY/FOOD EXEMPTION MEDICAL FORM

Child's Name _____

Parent's Name _____

Signature of Parent/Guardian _____

(For permission to release information)

NATURE OF ALLERGY/FOOD EXEMPTION _____

Length of time exemption to be in effect _____

FOODS CHILD SHOULD AVOID

SUBSTITUTE FOODS

_____	_____
_____	_____
_____	_____
_____	_____

Date for medical recheck or reevaluation _____

HEALTH CARE PRACTITIONER _____

Name

Title

HEALTH CARE PRACTITIONER ADDRESS _____

Signature of Health Care Provider

Berry Tender Child Care Annual Payment Contract and Policies Revised 2016

Please review the following annual payment contract and policy. If you have any questions, please let Jessica or a board member know. Also sign the acknowledgement page that you have read and agree to the payment contract and return with your registration packet to BTCC

Hours of operation:

*BTCC operates on a schedule that reflects the varied needs of parents.

*The center opens at 5:15 a.m. and closes at 6:30 p.m.

The center is open year round, Monday through Friday with the exception of the following days:

- New Years Day-Memorial Day-Independence Day-Labor Day-Thanksgiving Day-The day after Thanksgiving-Christmas Eve Day-Christmas Day

If one of the above days falls on a weekend or there is an unforeseen emergency situation, BTCC reserves the right to be closed an alternate day and will notify the parents in advance.

Scheduling:

-Scheduling is difficult- client and staff needs must both be considered. As we work together everyone benefits. A courtesy call concerning the child/ren's schedule is expected.

-The schedule for your child is made out weekly, by Wednesday evening prior to the next week.

Monthly schedules may be made out and are encouraged. If a client has a regular schedule and that schedule is not made out by Wednesday evening at 6:30 p.m., the Director will make one telephone call to the parent/guardian. If the Director cannot reach the parent/guardian, the schedule will be made without the children. If there is room, the parent/guardian will then be allowed to bring their child using the drop-in policy. (See the Non-contracted rate paragraph on page 6 of the handbook). They will be charged an extra 50 cents per hour per child, which is the current non-contracted rate.

-Any child not coming in on a scheduled day must call 30 minutes prior to the time they were scheduled to come in. Those coming in prior to 7:00 a.m. must call any time before their scheduled time.

-If the phone call is made using the above guidelines, the client will be charged \$10.00 per child or the contracted time, whichever is less. Examples include sick child, bad weather, or family emergency.

-If the telephone call is not made using the above guidelines, the client will be charged full price for contracted time. If the client does not call at all, they will also be charged full price for the contracted time.

-Parents/guardians who bring their child in late or pick them up earlier than the contracted time will pay the full contracted rate.

For any operating daycare week that your child/children are not scheduled at BTCC, there will be a \$25.00 charge per household. This is a year round policy including summer vacations, holidays, etc. For example if you go on vacation and your child does not attend BTCC for 2 weeks, you will be charged \$50.00.

If school is cancelled due to weather, parents of school age children will be charged the contracted rate. A child in Junior Kindergarten or Preschool will be charged the contracted rate on the adjusted schedule for the remainder of the week.

Non-contracted rates will be charged as follows:

1. Change in schedule(contract)
 - a. Bringing a child in earlier or picking them up later than contracted time
 - b. Needing child care services for more hours than the contracted time with director or assistant director's approval. Parents must notify the center's staff if they have changes in their contract to ensure staff availability.
2. Failure to complete contract sheet by the Wednesday prior to the week being scheduled for daycare. A family can receive three warnings per year.

There is a charge of \$1.00 per minute per child for every minute a child is at the daycare after the closing time of 6:30 p.m. There will be a \$5.00 minimum charge. The clock in the director's office will be the determining time of pick up. Please have the daycare employee on duty sign your contract sheet at time of pick up.

FEES AND SERVICES

Rates:	Contract	Non-Contract
6 weeks-2 years	\$3.30/hr.	\$3.80/hr.
2 years-12 years	\$3.10/hr.	\$3.60/hr.
	Each additional child is \$2.25/hr.	

Annual Registration Fee:

A non-refundable initial registration fee of \$25.00 per household will be charged followed by an annual \$25.00 per household non-refundable re-enrollment fee which will be applied to your first week's bill each year in January. There will also be a \$50.00 deposit due at the time of enrollment. The deposit will be refunded or credited to the bill when daycare services at BTCC are discontinued.

Payment Policy

"Payment of services from BTCC is due one week after the services rendered unless prior arrangements are made. If a bill is not paid for **two weeks, or the bill exceeds \$500.00 (whichever event occurs first)**, a monthly interest rate of 1.5% will be charged. The entire bill must be paid within another ten days or your child/ren may not come to BTCC until all bills are settled. For example, John Doe's bill due **Friday, January 13th for the prior week (January 2 - 6) was not paid. On January 14th** a monthly interest rate of 1.5% would be charged until the bill is paid. **On January 23rd**, if the bill is not paid, John Doe's child/ren may not attend BTCC. **In regards to the \$500.00 outstanding limit, if John Doe's bill exceeds \$500.00 before January 13th, the ten day grace period begins at that point.** After John Doe's bill is paid in full the children are welcome back to BTCC."