# 2022/2023 Parent Handbook



**Little Lakers Academy LLC** 

# **Center Information**

Owner: Nadia Dacres

Director: Danielle Parah

Act 166 Coordinator/ Licensed Teacher: Teresa Martin

# **Little Lakers Academy LLC**

Physical Address:

73 Prim Road Suite #8

Colchester, VT 05446

1-(802) 862- SAIL Telephone Number

littlelakersacademy.com (Website)

<u>littlelakersacademy@yahoo.com</u> (Email)

## Welcome to Little Lakers Academy

Dear Family,

Little Lakers Academy eagerly welcomes your family to our center. Our experienced staff look forward to meeting you and your child. As a small center, we enjoy getting to know our families personally. We encourage any suggestions, questions, or concerns you may have.

Our Program creates a rich environment for your child filled with social skills, positive self-concepts, language and literacy, physical development, creative expression, safety, and nutritional practices. Our teachers will provide many opportunities for your child to learn and grow through open ended activities, cultural diversity, problem solving and experimenting. Your child will also explore science, dramatic play, music, language arts, mathematical concepts, yoga, mindfulness and so much more.

Our educators are committed to creating a curriculum that best suites each developmental age group. Each classroom is divided into interest areas to create interactions that support emotional, social, intellectual, and physical development daily. As well as an indoor gym to provide additional space with new surroundings to help keep the children engaged and active during inclement weather. We will facilitate, observe, and encourage your child to explore their environment and enrich their learning experiences.

#### **PHILOSOPHY**

We strive to create a nurturing environment for children ages 6 weeks through 12 years. Our Center provides a safe, friendly, and nurturing atmosphere. Our experienced teaching staff embraces the view that each child is a unique person with an individual pattern with different timing of social, physical, and intellectual development. Teachers manifest their respect for children by encouraging them to think for themselves, to make decisions, to work towards their own solutions, and express their own ideas and feelings. We recognize and foster an active partnership between home and school.

## **Little Lakers Academy Goals**

- Encourage positive feelings about self, school, and the environment
- Build physical strength, coordination, and motor skills
- Develop sound habits, such as eating, resting and toileting
- Establish a foundation for good health, hygiene, and safety habits
- Stimulate thought process and awareness
- Learn to express emotions constructively
- Create opportunities to imagine and to express ideas and feelings creatively through music, movement, dramatic play, art, and language
- Appreciate diverse natural, cultural, and social environments
- Explore concepts and develop intellectual curiosity to persevere in the face of difficulty.
- Secure quality competent care and foster communication between parents and teachers concerned with the interests and needs of infants and children
- To enhance their understanding and appreciation of their children
- Encouraging independence and tending to personal needs
- Provide a classroom and program that can meet the needs of each individual child
- · Make each child's school experience a positive one

**Act 166:** LLA is partnered with the ACT 166 program. This provides 10 free hours of care to all children ages 3-5. Children must be 3 years of age before September 1<sup>st</sup> to be eligible for this additional funding. The weekly funding provided to LLA will be deducted from your child's tuition. Curriculum will be created following the VELS (Vermont Early Learning Standards) program and Teaching Strategies Gold.

**Application:** There is a \$40.00 application fee required. This is non-transferable, nonrefundable, and non-applicable towards tuition. To secure a spot within our center, in addition to the application fee, two weeks tuition is due (to be applied to the first and last week of care). Deposits will not be refunded if your child does not begin the program. No child will be denied admission based on race, religion, or handicap. We will do our best to accommodate children with special needs by taking necessary classes or workshops. Little Lakers Academy does retain the right to deny admission if slots for a particular child's age group are filled. At this point your child(ren) will be put on our waitlist and called at the first open availability. To be placed on our waitlist, an application fee of \$40.00 and completed application is all that is required.

# **Assessments/Observations:**

Are done weekly through our HiMama.

**Biting**: It is developmentally appropriate for young children to experience biting. When this happens, we will inform both the parents of the child who was bitten and the child who has done the biting. The child's name will remain confidential. When biting occurs, we will work with the parents to figure out the cause and determine the appropriate course of action. You will receive a photo of the injury and a brief description of what happened through the HiMama app. If the system is down, we will provide a paper report to be sent home at the end of the day. If biting exceeds three incidents in one day, we will ask that your child be picked up for the remainder of the day.

**Check In/Check Out:** In the event of a non-parent pick up we will need written permission including the name of the individual and date. At time of pick up please have the individual prepared with their driver's license or photo ID. The child will not be released to the individual without proper identification. This person will be added to your child's HiMama pick up list and a photo for future reference.

**Cleaning**: Classrooms, toys and facilities are cleaned on a regular basis following the VT State Regulations and covid guidelines.

**Communication:** Our teachers provide written and verbal communication. Communication is done through the HiMama application (you will receive info about this program with your application.) Messages can be sent directly to your child's teacher, through this application. Teachers will be available to speak with you at pick up or drop off. You may also call the center during business hours (7:30am-4:30pm) to speak with a Staff member, Owner, or Director at 802-862-7245.

**Confidentiality:** Confidentiality, regarding family information and conversations, is maintained, always. We also expect parents to respect the rights of other families.

**Curriculum:** We base our curriculum on center-wide themes. Each classroom develops their own age-appropriate curriculum within the center-wide themes, which change each week. This includes art, sensory, music, reading, sign language, and fine/gross motor play.

**Discipline/Behavior Management:** Discipline at the center is positive, supportive, nonphysical, and non-threatening. When challenging and disruptive behaviors occur, clear limits are set, and children are positively re-directed. If further behavior persists, environmental modification and other teaching strategies are put into action. Along with daily behavior logs, we will communicate with parents to discuss a plan to help solve the problem at hand to keep everyone safe. Increased aggressive/disruptive behavior will be brought to the parents' attention via in person communication, HiMama messages and behavior logs. Parents and teachers will

come to an agreed action plan. There will be a two-week period logging the effectiveness of the plan. Parents and teachers will reassess at the end of the two weeks to determine placement at Little Lakers Academy.

\*We have additional guidelines established for children who demonstrate dangerous or unsafe behavior. A behavior which causes physical harm to other children or staff may require removal of the child from the environment to a safe space until ready to rejoin the activity.

#### **DROP OFF:**

Drop offs must occur between 7:30-9:00 am. Our Program begins at 9:00am. Late arrivals are disruptive and make the transition more difficult. If your child will not be attending, please call by 9:00 am. No child will be allowed to enter the program after 9:05am, (unless late arrival is due to a doctor's appointment. We must be notified in advance with an approximate time of arrival, along with documentation from your provider).

#### **Runner:**

Drop offs will occur in the lobby and are not exceed the hand washing sink. Parents are to assist children in hand washing prior to the Teacher Runner bringing your child/children to their classroom.

# **Picking Up:**

Please use the HiMama app to inform your child's teacher that you are here to pick up. Weather permitting, pick up may occur outside on the playground.

**Enrollment:** Enrollment for the next school year is granted to previously enrolled children and families. Any available spots will be offered to our waitlist. Enrollment is only secured with a full deposit (2 weeks of tuition) and weekly payment starting the date the space is available. (ex. Available space starting 9/7/20 and you are looking to start your child 10/5/20, you would be required to pay tuition starting 9/7/20 to hold your spot.)

## **Family Resources:**

The following is a list of resources we work closely with:

Children Intervention Services 802-764-5294 (3 and under) EEE Contact Child's School District (3 and up) Vermont family Network (language cognitive delays) 1-800-800-4005 Howard Center (for behavioral concerns) 802-488-6000

Child Care Resource (financial assistance and parent training/education)

**Feedback:** We value your opinion. Concerns and or complaints should be directed to the primary educator or owner/director. (Verbally, via email or written) A Parent night will be scheduled twice per school year. This gives opportunity to discuss concerns, complaints, or positive feedback. We are unable to address concerns or complaints if we are unaware of the situation. A yearly survey will also be given out. This helps us assess our program and allows families to voice any concerns, anonymously.

**Field Trips**: Field trips are planned for classrooms ages 2+ at various times during the year. Keep a lookout for notification of possible trips. Written permission is required for your child to attend. If you choose not to allow your child to participate you may bring your child to school when the class returns. Joining another classroom is **NOT** an option. Field trips may be cancelled at a moment's notice due to lack of parent chaperones, weather, or safety.

**Fire Drill:** Fire drills are performed monthly. Every class has an evacuation plan posted in their room. Children will be lined up and directed outside to the agreed meeting spot. These drills are unannounced. Children, staff, or visitors will evacuate the building regardless of weather. Each classroom will have an emergency/first aid backpack and iPad to ensure everyone is accounted for and safe.

**Food:** You must provide your child with 1 meal and 2 snacks per day. Food MUST be in a zipped lunch box (labeled and dated) with 2 icepacks. Please try to provide healthy choices for your child. All food MUST be prepared to serve for your child. Food must be cut and ready to be warmed if necessary. (Ex: Hot Dogs or meat) Silverware, cups, and dishes must be provided daily. WE DO NOT HAVE EXTRAS! All dairy products must be dated, labeled, and placed in the refrigerator in your child's classroom.

**Hand Washing:** Parents must wash their child's hands, as well as their own, upon arrival. Throughout the day teachers MUST wash children's hands before/after eating, after coming inside, before/after diaper change or bathroom use. This is a state regulation. We will increase hand washing when needed to help reduce the spread of germs.

**Holidays:** We welcome all cultures and enjoy learning about holidays. We welcome families to participate in holiday celebrations. Each class will accommodate each child's cultures and beliefs.

**Immunization Records/Well Checks**: Current records signed by your doctor are required to start our program and to be updated at least once per year. Please continue to send updated records. If a waiver is needed for non- vaccinated children, please see the Director. Without these records your child may not attend. Each child will also need record of a well child visit within 45 days of enrollment.

**Insurance**: Little Lakers Academy has full Coverage of Liability insurance.

**Licensure**: We are fully licensed by the State of Vermont.

**No Smoking**: NO smoking on daycare premises.

**Rest time:** Mandatory 30-minute rest periods are scheduled but no child is forced to sleep. Quiet activities are provided for children choosing not to rest after the 30 minutes has passed. Infants under 12 months of age are helped to sleep following their own schedule and signals.

**Safety:** Teachers are trained in First Aid and Infant/Child CPR and AED. Certifications are renewed every 2 years. Staff are also trained in Medication Administration. In addition, there is an emergency procedure in place and a telephone available with emergency numbers posted.

**School Closings:** Full payment is required for Planned Holidays. Planned school closings are as follows:

Closings: Dates:

Labor Day Sept 5<sup>th</sup>

Thanksgiving Holiday Nov 23<sup>rd</sup> – Nov 26<sup>th</sup>

Winter Break Dec 26<sup>th</sup> – Jan 3<sup>rd</sup>

Staff Break Feb 27<sup>th</sup> – Mar 3<sup>rd</sup>

Staff Professional Dev. Apr 24<sup>th</sup> – Apr 28<sup>th</sup>

Memorial Day May 29<sup>th</sup>

Independence Day July 3<sup>rd</sup> and 4<sup>th</sup>

In Service Week Aug 28<sup>th</sup> – September 4<sup>th</sup>

Little Lakers Academy will close for severe weather conditions according to the Colchester school district and director's discretion. A general announcement of our closing will be available on the WCAX website as well as a center-wide message via HiMama. Full payment is required for closures that are due to circumstances beyond the control of the daycare. Circumstances such as: power outages for an extended period, hazardous weather conditions, or road conditions which require everyone to stay off the roads, and any other emergencies.

\*Tuition is due in full regardless of center closures, family vacation, nonattendance due to sickness or personal leave. **Separation:** It is common for a child to have difficulty separating from a parent and can be difficult for the parent as well; however, soon after the parent leaves the child becomes engaged in activities while the parent only remembers the child was crying. This is not always solved immediately. Here are some steps you can take to help prepare your child for separation:

- \*Talk to your child about what to expect.
- \*Talk to your child about what will happen in their day, things to look forward to.
- \*Try to keep the same routine every day.
- \*Help your child become engaged in an activity.
- \*When you leave, it's important to tell your child you are leaving and then do so. It is important that you in fact leave and not continue or prolong your child's anxiety. This is often hardest for the parents but crucial to setting a routine. drop off will get smoother if you believe in the process and follow it.
- \*Teachers can also assist you and are prepared to help your child deal with separation anxiety. \*Feel free to call us and check on your child throughout the day.

**Sickness Policy and Medical Emergency Plan:** We follow the state recommendations and guidelines health concerns for infants and toddlers. Listed below are some of the cases but not limited to:

- Reasons you would need to pick your child up: If your child develops any of these symptoms at school, you will be contacted to pick up your child immediately. If you cannot be reached within half an hour, we will call emergency contacts.
- Blisters (HFM): If a child starts to show signs of hand, foot and mouth, i.e.: red bumps on hands, feet, or around mouth, we will call parents to pick up their child. At this time your child needs to visit the doctor. If the child has hand, foot and mouth the child may not return to care until all signs are gone. If your child has open sores or blisters in/around the mouth, on the hands or feet they may not be in care. The child may return once all the blisters are gone.

• **COVID-19:** Children and staff will be excluded from in-person activities, if they:

Show symptoms of COVID-19, such as a cough, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, have been in close contact with someone with COVID-19 in the last 14 days, have a fever (temperature higher than 100.4°F), have colored nasal discharge. If above signs and symptoms begin while in care or in your program, the child will be sent home. Children may attend with a clear runny nose.

Families are to pick up within 1 hour of receiving communication. Children must be excluded from care until their symptoms have improved or cleared for 24hrs. Children with a fever greater than 100.4°F, no specific diagnosis, and COVID19 is not suspected by the healthcare provider must remain at home until they have had no fever for a minimum of 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol). Follow this link to determine if your child should attend care.

- **Diarrhea:** Toilet trained children are too sick to attend/will be sent home if they have 1 case of uncontrolled/ explosive diarrhea or 2 loose or watery bowel movements in an 8hour period. Diapered children are too sick to attend/will be sent home if they **have one case of diarrhea** that cannot be contained in the diaper. Your child may return once the BM can be contained in the diaper. The bowl movement may still be loose but needs to be contained in the diaper.
- **Feeling III**: If there is a behavior change, medication can be administered when given parental permission. If afterwards the child is still exhibiting discomfort and needs more care than the center can provide, he or she will need to go home. If your child is unable to partake in the daily activities, your child will be sent home at the Directors discretion. If your child has a fever and or other symptoms the child is too sick to attend, he/she will be sent home.

- Fever: A fever is determined when the thermometer reads 100.4 degrees F or greater (Temporal thermometer) or 99.4 degrees F (underarm thermometer). If there is a fever and behavior change, medication may be administered with written parental consent. Your child will be sent home and must be fever free for 24 hours, without the use of fever reducing medications, prior to returning to our care.
- Lice: Parents will be asked to treat their child or children according to prescribed treatments. At the center, we will clean and sanitize the classroom and the contents. We recommend your child be treated with permethrin cream before returning to the center. Your child's head must be nit and lice free and will be checked for nits by an educator before re-entering the classroom.
- Rash: Many times, rashes surface at the end of a virus, other times rashes are accompanied by a fever. Medication may be administered with written consent. If the child is still exhibiting discomfort and they are needing more care, then he or she will need to go home. If the child develops a fever and/or the child is displaying symptoms that are restricting the child from normal activities due to discomfort, the child is too sick to attend. He/she will be sent home and will need to be diagnosed by a physician. Documentation must be provided by a physician for phone approvals and for office visits outlining the treatment. Your child may return when the physician advises.
- Vomit: If your child vomits within 24 hours then your child is too sick to attend. If your child vomits while in care, they will be sent home. This does not include spitting up, a reaction to over-eating, or postnasal drip. Your child must be vomit free for 24 hours before returning to the program.
- **Symptoms Policy:** If more than 50% of the group exhibits the same symptoms/rash (Even without a behavior change and/or fever) with the Director's discretion they may choose to close the center to

prevent the spread of illness. **Tuition remains the same** even if the center closes.

 When is your child able to return: Your child may return to school when he or she is symptom free for at least 24 hours, without medication. If your child has been seen by a doctor and the doctor permits them to come back sooner than the 24 hours, please provide a note from the doctor. Upon arrival, the director will conduct a health check to ensure your child is free from symptoms.

It is ultimately up to the Director's Discretion whether your child is healthy enough to be at the center. Children must be picked up within an hour of being in contact with the center.

**Medications:** Must be brought to school by a parent and given directly to an educator. The medicine must be in its original container with the child's name detailing the time and amount of dosage to be given. Medicine will be stored in a med box to secure its place outside of the classroom. Parents must fill out a Medication Dispersal form (attached to this document), upon arrival. For legal reasons, no medication will be given unless the above protocol is met. Release of liability must be signed on the application form.

Medical Emergency Plan and for Disasters: If the center follows the plan, parents will assume all expenses for emergency vehicle transportation. If a child's injury requires first aid or emergency services, one member of the teaching team will tend to the injured child, while the other member will tend to the remaining students. In case of emergency, we will follow the disaster plan and meet at a designated spot. Teachers also have been trained in lockdown, in the event of an intruder.

# The following will result in calling 911 immediately:

- · Has difficulty breathing or unable to breath
- Has blue, gray, purple skin, or lips
- Is unconscious
- Is vomiting blood
- Has stiff neck with headache and fever

- Head, neck, or back injury
- Is unresponsive
- · Appears to be poisoned
- Chest pains or pressure
- Severe bleeding
- Possible broken bones
- Seizures
- Persistent pain or pressure in the abdomen
- Severely dehydrated with sunken eyes, lethargy, no tears, not urinating

## Call parents for a child who:

- Has a fever and looks more than mildly ill
- Has a quick spreading red or purple rash
- · Has a large volume of blood in stool
- Has an injury that may require medical treatment such as stitches
- Has an animal bite that breaks the skin
- Has any medical condition that is outlined in the child's care plan requiring attention

#### Administer first Aid:

- Cuts, scrapes, bruises, nose bleeds, etc.
- Clean all abrasions
- Apply bandages
- Apply icepack if necessary

Check for life threatening problems: If the child is conscious, ask questions such as, "What's your name?" To help determine child's condition. Continue to check breathing and pulse.

- If the child is not conscious, determine if they are breathing.
- If the child is not breathing, follow correct procedures for mouth-tomouth resuscitation.
- Begin CPR if necessary
- Check for injuries/starting at the head. Medical personnel will ask for this information.

**Special Needs and Disabilities:** We will make every effort to meet the needs of your child's physical, emotional, intellectual, and social wellbeing, based on our staffing ratio and facility

resources. Modifications and emergency procedures related to enrolled children with special needs shall be developed and maintained after consulting with child's support team. We will work with families to make necessary arrangements or determine that the arrangement is not working. The director reserves the right to make the final decision.

If professional referrals are used, a written parental permission is required. Educators frequently work with outside agencies and resources including the (EEE) program at the local public school, Family Infant and Toddler Program (FITP), and Child Care Resource & Referral Center (CCR) and the state licensing Agency.

**Specials/Extra Curricular Activities:** We offer regular specials during the week. Some of the specials include Bike Day, yoga, show and tell, Book Day, Buddy Dubay music and some Cooking.

**Staff:** Prior to employment, all staff must pass a criminal background check through the State of Vermont and have no history of criminal activity or child abuse.

# **State Regulations:**

https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/CBCCPP\_Regulations FINAL.pdf

# Items your child will need

#### **Infants:**

- A written description of what your typical day looks like as well as additional information you wish to share.
- Diapers and wipes Hard Case to refill (cloth diapers are welcome)
- Bottles (1 for every feeding is required. State regulations don't allow us to wash and reuse bottles) Bottles MUST be pre-made to prevent contamination.
- Breast milk or formula
- · Swaddles or sleep sacks
- Pack and play size crib sheet
- Pacifiers (must fill out permission slip)
- Bibs and spoons to feed
- Family Photos (3-5)

#### All Classes:

- Please dress your child in clothes that can get messy and are weather appropriate.
- Lunch box with an ice pack,
- Fitted sheet/blankets to rest along with a zippered bag/Pillowcase (ages 1+)
- Comfort items for rest time or when feeling sad
- Extra seasonal clothes (If your child is toilet training multiple sets of clothing will be needed).
- Sunscreen (no aerosol)
- Water bottle (brought home daily)
- Family Photos (3-5)

**Toilet Training:** Teachers and parents will work together to make the experience positive.

Toilet training needs and schedules are individualized to each child. Multiple changes of clothes including underwear and pants/shorts that are easy to pull up and down will be needed.

**Toys from Home**: We provide children with many manipulatives here and ask that all toys from home stay at home to prevent the spread of unnecessary germs and conflict; however, on show and tell day a small toy from home to share is welcomed. Comfort items are allowed for rest time and transitional times.

**Visiting:** You are welcome to visit your child and educators at any time. You are also welcomed to call and check the status of your child at any time. We offer parent conferences twice a year to discuss progress, accomplishments and issues at home which impact the child.

**Volunteer Opportunities:** We encourage families to volunteer. You can help by assisting with field trips, events, center maintenance and landscaping. We appreciate the extra help you give.

**Withdrawal:** A 4-week withdrawal notice is required, in writing. Full tuition payment is due whether or not you choose to fulfill the 4 weeks' notice.

Tuition: Tuition is paid on a weekly/monthly (every 4 weeks) basis,

via Square. Payment is due Friday prior to the week/month of care. Payment must be paid prior to your child attending. As noted in the tuition contract, you are responsible for all tuition due in the time frame your child attends. Tuition is still due whether your child is sick, or your family has chosen to leave for vacation. All families must sign a contract before the first day of enrollment. Tuition will be required starting the date the space is available. (ex. Available space starting 9/3/22 and you are looking to start your child 10/8/22, you would be required to pay tuition starting 9/3/22 to hold your spot.)

**Pandemic:** In the event of a pandemic (ex. COVID-19), Little Lakers will closely monitor the severity within our community. We will stay informed through guidance from our Governor, the Child Development Division, and the Vermont Department of Health. We will follow all guidelines given to us to the best of our ability. If the State determines the need for a shut-down, we will utilize all assistance offered (tuition coverage, payroll assistance, etc.) and will use our best judgement to determine a safe reopening date. Full tuition will be required until assistance has been put in place. Non-payment from families will result in unenrollment. If LLA asks families to volunteer to keep their children home to remain in ratio, those families will be reimbursed tuition for that day. LLA will utilize HiMama as our main source of communication with families. If needed, we will schedule Zoom meetings to allow for parent input on the situation. LLA asks that parents be patient and understand that we are doing our best to provide quality care as safely as possible.

## **Parental Agreement with Little Lakers Academy**

BY INITIALING BELOW, I HAVE READ, UNDERSTAND AND AGREE TO ALL THE TERMS STATED IN THE LITTLE LAKERS HANDBOOK.

If the center closes due to the spread of illness tuition is still due in full.

| I (we) agree to pay the total amount due, a   | nd any expenses required.  |
|---|--|
| I (we) agree to pay all fee charged by finan collecting the term of the contract and any fees institutions during the term of this contract. Any rexpulsion will be based on the number of weeks will continue for this enrollment as indicated above notice. A child's withdrawal must be WRITTEN and (4) weeks prior to the child's last day. | assessed from financial refund due to withdrawal or in attendance. This contract unless I (we) provide written |
| By signing below, I have read and agree to follo<br>the <i>Little Lakers Aca</i>  | ow the policies indicated in <b>demy</b> Parent Handbook.  |
|   |  |
| Child's Name  | Date   |
| Parent's Name   | Date   |
| Parent's Signature  | Date Date  |

All employees at Little Lakers Academy are mandated reporters and obligated as Early Childhood Education Professionals to report any suspicion of child abuse or neglect. Any employee suspecting child abuse or neglect will report their suspicions to the Director and a report will be filed with the Department of Children and Families. When permitted, we will tell you in advance.

Little Lakers Academy reserves the right to make necessary changes when the child's best interests are in consideration.



Little Lakers Academy
73 Prim Road Suite # 8
(802)862-SAIL

Start Date:

Students Legal Name:

| I                           | _ast I            | First               | Middle   | Nickname        | Date of Birth |
|-----------------------------|-------------------|---------------------|--|-----------------|---------------|
| Gender:<br><b>Hours R</b> o |                   | Address             |  | City            | Zip Code      |
|                             | Monday            | Tuesday             | Wednesday                                      | Thursday        | Friday        |
|                             | am:               | am:                 | am:  | am:             | am:           |
|                             | pm:               | pm:                 | pm:  | pm:             | pm:           |
|                             |                   | race period. A late | nly attend a maximu<br>fee of \$1.00 will be o | charged per min |               |
|                             |                   |                     | _Parent/Guardian: _<br>_Address:               |                 |               |
|                             | (H)(W)            |                     | _Contact: (H)(W)                               |                 |               |
|                             |                   |                     | _Place of Employm<br>_Email:                   |                 |               |
|                             | Child Lives with: | Mother Father       | Both Guardian                                  | Other           |               |
|                             |                   |                     | _Emergency Contac<br>_Address:                 |                 |               |
|                             |                   |                     | Contact: (H)(W)                                |                 |               |

| Place of Employment:   | Place of Employme                      | ent:  |
|--|--|---|
| Email:   | Email:                                 |   |
| Homo I anguaga   |  |   |
| Home Language:   |  |   |
| Name of Physician:   | Name of Dentist: _                     |   |
|  | Waiver of Liability                    |   |
|  | w, I have read, understand, and ag     |   |
| I hereby release Little Lakers claims from injury or damage that n | Academy, together with its operator    |   |
|  | nized by Little Lakers Academy, inc    |   |
|  |  | red regarding tuition if I fail to comply   |
| with this, I am still obligated to this                            |  |   |
|  | nt due for the period of the contract  | including all expenses that have            |
| occurred in collecting these funds.  I have read understand and a  | agree to abide by the philosophy and   | d policy of Little Lakers Academy and       |
| here by agree to abide to such rules                               |  |   |
| daycare closes due to illness, I agre                              |  | <del></del>                                 |
|  |  |   |
| Signature of Parent/Guardian for ab                                | ove authorization and agreement        | Date  |
| Please give permission for   | your child to participate in the fol   | llowing activities by signing your initials |
| I hereby give Little Lakers Ac                                     | ademy permission to transport my c     | child to the appropriate the location in    |
| case of medical emergency and obta                                 | ain medical care for my child          | in case of an emergency.                    |
|  | ticipate in fieldtrips organized by Li |   |
|  | nes employed by Little Lakers Acad     | lemy and/or NOT employed by Little          |
| Lakers Academy.  | cademy to administer nonprescription   | on madication supplied by the               |
| parent/guardian as needed.   | cademy to administer nonprescription   | on medication supplied by the               |
| -  | cademy to administer sunscreen and     | diaper cream as needed.                     |
| · ·  | he right to make necessary change      | es when children's best interests are in    |
| consideration.   |  |   |
| Parent's/Guardians Signatur  | re                                     | Date  |
| Parent's/Guardians Signatur  | re                                     | Date  |

#### CHILD CARE GENERAL HEALTH EXAMINATION FORM

**Note:** This form can be used for childcare programs as required documentation of a child's general health examine. Other physical forms used by the health provider's office documenting the child's age-appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in childcare are also acceptable.

| Child's Name:                  |   |  |
|--------------------------------|---|--|
|                                | Date of Last Exam:  |  |
| This child has no health co    | nditions or medications that impact enrollment in childcare.  |  |
| This child has a condition     | or medication that should be known by the childcare provider: |  |
|                                |   |  |
|                                |   |  |
|                                |   |  |
|                                |   |  |
|                                |   |  |
|                                |   |  |
| Health Care Provider Name: _   |   |  |
| Phone Number:                  |   |  |
| Health Care Provider Signature | :   |  |
| Date:                          |   |  |

# Sunscreen Permission Form

(Provided from Home)

| Parent Signature          | <br>Date  |
|---------------------------|---|
|                           | re permission for Little Lakers Academy to apply<br>It is to be applied as directed in the Vermont<br>as. |
| Special Instructions:     |   |
| Brand of Sunscreen & SPF: | Start Date:   |
| Child's Name:             | Child's Age & DOB:  |

# Little Lakers Academy



# Pacifier Permission Slip



| I,                   | Give permission for my       |
|----------------------|------------------------------|
| child,               | to have a pacifier in their  |
| crib while they slee | ep at Little Lakers Academy. |
|                      |                              |
|                      |                              |
|                      |                              |
|                      | _                            |
| Signature            | Date                         |

# Diaper Cream Permission Form

(Provided from Home)

| Child's Name:         | Child's Age & DOB:   |
|-----------------------|--|
| Brand of Cream:       | Start Date:  |
| Special Instructions: |  |
|                       | re permission for Little Lakers Academy to apply the as needed for diaper rash healing/prevention. |
| Parent Signature      | <br>Date   |