



## CHILD CARE CENTER POLICY

**Child's Name:** \_\_\_\_\_

**Child's Teacher:** \_\_\_\_\_

1. The center will be open from 7:00 AM to 6:00 PM, Monday through Friday. Children cannot be accepted earlier or kept later. In case of emergency, the parent must call the center for the child to remain past closing time. One dollar (\$1.00) every minute will be charged for each child kept after the center is closed.
2. Orientation – A mandatory meeting will be set aside each year in August. All parents will be required to attend. A ten-minute video on child abuse and policy will be discussed. Afterwards, parents are required to go to their child's classroom to meet with the teacher. Refreshments will also be served. Because of the nature of the evening we prefer that children do not attend.
3. Children must be signed in (not simply dropped off) and out every day by the adult responsible for them. Siblings are not allowed to bring or pick up preschool children.
4. Parents must fill out an authorization form that gives persons other than themselves permission to pick up their children. Persons not on the list will not be allowed to take the children. Childcare staff members will check for identification.
5. The parent must complete all enrollment forms for the child and a current immunization record signed by the health care provider must accompany the child upon admission. Each child must receive all immunizations at entry unless there is a medical reason certified by the health care provider why those immunizations should not be made.
6. Annual health examinations may be required and are the responsibility of the parent.
7. Parents will be promptly notified of the occurrence of a communicable disease among the center's children.
8. A child may not remain at the center if he/she is thought to be ill. If a child becomes ill during the day, the parent will be called to come and take the child home. More specifically, the center will ask a parent to pick up a child if his/her temperature is 100°F or if he/she is vomiting, has diarrhea or a severe cough or headache.
9. If a child experiences a fever, vomiting, or diarrhea the night before, parents are asked not bring him/her to school the following day. A child must be free from fever, vomiting, or diarrhea for 24 hours before returning to school.
10. A child with a rash cannot come to the center until a doctor has seen the rash. A note from the doctor is needed before the child may return to school.
11. Prescription medicines will not be given at school. Parents should ask their doctors for a dosage that can be given at home.
12. Parents are asked to see that children do not bring food, gum, money, or toys to the center.
13. A small blanket, pillow, and a sheet (one that is for a baby bed) should be provided for each child. These should be small enough to fit in the child's cubby. These should be labeled with the child's name and kept inside a bag or backpack that has a zipper. These will be sent home every Friday to be laundered and should be returned on Monday.

14. Dress Code – Berean Academy allows preschool and kindergarten children to dress in modest play clothes. However, we do have the right to ask a student not to wear something that would be out of line with our school policies. For example, boys do not wear earrings, ponytails, or T-shirts or sweatshirts with inappropriate messages. Please do not allow your child to wear pants with writing across the seat. We are required to take the children out each day if they are here more than three daylight hours, so please dress your child appropriately for the weather. Socks are required with shoes. No flip flops, jellies, or sandals. For safety reasons they are not allowed to wear jewelry except for earrings (girls) which do not hang off the ear.
15. Every child must be toilet trained. In the event of an accident (spill, vomiting, etc.), a change of clothes should be kept at school.
16. Parents are to notify the center of changes in work or home phone numbers in order to reach you in case of an emergency.
17. If your child is engaged in an activity when you arrive, allow your child to put all materials or toys away before you leave. This will teach order and neatness.
18. If your child is on the playground when you arrive, please inform the worker that you are leaving with your child. **Do not leave without informing the worker.** All preschool children need to be signed out.
19. If your child has a medical condition the staff needs to be aware of please list and explain at the bottom of the page.
20. The center will be closed on the following days:  
 Labor Day, Thanksgiving Holidays, Christmas Holidays, New Year Holidays, Easter Holidays, Memorial Day, Independence Day (Childcare is closed the week of July 4.)

**Receipt of Policy Statement and TACS Requirements**

I have received a copy of the Policy Statement and a copy of “Summary of TACS Requirements for Child Care Centers.”

\_\_\_\_\_  
 Name of Child in Child Care

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Signature of Center Staff

ATTENTION: Please be aware of the following medical condition of \_\_\_\_\_.  
(Child’s Name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Berean Childcare: Authorization for Child Pick-Up**

Name of Child \_\_\_\_\_

Name of Child \_\_\_\_\_

Name of Child \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_

Contact Numbers for Mother/Guardian:

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Numbers for Father/Guardian:

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

I authorize the following people other than myself to pick up my children/children:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Emergency Contact Information**

Please list additional phone number where we can get in touch with a family member in the event of emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_