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# TAG

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## **Guidelines for Parent Enrollment**

- 1. Parent Name** \_\_\_\_\_
- 2. Parent Number** \_\_\_\_\_
- 3. Child's Status and Time** \_\_\_\_\_
- 4. Tour Date and Time** \_\_\_\_\_
- 5. Parent handbook discussion** \_\_\_\_\_
- 6. Parent Signature /Contract** \_\_\_\_\_
- 7. Child Expected Start Date** \_\_\_\_\_
- 8. Class Child will Join** \_\_\_\_\_
- 9. Child's Full Name** \_\_\_\_\_

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# TAG

- 100 Parent Handbook
- 101 Pre-Admission Background Check
- 102 Registration form
- 103 Health and History Form
- 104 Emergency Medical Authorization Form
- 105 Infectious Control Policy
- 106 Behavior Guidance Policy
- 107 Discipline Policy
- 108 Daily Schedule
- 109 Emergency No Car Seat Evacuation Form
- 110 Termination Policy
- 111 Immunization Records **Provided by the parent**
- 112 Biting Policy
- 113 Safe sleep Policy
- 114 Field Trip and Activities permission slip
- 115 Parent Call In Policy
- 116 Contract

Forms Explanations given by \_\_\_\_\_  
Child's Start date \_\_\_\_\_  
Registration Fee \_\_\_\_\_  
Pricing explanation given by \_\_\_\_\_  
Contract explanation given by \_\_\_\_\_

By Start date your child will need:

Records (copy of):

- Birth Certificate
- Immunization record
- Immunization exemption
- Court order if Parents are divorced or separated

Supplies for your child:

Nursery	Toddlers	Preschool
Diapers (7 -10 daily)	Diapers (7-10 daily)	Extra set of clothes (including underwear)
Wipes	Wipes	Blanket/ small pillow
Bottles (pre-measured)	Sippy cups	Two juice boxes ( no sippy cups/ bottles)
Pacifiers	Pacifiers (naps only)	Packed lunch

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# TAG

## Children's Center Admission Packet ( Pre- Administrative Background Check form)

To aid T.A.G. Staff to understand and plan for your child better please fill out the following form and return it to the center before your start day.

Last Daycare your child attended \_\_\_\_\_  
How Long were they enrolled \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

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Date \_\_\_\_\_ Child's  
Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male or Female (circle one)  
Name of Mother  
/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip  
Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( )  
\_\_\_\_\_ Email \_\_\_\_\_

Name of  
Father/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip  
Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( )  
\_\_\_\_\_ Email \_\_\_\_\_

### Family Information:

Present family situation:

Parents: (Circle one) Married/ Living Together/ Separated/ Divorced/ Single Parent/ Parent  
Deceased

If parents of child are separated or divorced please make a copy of any court order assigned to either party. Are both parents in the child's everyday life? YES or NO (circle one)

### Other Members in your family living at home:

Name	Age	Relationship	Indicate name used by child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Persons other than yourself to pick up your child(s):**

<b>1.</b>	<b>2.</b>	<b>3.</b>
Name_____	Name_____	Name_____
Address_____	Address_____	Address_____
Phone ( )_____	Phone ( )_____	Phone ( )_____
Relationship_____	Relationship_____	Relationship_____

**Code Name/Word:**\_\_\_\_\_

**This is a word and/or code that you must have on file with us in case someone tries to pick up your child, anyone that you want to pick up your child (we have not met before) will need to know this word and/or code.**

**Person That you would not have to pick up your child(s):**

<b>1.</b>	<b>2.</b>	<b>3.</b>
Name_____	Name_____	Name_____

**Other members of the family that are living in the community:**

<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>Indicate name used by child</b>
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____

**Child personality:**

**Is your child generally? (circle one)**

**Cooperative/ Shy/ Competitive/ Happy/ Aggressive/ Sensitive/ Submissive/ Angry**

**Describe your child's appetite? (Circle One)**

**Always hungry/ Never hungry/ Snacks/ Snacks all day/ Eats at meal time/ Has to be coaxed to eat**

**Does your child have any food allergies? \_\_\_\_\_**

**Are there any foods your child does not like?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**List your child's interest? (examples: painting, singing, animals, ect.)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Is your child: (circle one)**

**Potty trained/ In the process/ Still in diapers but has interest/ Still in diapers and has no interest**

**We call the Potty \_\_\_\_\_ ( please give us the name that is helping your child know what the potty is.)**

**\* If your child is in the process of potty training, your child's attire needs to be easy access for the child.**

**Please give us a small description of you and your child's relationship**

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# TAG

## Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
Nickname \_\_\_\_\_

**My child will be attending? (circle one)**  
T.A.G. Nursery (0-1 yrs. Old)/ T.A.G. Toddlers (1-20mths)/ T.A.G. Toddlers Too (20mths- Early 2 yrs. Old)/ T.A.G. Two yr. old program/ T.A.G. Preschool Program (3- 4 yrs. Old)/ T.A.G. After school program (5-12 yrs. Old)

**My child will be here: (circle One)**  
Monday-Friday (for an 8 hr. period)  
Three days a week ( for an 8 hr. period)

**I choose to pay: (Circle One)**  
Weekly Rate  
Bi-weekly Rate ( I will pay on the 15<sup>th</sup> and 30<sup>th</sup> of each month)  
Monthly Rate ( I will pay by the first of the month, and receive a 5% discount)  
Yearly Rate ( I will pay at the beginning of the year, and receive one month free)

**I am person responsible for payment: (circle one)**  
Parents/ Just Mom/ Just Dad/ Grandparents/ Social services, I just have a co-pay/ social services I just pay you the remaining balance

Please sign if you have met with our Financial Director Ms. Ebony Cleveland about pricing and payment.

\_\_\_\_\_  
**Parent Siganture**

\_\_\_\_\_  
**Date**

**I choose to be? (circle one)**

## Contracted or Not Contracted

\* Please note that the director will go through your contract at the end your discussion and tour.

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# TAG

## T.A.G. Health and Medical History Form

### Medication Administration:

The Drug Control Act, 54-1-3408 of the code of Virginia was amended July 1<sup>st</sup>, 2006 to allow prescription drugs to be administered in childcare programs **provided certain requirements** are met.

Childcare programs as defined in 63.2-100 and regulated by the State Board of Social Services or the Child day care Council, include; Child day Centers, Religious Exempt Child day Centers, Family day home, Family day Systems, Voluntarily Registered Family Day homes, and Certified Preschools

The standards for Licensed Child Day Centers Require Medication administration Training (M.A.T.) for Staff who administer any prescription and over the counter medication other than topical skin gel, cream or ointment.

Both prescription and non-prescription drugs require written authorization from the parent prior to administration in the center. Blanket consent is allowed; (unless prescribed otherwise by a doctor.) Prescription drugs given over a longer period require the physician's guidance and authorization. All medication must be labeled. Any medicine to be given at the center must be in it's original container with the prescription label attached. Medicine should be stored in a special locked cabinet or refrigerator. All medicine, prescription and non prescription drugs shall be returned to the parent when the medicine is no longer being used. The medicine cabinet will be checked on Friday of every week and any out dated medicines will be discarded at that time.

**Our Med Tech (MAT) on Staff is Areyl Cleveland. She will make sure that each parent has correctly filled out a form before any meds are given. They keep all meds in their hands until they have signed the record sheet marking the date, time and signing of on it. These records are legal. We follow these procedures to protect ourselves from liability/lawsuits.**

**I have met with Ms. Areyl Cleveland the (MAT) Med Tech Staff, here at T.A.G.**

-----  
**Parent Signature**

-----  
**Date**

**Please sign again if you have gone through and fully understand the following Medical Information.**

-----  
**Parent Signature**

-----  
**Date**

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# **TAG**

## **T.A.G. Health and Medical History Form**

**Please fill out the following form and supply us with a copy of immunization records and copy of your child's birth certificate.**

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Birth**

**Date** \_\_\_\_\_

**Child's social security Number** \_\_\_\_\_

### **Medical History:**

**Diseases: (Please list if your child has any known diseases)**

**My Child has** \_\_\_\_\_ **(examples: asthma, heart disorder, diphtheria,)**

**It has an affect on**

-----  
-----

-----  
**It has affected our family**

-----  
-----

-----  
**We have seen**

-----

-----  
-----  
**Does this run in your family? YES or NO (circle one)**

**Is your Child sick: (Circle one)**

Often/ More then most/ Hardly ever/ All the time/ Never

**Please list any of the following:**

**Congenital Malformations**

-----  
**Allergies of any kind**

-----  
**Drug Sensitive's**

-----  
**Seizures YES or No**

**Please sign if all information is legally true and nothing out of your child's medical history was left out.**

**\* Please know every time your child sees a doctor for shots we need a update on immunization records for their file here at T.A.G.**

-----  
**Parent Signature**

-----  
**Date**

-----  
-----  
**TAG**

**Emergency Medical Authorization Form**

**Child's name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date** \_\_\_\_\_ **Initials**

-----  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State, Zip**  
**Code** \_\_\_\_\_

**Name of Parent/ Guardian**

-----  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell**

-----  
**By signing below I authorize T.A.G. day-care to obtain immediate medical care and consent to the hospitalization of the performance of necessary diagnostic test upon, the use of surgery on, and the administration of drugs to my child named above if such an emergency occurs. It is also understood that this agreement covers only**

those situations which are true emergencies and only when I can not be reached. Otherwise I expect to be notified immediately.

Please initial the following:

I will be responsible for payment of any medical expenses \_\_\_\_\_  
Health Insurance Company Name \_\_\_\_\_ Initials \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Name \_\_\_\_\_  
Initials \_\_\_\_\_  
Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Initials \_\_\_\_\_

This form is to be kept by the daycare office and only to be taken in case of an Emergency.

Emergency Contact Information:

1.	2.	3.
Name _____	Name _____	Name _____
Number _____	Number _____	Number _____
Relationship _____	Relationship _____	Relationship _____

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

\_\_\_\_\_  
Date

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# TAG

## Infection Control Policy Form

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own family, they are exposed to viruses and bacteria that are foreign to their bodies. This is the way they build up immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, simple cold could cause the child to be very sick. However, we do want to protect a child from an unusually high exposure to germs

all at once.

In a child care setting, children come into contact with groups of others children outside their families; children can help spread germs rapidly. For this reason the staff here will take constant precautions to prevent the spread of disease. Many childhood diseases are contagious. They are caused by germs which may be spread in several different ways, like coughing, sneezing and runny nose. With helpful hand washing training (which we try to do with all age groups and employees) we can keep the spread to a minimum. You as Parents can help us in our effort to keep your children healthy. We ask you cooperation in the following:

1. If your child has been exposed to any of these diseases listed on the accompanying chart, we ask you notify us of the exposure.
2. If your child shows any signs of the following symptoms you will be called and asked to come immediately. Please help us protect the other children by responding promptly. If your child has any of the following symptoms at home, we ask that you keep them home for 24 hrs. after the symptoms are gone.

The symptoms are as followed:

- ✓ Fever greater than 100.4
- ✓ Severe coughing, High pitched croupy cough
- ✓ Difficult or rapid breathing
- ✓ Yellowish skin or eyes/pink eye/ sore throat
- ✓ Unusual spots or rashes/ infected skin patches
- ✓ Crusty, bright yellow, dry, or gummy area of skin
- ✓ Unusual dark tea colored urine
- ✓ Headache and stiff neck
- ✓ Grey or white stool, Recurrent diarrhea
- ✓ Vomiting
- ✓ Severe itching

If any of the above are present or your child is cranky or less active than usual you will be called and asked that you pick them up.

-----  
Parent Initials

-----  
Date

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# TAG

## Guidance and Classroom Behavior Form

T.A.G. is devoted to the development of positive self-esteem and to the development of self-discipline in Children. We recognize the difference in the ages of the children and their abilities. We do have a schedule that provides a variety of quiet and active periods throughout the day. We will have equipment and materials to at least

provide 4 to 5 centers in the classroom for your child. We will arrange our room in such a way as to encourage individual , small group and whole group activities. We will provide skillful teachers who can anticipate and defuse situations that are not healthy or safe for the children. Also our teachers are going through classes at Childcare connections to help them in their particular classrooms.

As Staff in Partnership with parents, we will:

- ✓ Clearly define and be consistent in maintaining limits
- ✓ Provide direction or suggestions in a positive way
- ✓ Give the child a choice only when a true choice exists
- ✓ Reinforce direction with constancy when necessary
- ✓ Use our voices as a teaching aid
- ✓ Model the behaviors that are appropriate
- ✓ Model courtesy and thoughtfulness
- ✓ Recognize potential problems and adjust action to prevent them
- ✓ Position ourselves to allow effective supervision
- ✓ Provide suggestions and directions for maximum effectiveness
- ✓ Take action when needed
- ✓ Respect personal privacy
- ✓ Respect differences in cultural, ethnic, and family background
- ✓ Encourage decision- making abilities
- ✓ Promote ways of getting along
- ✓ Encourage Independence
- ✓ Use consistency in applying expectations

Initial \_\_\_\_\_ Date \_\_\_\_\_

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# **T.A.G.**

## **Discipline Management Policy**

**Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive non-violent and understanding interactions, from adults and other, they develop good-self-concepts, problem solving abilities, and self discipline. Based on the belief of how children learn and**

develop values, this facility will practice the following discipline and behavior management policy.

**We Do:**

- 1. Praise, reward, and encourage the children**
- 2. We do reason with and set limits for the children**
- 3. Model appreciate behavior for children**
- 4. Modify the classroom environment to attempt to prevent problems before the can occur**
- 5. Listen to the children**
- 6. Provide alternatives for inappropriate behavior ( Solution board)**
- 7. Provide the children with natural and logical consequences of their behavior**
- 8. Treat children as people and respect their needs desires, and feelings**
- 9. Explain things to the children on their level**
- 10. Ignore minor misbehaviors**
- 11. Use short supervised time to cool down**
- 12. Stay consistent with our management program**

**We Do Not:**

- 1. Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children**
- 2. Make fun of them, yell or threaten, make sarcastic remarks about, use profanity or otherwise abuse children**
- 3. Shame or punish children when they have a bathroom accident**
- 4. Deny food, snack , or rest, or outside time to children**
- 5. Leave children unsupervised**
- 6. Place children in a room with the door closed**
- 7. Allow discipline from other children**
- 8. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic group.**

**I understand and agree with these polices:**

**Parent**

**Signature**\_\_\_\_\_

---

**T.A.G.**

**Daily Schedule**

## 0-12 months

The infants will follow the schedule the parents have asked us to follow. The only time you will deviate from that schedule is with a discussion with the parent, or if a child is feeling ill and just wants to be held or needs to sleep.

### Nursery Staff Daily Schedule

**Opener 1 -----** Greet all parents at drop off and ask about the child's night and when last bottle or feeding was given to the child  
prepare all bottles and feedings for each child  
Control all paperwork that has to do with feedings  
Clean all high chairs, and floor area around the eating space  
All bottles dishes, are your responsibility  
**Communicate to parents** what children ate and how much, and when they need more food brought tot the center  
Communicate with all the team throughout the day  
Save all side bar talk for lunch and breaks or when your babies are sleep  
Take care of your responsibilities and then help your team

**Opener 2-----**all diaper changes are your responsibility  
Control all paperwork that has to do with diaper changes  
Make sure all babies faces and hands are wipes and cleaned before leaving the changing table  
Communicate to parents when children need more diaper and wipes  
Development with children on mats  
Communicate to the team throughout the day  
Save all side bar talk for lunch and breaks or when your babies are sleep  
Take care of your responsibilities and then help your team

**Mid Person-----**Responsible for all cleaning through out your shift

Vacuum

Trash

Toys-----need to be cleaned and sanitized throughout the day

Spray and wipe off center mats

Keep adults from walking on center mats with shoes

**Development with children on mats**  
**Communicate with your team throughout the day**  
**Save all side bar talk for your lunch or breaks or when your babies are sleep**  
**Take care of your responsibilities and then help your team**

**Closings Person-----Communicate with all workers how the day has gone before  
your start work.**  
**Tie up all lose ends of all previous jobs.**  
**Final Cleanup**  
**Vacuum**  
**Trash**  
**Cleaning of toys**  
**Greeting the parents at pick up time**  
**Make sure they get final items**  
**Look around at your area before leaving and make sure the opening person can start  
work fresh because of your clean-up**

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# T.A.G.

Daily Schedule  
1 year old class

5:00 am- 8:30 Breakfast and open center play  
8:30-9:00 Diaper changes---Hand and face washing--Make sure all children have on clothing, including socks and shoes  
9:00am-9:15 Divide children in proper groups and first rotation begins

**Refer to your song manual for your first transition song**  
**Teachers please remember the 1<sup>st</sup> 10 mins is open play for your children**  
**The next 10 mins is your time to engage them in the teacher directed activities that happens in that room. And the last 10 ins is to clea up for the next group**

9:15-9:45

Group 1 Martha and Chelsea

Open center fun -----2<sup>nd</sup> 10 mins Choose pots and pans for music  
Mats for tumbling  
Riding toys

Group 2 Sarah and Andrea

Art---In the kitchen  
Serve morning snack at this time

Group 3 Beth and Christina

Sensory-In the library

9:45-10:15

Group 1  
Art---In the Kitchen  
Serve Morning snack at this time

Group 2  
Sensory ----In the Library

Group 3  
Open center fun Choose pots and pans for music

**Mats for tumbling  
Riding toys  
10:15-10:45**

**Group 1  
Sensory ----In the Library**

**Group 2  
Open center fun Choose pots and pans for music  
Mats for tumbling  
Riding toys**

**Group 3  
Art --In the kitchen  
Serve morning snack at this time**

**10:45 11:00**

**Group 3  
Bathroom Time**

**Group 2  
Diaper Changing  
Hand Washing**

**Group 1  
Diaper changing  
Hand Washing**

**10:45-----11:30**

**Charisse-- will prepare lunches**

**11:00-11:45**

**Lunch Time for all the kids**

**Christina will lay out all mats and start the music at nap time and stand in the door way to receive the clean children as they are handed to her.**

**11:00-11:30 Sarah will go on her lunch**

**11:45-12:15**

**All staff in the kitchen doing the following  
Christina and Sarah receiving the children and laying them down for nap.  
All children should be in the bed by 12:15**

**12:15--12:45 Christina will go to lunch**

**12:15-12:45 Kitchen Clean-up**

**Beth and Andrea will do the following:**

**Sweep the floor**

**Mop the floor**

**Put all children's Tupperware back in their lunch boxes**

**Clean the refrigerator**

**Line up sippy cups and make sure they are filled for afternoon snack**

**12:45--1:15 Beth and Andrea go to lunch**

**12:45 --1:15 Sarah and Christina switch Christina will watch sleeping children and Sarah will prepare after noon snack**

**1:15-1:45**

**As children are waking up the following will happen:**

**Diaper changes**

**Potty Time**

**Hand Washing procedures**

**Face washing**

**Socks and shoes back on**

**1:45--2:00 Afternoon snack**

**2:00---2:30**

**Group 1**

**Music Room for circle time**

**Group 2**

**Manipulative Room to help develop fine motor skills**

**Group 3**

**Library for story time**

**2:30-3:00**

**Group 1**

**Manipulative Room to help develop fine motor skills**

**Group 2**

**Library for story time**

**Group 3**

**Music Room for circle time**

**3:00-3:30**

**Group 1**

**Diaper Changes**

**Hand washing**

**Face washing**

**Group 2-3**

**Parachute Game**

**Group 2**

**Diaper Changes**

**Hand washing**

**Face washing**

**Group 1-3**

**Parachute Game**

**Group 3**

**Diaper Changes**

**Hand washing**

**Face washing**

**Group 1-2**

**Parachute Game**

**3:30---3:45**

**Changing of the Guards**

**Big Circle Time in the Middle of the floor all hands on deck**

**3:45----4:15**

**Mid afternoon snack**

**All children in the kitchen together with all staff**

**4:15---4:30**

**Diapers being checked as children finish having snack and teacher gather their group for next transition.**

**4:30---4:45**

**Group 1**

**Story time**

**Group 2**

**Music Room circle time**

**Group 3**

**Manipulative Room**

**4:45---5:00**

**All groups meet in open center teacher with the most children gone out of her group**

**will start all major clean up**

**Kitchen swept and moped**

**Toys sprayed**

**Vacuum each room**

**And seep and mop girls bathroom**

**Fill paper towel holder and toilet paper**

**Clean all glass on your side and all glass in ladies bathroom**

**Trash needs to be emptied and new bags in all trash cans**

**Take a look at your area and make sure that the morning staff can start fresh**

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# **TAG**

## **Daily Schedule Pre-School Side**

<b>Areyl</b>	<b>James</b>	<b>Madison</b>
<b>7-2:30</b>	<b>5-1:30</b>	<b>9-2:00</b>
<b>Morning Snack Prepare in container</b>	<b>Morning Reading 2 selected books</b>	<b>Art Daily</b>
<b>Preparation for lunches</b>	<b>Science Monday</b>	<b>Sensory Daily</b>
<b>Set out Lunch</b>	<b>Angie</b>	<b>Outside Fun</b>
<b>Chapel Movement</b>	<b>Math Daily</b>	
<b>Music Movement</b>	<b>Writing Daily</b>	
<b>Outside Fun</b>	<b>Chapel Daily</b>	<b>Joy</b>
<b>Jenny</b>	<b>Charries</b>	<b>2-6</b>
<b>Afternoon Snack</b>	<b>2-6</b>	<b>Afternoon Art</b>
<b>Reading</b>	<b>Play-doh Center</b>	<b>Outside Fun</b>
<b>Outside Fun</b>	<b>Blocks and Games</b>	

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# TAG

## Emergency evacuation NO CARSEAT Permission Slip

I \_\_\_\_\_ give permission for my child

\_\_\_\_\_

To be transported without a car seat only in case of an emergency. The destination is Harrisonburg High School for shelter.

I am only giving permission for my child to be in a vehicle without a car seat because the daycare center has to evacuate.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

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# TAG

## Termination Policy Form Registration Form

### Termination Policy

A two-week notice from parents prior to withdrawal from the program is required. This notice must be written and given to the T.A.G. Director. If prior notice is not given, your child will not enter in the program again, and we will charge you up to one extra month, with no written notice. The board has the right to withdraw any child, which in the board's sole judgment is disruptive to the program. All written behavior reports given the parents/ guardians will be brought before the Board. The Board will give the parent a written notice and two weeks to find another place for the child when dismal is necessary. Once a child is removed, they will not be reinstated without the entire Board's approval.

I have read the above termination policy and agree to give my child's termination in writing or be changed up to one extra month.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

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# TAG

## Biting Policy

### Biting Policy

Biting in our daycare setting:

**Philosophy:** Biting is a natural development stage that many children go through. It is usually a temporary condition that is most common between the ages of 13 months and 24 months. The safety of your child is of primary concern as well as the development. Our biting policy addresses the actions the staff will take as these incidents occur here at T.A.G. We ask that you read over this policy and discuss any concerns you may have before enrolling your child.

**Developmental:** Toddlers bite other toddlers for many reasons. A child might be teething, or overly tired and frustrated. He or she might be experimenting or trying to get the attention of the teacher or his or her peers. Toddlers have poor verbal skills and are impulsive without a lot of self control. Sometimes biting occurs for no apparent reason. We will establish a rule at our center that “we do not bite people”. We will encourage the children to use their words or to sign what they are trying to say. We will maintain a close eye on those children who we know exhibit this behavior.

**The following steps will be taken if a biting incident occurs at our center.**

- ÿ No biting will be interrupted with a firm “No we do not bite people”
- ÿ We will stay calm and not over react
- ÿ We will remove the biter from the situation, the biter will be given something else to do which is satisfying
- ÿ The wound of the bitten child will be taken care of by Areyl Cleveland the Med-Tech on staff.
- ÿ The parents of both children will be notified by the director or assistant director.
- ÿ The teacher will fill out the appropriate paper work in the area they are in with their kids
- ÿ The bitten area will be continue to be observed by the Med Tech Areyl Cleveland while the child is placed back in the teacher care

**A bite that involves a Blood Exposure:** A human bite will rarely transmit a bacterial infection if proper first aid is given. Hepatitis B and HIV can potentially be transmitted during a human bite if the skin is broken and a blood exchange occurs.

If the skin is broken during a biting incident and exchange of blood has occurred, the center will follow the guidelines set forth for body fluid exposure. Both the children will be tested for HIV and Hepatitis B in a incident where a blood exchange has occurred. The following steps will immediately be taken;

- ÿ Assess the bitten area
- ÿ Clean area with soap and water
- ÿ Make sure the child's records are pulled and their immunizations are up to date
- ÿ Notify both parents immediately
- ÿ File an incident report
- ÿ Contact Board
- ÿ Both children will be sent to be tested for HIV and Hepatitis B

If a child test positive for HIV or Hepatitis B the child's physician will b contacted and the health department.

Exclusion for the center: Some children will continue to bite in spite of intervention by the parent and the staff. These biting incidents can become very disruptive to the staff and the parents of the bitten child and the parent of the child that is the biter. The staff will take every effort to reduce the number of biting incidents in the center as a whole by being alert and knowing the children and their behaviors. The staff will continue to shadow the biter and stay close to discourage the behavior. We will continue to use firm positive approach. However if the biting continues to be an everyday occurrence and the biter, the center at this time will consider removing the child fro the center.

Every child is unique and special. Subsequently, every biting situation will be handled as a separate case.

Parents remember if your child is being bitten, please take a moment and put your self in the other parents place, when your reaction is they need to be kicked out. The day will come when your child is the biter. If we all take minute and look at the situation we will make great decision every time.

Parent

Signature\_\_\_\_\_

Director's

Signature\_\_\_\_\_

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# TAG

## Safe Sleep

Sudden Infant death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death is determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history.

As child care provider we maintain a safe sleep environment for babies that help lower the chances of (SIDS). Every child in our care here at T.A.G. 12 months and younger will be given the safe sleep practices as listed below:

### Safe Sleep Practices

- ÿ All child care staff working in the infant room will be given training on safe sleep policy
- ÿ Infants will always be placed on their backs to sleep
- ÿ The American Academy of Pediatric recommends that babies are placed on their back to sleep, but when babies can easily turn over from back to stomach, they can be allowed to adopt whatever position they prefer to sleep.
- ÿ We will follow this recommendation.
- ÿ Sleeping infants will be checked every 15 min by the nursery staff
- ÿ Steps will always be taken to keep infants from getting too warm or too cold.
- ÿ Although infants heads will never be covered with blanket or bedding. Infants cribs will not have loose fitting sheets, all blankets will be tucked around the baby at the feet.
- ÿ All cribs and pack in plays will be free of toys and animals
- ÿ Only one infant will every be placed in a crib at a time. The children cribs will be marked and that child will be the only child in that crib. If you need to use it because a child is only part time the sheets will be changed out immediately before the child is placed in the crib.
- ÿ No smoking is permitted on the premises. If you smoke you need to go outside and stand in the back by the dumpster so the children and or parents do not see this activity. You will wash your hand after you have smoked and your clothes can not smell like smoke and be on the children.
- ÿ All parents /guardians of infants cared for in the infant area at T.A.G. will receive a copy of the safe sleep policy at enrollment.

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

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# TAG

## Field Trip and Activities Permission Slip

Child's  
Name \_\_\_\_\_

Teacher  
Name \_\_\_\_\_

I grant permission for my child to participate in the monthly planned field trips. I understand that I will be informed by calendar or newsletter and or a flyer on the front door. I understand that I can withdraw my permission if I so desire.

I grant my permission for my child to be included in school class pictures and give my permission for those pictures to be used in the center for advertisement purposes.

Parent  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

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# TAG

## Parent Call In Policy

### Call In Policy

Parents will call in for their children daily if they are going to be late. Here at T.A.G. any children not counted in the roll at 9:00 am are not counted for the day. You must call by 9:00 am if your child is going to be late. Ratio's are very important to us and so are our finances. We will send teachers home if our numbers are low, to save payroll, so we can use the money in other places in the center to help your children's development.

Parents who are part time please give us a calendar at the beginning of the month or week so we know when to expect your children.

These rules are very important so by signing this form, says you understand and will comply.

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

Date \_\_\_\_\_

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# TAG

## **Tuition Fees (With Contract)**

### **Registration Fee:**

**Every family pays a once a year registration fee of \$100.00. Your registration comes up to pay every January.**

### **Infant/ Toddler/ Un-potty Trained**

#### **Fulltime:**

- Weekly \$160.00
- Monthly \$ 608.00 With a 5% discount
- Yearly \$ 6688.00 with a 5% discount and 1 month free

#### **Parttime:**

- Weekly \$120.00
- Monthly \$ 480.00
- Yearly \$ 5760.00

### **2yr. Old /Potty Trained**

#### **Fulltime:**

- Weekly \$ 150.00
- Monthly \$ 570.00 with a 5% discount
- Yearly \$ 6270.00 with a 5% discount and 1 month free

#### **Parttime:**

- Weekly \$ 105.00
- Monthly \$ 420.00
- Yearly \$ 5040.00

### **3yr. Old/ Potty Trained**

- Weekly \$ 140.00
- Monthly \$ 532.00 with a 5% discount
- Yearly \$ 5852.00 with a 5% discount and 1 month free

#### **Parttime:**

- Weekly \$ 90.00
- Monthly \$ 360.00
- Yearly \$ 4320.00

### **4yr. Old**

- Weekly \$ 130.00

- Monthly \$ 494.00 with a 5% discount
  - Yearly \$ 5434.00 with a 5% discount and 1 month free
- Parttime:**
- Weekly \$ 90.00
  - Monthly \$ 360.00
  - Yearly \$ 4320.00

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# TAG

## **Tuition Fees (Without Contract)**

### **Registration Fee:**

Every family needs to pay a once a year registration fee of \$ 120.00. Your registration fee comes up every January.

### **Infant/Toddler/ Un-potty trained**

#### **Fulltime:**

- Weekly \$ 170.00
- Monthly \$ 646.00 with a 5% discount
- Yearly \$ 7106.00 with a 5% discount and 1 month free

#### **Parttime:**

- Weekly \$ 130.00
- Monthly \$ 520.00
- Yearly \$ 6240.00

### **2yr. Old/ potty trained**

#### **Fulltime:**

- Weekly \$ 160.00
- Monthly \$ 608.00 with a 5% discount
- Yearly \$ 6688.00 with a 5% discount and 1 month free

#### **Parttime:**

- Weekly \$ 115.00
- Monthly \$ 460.00
- Yearly \$ 5520.00

### **3yr. Old/ potty trained**

#### **Fulltime:**

- Weekly \$ 150.00
- Monthly \$ 570.00 with a 5% discount
- Yearly \$ 6270.00 with a 5% discount and 1 month free

#### **Parttime:**

- Weekly \$ 100.00
- Monthly \$ 400.00
- Yearly \$ 4800.00

### **4yr. Old**

#### **Fulltime:**

- Weekly \$ 140.00
- Monthly \$ 532.00 with a 5% discount
- Yearly \$ 5852.00 with a 5% discount and 1 month free

**Parttime:**

- Weekly \$ 100.00
- Monthly \$ 400.00
- Yearly \$ 4800.00

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# TAG

**Tuition Fees for After school (5-12 yr. old)**

**Registration Fee:**

Every family needs to pay \$ 50.00 registration fee yearly. Your registration fee comes up in January every year.

**School Year Rates:**

**Fulltime (4-5 days a week):**

**Afterschool:**

- Weekly \$ 50.00
- Monthly \$ 200.00
- Yearly \$ 1800.00

**Parttime (2-3 days a week):**

- Weekly \$ 35.00
- Monthly \$ 140.00
- Yearly \$ 1260.00

**School Year Rates:**

**All-day (daily):**

- Day rate \$ 15.00 (plus your weekly payment)

**Summer Rate :**

( Your child must come during the year to be apart of our Summer Program)

**Fulltime:**

- Weekly \$ 85.00
- Monthly \$ 340.00
- Yearly \$ 1040.00

**Parttime:**

- Weekly \$ 65.00
- Monthly \$ 260.00
- Yearly \$ 780.00

**Pre-School Extra Programs:**

**Stretch-n-grow (Gym Class) \$ 12.00 a month**

- Every Thursday Coach Dea comes out and has a gym class with all the signed up children for the class. Our children learn about nutrition, their body and exercise, plus their learn to build Team building skills.

**Children's Music ( Music Class) \$ 8.00 a month**

- One Wednesday of each month for six months Mrs. Luara Swagerty comes out and has

a music class with 3 and 4yr. Olds who have signed up and pay. Our children learn how to read music, the difference between notes, rhythm and beats. Also how to use different instruments.

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# TAG

## Tuition Fees (With contract)

Multiplies Family

Registration Fee:

Every family has to pay a fee of \$ 100.00 per year. Your registration fee comes up every January.

## Infant/ Toddler/ Un-Potty Trained

Fulltime:

- Weekly

-Child # 1: \$ 160.00

-Child # 2: \$ 135.00

- Monthly

-Child #1: \$ 608.00 with a 5% discount

-Child# 2: \$ 513.00 with a 5% discount

- Yearly

-Child #1: \$ 6688.00 with a 5% discount and 1 month free

-Child #2: \$ 5643.00 with a 5% discount and 1 month free

Parttime:

- Weekly

-Child #1: \$ 120.00

-Child #2: \$ 95.00

-Monthly

-Child #1: \$ 480.00

-Child #2: \$ 380.00

-Yearly

-Child #1: \$ 5760.00

-Child #2: \$ 4560.00

\* If by chance you have a third child in this age group then you will pay half of the second child's fee.

2/3/4yr.Old

Fulltime:

-Weekly

-Child #1: \$ 140.00

-Child #2: \$ 115.00

-Monthly

-Child #1: \$ 532.00

-Child #2: \$ 460.00

-Yearly

-Child #1: \$ 5852.00

-Child #2: \$ 5060.00

Parttime:

-Weekly

-Child #1: \$ 105.00

- Child #2: \$ 80.00
- Monthly
- Child #1: \$ 420.00
- Child #2: \$ 320.00
- Yearly
- Child #1: \$ 5040.00
- Child #2: \$ 3840.00

\* If by chance you have a third child in this age group then you will pay half of the second child's fee.

# TAG

## T.A.G. Customer Business Agreement Contacted

This agreement is between T.A.G. and \_\_\_\_\_, effective date, \_\_\_\_\_ until end of term \_\_\_\_\_. This agreement made by T.A.G. and agreed to by \_\_\_\_\_ will be read and discussed with the customer by the director and assistant director, and signed by all parties.

Where as T.A.G. is a 501-C3 non-profit religious exempt development center, providing quality care for all children enrolled.

Where as \_\_\_\_\_ will freely agree to enter into a written contract of the terms provided.

### Terms of Contract:

- ÿ 1 year enrollment
- ÿ 11 hours of service for daily care for fees
- ÿ 2 weeks vacation where the customer only has to pay 1/2 regular week fees for those 2 weeks.(children cannot attend those 2 weeks)
- ÿ Rates are locked in for that year
- ÿ Open Earlier hours (our facility will open at 5am)
- ÿ Fee's for Over Time (The first 5min. After you contracted time will be free, but any time after that up to the first hour you will be charged an extra \$15.00. Any time after the first hour you will be charged an extra \$20.00. The additional fees will increase \$5.00 every hour after that up until closing.) No Exceptions
- ÿ Open on snow days for contracted customers. (The center will be open for contracted customers only. We will say what hours on inclement weather days so all parties involved are safe during travel time. There is a extra \$10.00 dollar fee on snow days for all contracted customers. If you decided that you don't want care on that day after contracting us to open you will be charged a \$25.00 penalty fee.)
- ÿ All teachers only pay a daily rate, weekly, for the summer in order to keep your child's spot. (This must be paid up front the 1<sup>st</sup> week of each month during the

**summer. If the parent decided that they are going to remove their from the program during the summer they will pay for breaking the contract. The penalty will be a charge of what it would have cost you to have your child fulltime in the summer program.)**

- Y These terms will allow or company to have less turn over in staff.
- Y More effective staffing, so primary care can be given.

**Families must choose a Shift for children to attend the center (circle your chosen shift)**

- 5:00am-3:00pm
- 6:00am-4:00pm
- 7:00am-5:00pm
- 8:00am-6:00pm

**Parents after you are contracted for a certain shift in order to change the time of your contract you must bring in a official document from your employer that states your shift has changed. At that time will adjust your contract in writing.**

**Parents please note that you have 2 hours after your shift that your child is considered late. Please call if you are going to be late so we can count your child in our ratio. If not your child will not be able to attend class for the day.**

**Parent**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Director**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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# TAG

## T.A.G. Customer Business Agreement Un-contracted

This agreement is between T.A.G. and \_\_\_\_\_, effective date, \_\_\_\_\_ until end of term that the customers choices by giving a 2 week notice.

This agreement made by T.A.G. and agreed to by \_\_\_\_\_ that they have chosen not to be a in contract with T.A.G. development center. The client will continue using all policy and procedures in the regular parent handbook. We will read and discussed the handbook and terms of not being contracted with the customer. The director and assistant director will help the customer and all parties involved will sign off.

Where as T.A.G. is a 501-C3 non-profit religious exempt development center, providing quality care for all children enrolled.

Where as \_\_\_\_\_ will freely disagree to not enter into a written contract.

### **Terms of Contract:**

- ÿ No time line on how long your children will attend program. You will give a 2 week notice when terminating the program.
- ÿ 11 hours of service for daily care for fees 7:00am-6:00pm
- ÿ 1 week vacation where the customer only has to pay ½ regular week fees for those 2 weeks.(children cannot attend for that 1 week)
- ÿ Rates could change at any time
- ÿ Fee's for Over Time (The first 5min. after we are closed will be free, but any time after that up to the first hour you will be charged an extra \$20.00. Any time after the first hour will call DSS if we cannot contact you or anyone on your pick-list.) No Exceptions
- ÿ Snow days (As a un-contracted customer you will follow our inclement weather as stated in our handbook. We still reserve the right to set or own time to be open

**on these days so all parties involved can have safe travel. If Harrisonburg City schools are closed we are closed to any un-contracted customer. The facility will be open for contracted customers only.**

**Y All teachers will pay a part Time rate, weekly, for the summer in order to keep your child's spot. (This must be paid up front the 1<sup>st</sup> week of each month during the summer. If the parent decided that they are going to remove their from the program during the summer they must given us a 2 weeks notice in writing)**

**Parents please note that you have 2 hours after your shift that your child is considered late. Please call if you are going to be late so we can count your child in our ratio. If not your child will not be able to attend class for the day.**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Director Signature \_\_\_\_\_ Date \_\_\_\_\_**

\_\_\_\_\_

