



OPERATIONAL MANUAL

1350 CODY ROAD NORTH

MOBILE, ALABAMA 36608

(251) 344-0898

Our goal is to collaborate with you to ensure that your child has the best experience possible, so we encourage you to visit at any time. We depend on you to help us learn about your child. We seek your active involvement and input in the program.

ENROLLMENT AND TUITION

ENROLLING YOUR CHILD:

When you enroll your child with us, you are required to complete the enrollment registration information packet. These forms give us the vital information about your child so that we can provide the best possible care. It is imperative for your child's health and safety that all forms are accurately completed and submitted to us for review before your child's first day. There may be other state-specific forms that must be completed as well.

Within the enrollment registration information packet, you will be asked for telephone numbers where you can be immediately be reached. Please notify us as soon as any of these numbers change. For your child's health and safety, we must be able to quickly reach you while your child is in our care. You will also be required to provide us with the names and telephone numbers of at least three other persons that you authorize to pick up your child from us. They must be 18 years old or older. No person under this age will be able to pick-up or sign in or out including siblings of the day care. Please inform these persons that when they come to pick up your child, they must bring valid government issued identification with them. Your child will not be released to them without a valid picture identification.



While completing the enrollment registration information packet, you will be asked to sign an enrollment agreement that explains the terms and conditions of enrollment and our fees. In addition to tuition, we require a non-refundable annual registration fee. Tuition payments are due each Monday (or the first day of ATTENDANCE) for the current week. Hours of care are from 6:00 a.m. to 6:00 p.m. Monday through Friday. Fees are \$135 a week, a \$25.00 registration fee which is non-refundable. The application fee only holds your child spot for 1 week and your application fee payment will only be activated for 30 days and after then you will be required to pay another application fee. Anytime past agreed time is considered overtime. Overtime fee is \$1.00 minute.

GENERAL LATE FEE:

Late payment fees will be assessed if all tuition and other charges are not paid on or before the due date. Late pick-up charges will also be assessed to parents who leave their children beyond regular closing time. If you are unable to pick-up your child before the daycare scheduled closing time, please call us as soon as you know you will be late.

CHILD ABSENCES:

If your child is going to be absent, you must notify us; if your child is ill, you must notify us as to the nature of the illness, particularly if it is contagious. No credit, refund, or make-up days shall be made for occasional absences. Tuition must still be paid in full.



RESERVATION FEE:

If your child is going to be absent for a week (i.e. vacation) a reservation fee of 50% of your regular week's tuition will be granted for each absence of one full week (Monday – Friday) with advance notice to the daycare. If a child is absent 3 days without a legitimate excuse, that child's place will be filled, if fees are not paid. If you choose to withdraw your child, he or she will only be eligible for readmission based upon space availability and if all other enrollment criteria are met; including a payment of a non-refundable registration fee at the current rate. Children must be signed in at arrival and signed-out daily at departure.

Meals to be served: Breakfast, lunch, and snack

No child can attend after 9:00 am except with a doctor's note.

All children must have these forms upon entering:

1. Child pre-admission record
2. Immunization

These records must be updated periodically:

1. Immunization form

Parents of infants will be required to supply formula, food, wipes, and disposable diapers. PLEASE label all formula and food with your child's name.

Children are required to have a clean change of clothing each day.

Should any child become ill or develop a temperature while at the center, the parent/guardian will be notified immediately so he/she may be picked up, not only for health and care, but also as not to endanger the health of other children.

We will administer medication or ointments.



ILLNESS/INJURY:

We will report promptly to parent/guardian:

- 1.) Any suspected illness or other changes observed in the health of the child;
- 2.) Any exposure to a contagious diseases
- 3.) Changes in behavior or appearance
- 4.) Any skin rashes and itchy skin or scalp
- 5.) Any boils or weeping skin rashes
- 6.) Signs of fever, such as flushed appearance or shivering
- 7.) Complaints of pain or not feeling well
- 8.) Vomiting, diarrhea, or drainage from eyes

If we observe your child developing symptoms of illness during the day, we will call the parent. If they cannot be reached, we will try the person on the contact list. If no one is reached we will take to Emergency Room.

ALLERIES:

If your child is allergic to any foods, or latex product please give me a list of them. Your child safety is your responsible concerning their allergies.

DISCIPLINARY PRACTICES:

Discipline shall be appropriate to the age and developmental level of the children.

Corporal or physical punishment, verbal abuse, discipline associated with food, naps or bathroom procedures, physical restraints or punishment administered by another child is prohibited.

WE DO NOT HAVE PETS OR A POOL.



OUR HOLIDAYS ARE:

NEW YEARS DAY AND THE DAY AFTER

WINTER BREAK MONDAY AND TUESDAY

MARTIN LUTHER KING JR DAY

PRESIDENT'S DAY

MEMORIAL DAY

INDEPENDENCE DAY

LABOR DAY

THANKSGIVING DAY AND THE DAY AFTER

CHRISTMAS DAY AND THE DAY AFTER

If any of the above observed holidays fall on a Saturday, we will be closed the preceding Friday. If any observed holiday falls on a Sunday, we will be closed the following Monday.

No allowances, credits, refunds, or make-up days shall be made for holiday closing. Tuition must still be paid in full.

Emergency closing and inclement weather information will be given with this packet for parents called emergency procedures.

Please do not bring any valuables that you and your child treasure, such as favorite books, jewelry, or toys from home. Please help your child understand why it is not wise to bring toys or other objects to daycare that they may not wish to share with the group. We cannot be responsible for lost or damaged items.



HOLIDAY AND BIRTHDAY:

Your child's birthday is a special day for him or her and for us. We encourage you to bring nutritious snacks or cupcakes for birthday treats that are purchased. Food made at home cannot be brought into the daycare to ensure safety of children who may have food allergies. We are happy to acknowledge your child's birthday, and will gladly make your child feel special. Please make arrangements for birthday celebrations at least one week in advance with the director.

SAFE SLEEPING POSITION:

In accordance with the recommendations of the American Academy of Pediatrics, and as a policy of DHR, we place infants on their backs to sleep. If you request that your infant sleep in a different position other than on his or her back, a physician's note is required on company stationery. For the safety and security of infants, blankets shall not be used in this sleeping environment.



Noah's Ark Child Care and Development Center Application

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center). Child's Name: Name child is known by:

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|---|--|
| Child's birthdate: | Child's home address: |
| Name(s) of parent(s)/guardian(s): | Home telephone number: () |
| Address of parent(s)/guardian(s): | |
| Mother's employer: | Father's employer: |
| Employer's address: | Employer's address: |
| Employer's telephone number: () | Employer's telephone number: () |
| List telephone numbers such as beeper, cellular phone, etc. | Instructions regarding how parent/guardian may be reached in an emergency: |

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

| Name | Relationship to child | Address | Telephone Number |
|------|-----------------------|---------|------------------|
| | | | |
| | | | |

| | | |
|--------------------------------|-----------------|--------------------------|
| Name of child's doctor: | Address: | Telephone number: |
| | | |

Emergency Authorization: I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

_____ / _____

Signature

Date

Form not valid without signature of child's parent/guardian/Page one of two-form not valid without second page

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Noah's Ark Child Care Application (continued) - page two of two - form not valid without first page

Describe any special needs or instructions below:

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Person(s) the child may be released to:

| Name | Relationship to Child | Address | Telephone Number |
|------|-----------------------|---------|------------------|
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I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

_____ / _____
Signature of parent/guardian Date

I give permission for my child to participate in: (Circle yes or no and sign each line)

| | | | | |
|--|-----|----|------------------------------|------|
| Activities away from the facility: | yes | no | Signature of parent/guardian | Date |
| Transportation provided by the facility: | yes | no | Signature of parent/guardian | Date |
| Swimming/wading activities provided by the facility: | yes | no | Signature of parent/guardian | Date |

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ **Child's withdrawal date:** _____



AUTHORIZATION FOR ADMINISTERING MEDICATION/MEDICAL PROCEDURES

Dear Parent/guardian,

Your written permission is required to administer medication or medical procedures to your child. Any prescription drug or over-the-counter drug sent to the child care facility (home or center) must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. If it is absolutely necessary for your child to be given medication while at the child care facility, **please complete the following information.**

Child's Name _____

Prescription Number _____

Name of Medication _____

Amount of medication to be given at each dosage _____

Instructions (how to give or apply, such as given by mouth, apply to skin, inhale, drops in eyes, etc.) _____

Time and date of last dosage given at home _____

Time(s) of dosage(s) to be given at the child care facility _____

Please give my child the above-named medication at the time(s) and in the amount(s) indicated.

Signature of parent/guardian Date

To be completed by licensee/staff/caregiver:

| Date medication given | Time medication given | Signature of person giving medication |
|-----------------------|-----------------------|---------------------------------------|
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