



## CONTRACT FOR P.O.C. CHILD CARE SERVICES FEE AGREEMENT/ 2020-2021 School Year

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

This "CONTRACT FOR CHILD CARE SERVICES/FEE AGREEMENT" is made on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and between Lil' Red Hen Nursery School and \_\_\_\_\_ the parents/guardians of the above listed child.

Lil' Red Hen Nursery School agrees to provide child care services for the named child in accordance with the mission, philosophy and policies outlined in the attached Parent Handbook. The child is enrolled in the \_\_\_\_\_ Classroom/age group on the following days of the week, for the time indicated each day:

|                    |               |  |
|--------------------|---------------|--|
| Full Time          | Monday-Friday | 6:15am-6:00pm  |
| Part-time          | Monday-Friday | 6:15am-11:30am (only available for Pre-School & Pre-K) |
| School-Age Program | Monday-Friday | Depends on elementary school schedule.                 |

Classroom assignments are made based upon the age of the child in accordance with child care licensing regulations. Lil' Red Hen Nursery School may change the child's classroom assignment based upon center enrollment and ratio requirements.

A late pick up fee of \$5.00 per minute will be billed to the parents/guardian's account in accordance with the Late Pick-Up Policy outlined in the Parent Handbook. You are considered late if the authorized allotted daily time is exhausted as determined by the State. Late Pick-up fees are due by the next statement.

Any requests for changes to the Enrollment Schedule listed herein must be made in writing and submitted to the Director in accordance with the Parent Handbook Policies and will require the execution of a new Contract for Child Care Services/Fee Agreement and payment of any additional security deposit, registration fees and/or tuition increase. Lil' Red Hen reserves the right to deny any request for schedule change for any reason within its sole discretion.

\_\_\_\_\_ The parents/guardians of the above listed child agree to compensate Lil' Red Hen the above listed services in the amount of \_\_\_\_\_ which is to be paid every Friday.

|                                     |                      |                      |
|-------------------------------------|----------------------|----------------------|
| POC amount to be paid every Friday: |                      |                      |
| State Fee _____                     | Parents Co-Pay _____ | POC Plus _____       |
|                                     |                      | Due every week _____ |

Tuition is paid prior to the performance of child care services. Tuition is due every Friday by 3:00 pm. Tuition is due whether or not the child attends the program. The tuition represents the child's place in the program. There is no credit given for vacation or emergency closure days. Tuition will be waived should your child be admitted to a hospital as per the Parent Handbook Policies. If tuition is not paid by Monday, your child will not be able to return to Lil' Red Hen, until tuitions are paid up to date. If tuitions are not paid by that Friday, your child will lose his/her slot.

\_\_\_\_\_ **Please Initial**

A one week advance payment in the amount of a week's tuition must be paid, and will be held by Lil' Red Hen. The advance payment may be used in accordance with the Parent Handbook Policies as the last week tuition payment.

This Contract for Child Care Services/Fee Agreement may be cancelled by **Lil' Red Hen** at any time with or without notice, in its sole discretion. Any unused tuition paid by the parents/guardians will be refunded within 30 days of cancellation.

\_\_\_\_\_ **Please Initial**

This Contract for Child Care Services/Fee Agreement may be cancelled by the **PARENTS/GUARDIANS** with one week written notice. Written notice of cancellation must be submitted to **Anne Atkinson** by parents/guardians. Any unused tuition paid by the parents/guardians will be refunded within 30 days of cancellation. Any security deposit held will first be applied to any unpaid account balance. If there is any remaining security deposit monies, that remaining amount will be refunded to the parents/guardians within 30 days of cancellation. The Security Deposit will be forfeited if the Parents/Guardians fail to give one week written notice of cancellation of this contract.

All field trips are weather permitting and subject to change.

This Contract for Child Care Services/Fee Agreement will expire on **June 11, 2021** if neither party has exercised its rights to cancel prior to said date.

By signing below, I/we the parents/guardians of the above listed child hereby acknowledge that I/we have read this Contract for Child Care Services/Fee Agreement completely, that I/we have had the opportunity to discuss the information contained herein with a representative of Lil' Red Hen, that our questions have been answered fully and to our satisfaction and that we agree to abide by the conditions set forth herein as well as the policies contained herein by reference from Lil Red Hen's Parent Handbook.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Printed Name

Date \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Lil' Red Hen Representative

## 2020-2021 P.O.C. Plus Rates

- |                          |                         |              |
|--------------------------|-------------------------|--------------|
| <input type="checkbox"/> | Infants                 | \$35.00      |
| <input type="checkbox"/> | Full Time P.O.C.        | \$32.00      |
| <input type="checkbox"/> | Half Day P.O.C.         | \$22.00      |
| <input type="checkbox"/> | Two or more<br>Children | \$19.00/each |
- We have three spots available for \$0.00 pay Plus Rates. They are reserved for families who have legal custody of a family member's children. This does not apply to having custody of your own children.

This fee is due weekly. If not paid you run the risk of losing your child's spot.

Parent/Guardian \_\_\_\_\_

Lil' Red Hen \_\_\_\_\_



## EMERGENCY CONTACT INFORMATION

### CHILD'S INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PCP Address: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental Insurance Carrier: \_\_\_\_\_ ID No.: \_\_\_\_\_

**LLL' RED HEN is authorized to obtain emergency transportation to and/or emergency medical care for the above child listed at the nearest hospital's emergency room, or at the emergency room the EMS/Ambulance Service is required to transport patients to at the time of emergency.**

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

Please attach a separate sheet of paper for additional Medical Professional information as necessary due to your child's unique medical needs.

### MOTHER/GUARDIAN'S INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Schedule: Days & Hrs: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver License State/No.: \_\_\_\_\_ SSN: \_\_\_\_\_

### FATHER/GUARDIAN'S INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Schedule: Days & Hrs: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver License State/No.: \_\_\_\_\_ SSN: \_\_\_\_\_

## CHILD/FAMILY HISTORY

LIL' RED HEN requires this information to assist the staff in making your child's time with us as positive and interactive as possible. The questions listed here are a guide. If you feel there is anything we should know about your child, in order to provide a safe and effective child care experience, please use the back of this form or any additional sheets of paper to elaborate. LIL' RED HEN is committed to offering each child and family a positive, safe and interactive child care experience, cooperation with each child's parent(s) and/or guardian(s) is necessary to accomplish this commitment.

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME & AGE OF SIBLINGS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CHILD'S PETS: \_\_\_\_\_

CHILD'S FAVORITE ACTIVITY: \_\_\_\_\_

CHILD'S FAVORITE FOOD & DRINK: \_\_\_\_\_

CHILD SELF SOOTHES BY: \_\_\_\_\_

PLEASE DESCRIBE CHILD'S BEDTIME ROUTINE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE CHILD'S MORNING BEFORE ARRIVING AT CHILD CARE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ALL PERSONS WHO LIVE WITH CHILD & THEIR RELATIONSHIP TO CHILD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE ANY PREVIOUS EXPERIENCE CHILD HAS IN CHILD CARE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE A COURT ORDER AFFECTING THIS CHILD?        YES        NO

IF YES, PARENT/GUARDIAN **MUST PROVIDE A CERTIFIED COPY** OF COURT ORDER BEFORE CHILD MAY ATTEND PROGRAM. IF NO, PLEASE BE AWARE THAT AS PER THE LAW, BOTH PARENTS WILL BE AFFORDED IMMEDIATE ACCESS TO THE CHILD. PLEASE REFER TO PARENT HANDBOOK FOR FURTHER EXPLANATION OF THIS POLICY OR SPEAK WITH CENTER DIRECTOR.

DOES THE CHILD HAVE ANY SPECIAL NEEDS? PLEASE LIST ANY SOCIAL, EMOTIONAL, BEHAVIORAL, PHYSICAL, OR LEARNING DISABILITIES, MEDICAL REQUIREMENTS, FOOD OR ENVIRONMENTAL ALLERGIES AND/OR IEP'S: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LIL' RED HEN complies with all laws and regulations regarding servicing children with special needs including but not limited to the Americans with Disabilities Act. LIL' RED HEN will provide a reasonable accommodation for those children who have a documented disability and whose parents work closely with LIL' RED HEN to determine a reasonable accommodation.

## AUTHORIZATION TO RELEASE CHILD

CHILD'S NAME: \_\_\_\_\_ CLASSROOM: \_\_\_\_\_

In case of an emergency, or if I am unable to pick up my child I, \_\_\_\_\_, parent/guardian authorize LIL' RED HEN to release the above referenced child to the following persons. I understand that no further written authorization from me is required for my child to be released to one of the persons listed herein. **I understand that additions or deletions to this list must be submitted in writing for this agency to honor them.** Parents, due to the nature of the parental relationship, need not be included on this form. Parents, as a matter of law, are afforded the right of immediate access to their children while attending LIL' RED HEN. Please refer to the Parent Handbook for more information on the Release of Children and Custody Orders. If there is an issue with a parent picking up this child please discuss it with the center director so the appropriate documentation can be obtained.

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

\_\_\_\_\_  
Date

Please include anyone upon whom you may call in an emergency to help you with picking up your child. We have given four spaces, please copy this form or use additional pages as necessary. For the safety of your child, please inform all authorized pick up persons listed herein that we will ask for a government issued photo ID when they arrive to pick up your child. If they do not have a government issued photo ID with them we WILL NOT release your child to them under any circumstance.

|                       |                        |
|-----------------------|------------------------|
| NAME:                 | RELATIONSHIP TO CHILD: |
| DRIVER'S LICENSE NO.: | HOME PHONE:            |
| CELL PHONE:           | WORK PHONE:            |

|                       |                        |
|-----------------------|------------------------|
| NAME:                 | RELATIONSHIP TO CHILD: |
| DRIVER'S LICENSE NO.: | HOME PHONE:            |
| CELL PHONE:           | WORK PHONE:            |

|                       |                        |
|-----------------------|------------------------|
| NAME:                 | RELATIONSHIP TO CHILD: |
| DRIVER'S LICENSE NO.: | HOME PHONE:            |
| CELL PHONE:           | WORK PHONE:            |

|                       |                        |
|-----------------------|------------------------|
| NAME:                 | RELATIONSHIP TO CHILD: |
| DRIVER'S LICENSE NO.: | HOME PHONE:            |
| CELL PHONE:           | WORK PHONE:            |

PERMISSION TO TRANSPORT

DATE \_\_\_\_\_

I, \_\_\_\_\_, (parent) give my permission for the Lil' Red Hen Nursery & Pre-School to transport my child, \_\_\_\_\_, to and from Delmar Elementary School, swim at YMCA and special field trips.

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

I give my permission for my child, \_\_\_\_\_, to leave Lil' Red Hen Nursery & Pre-School under the supervision of a staff member for neighborhood walks.

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

My child, \_\_\_\_\_, has my permission to go to the local LIBRARY with Lil' Red Hen Nursery & Pre-School.

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

CENTER CHILD ACKNOWLEDGMENT AND PERMISSION

**PARENTS RIGHT TO KNOW NOTICE**

UNDER THE DELAWARE CODE YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: the administrative specialist, 821 Silver Lake Boulevard, Suite 103, Dover, Delaware 19904, phone (302) 739-5487.

You may also view substantiated complaints and compliance review histories by visiting the Office of Child Care Licensing's child care search at <http://www.apex01.kids.delaware.gov:8081/occl/>

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Parent/Guardian Signature

Date

**SCREEN TIME PERMISSION**

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

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Parent/Guardian Signature

Date

**PARENT PERMISSION TO SLEEP ON A MAT**

Children, between the ages of 12 and 18 months will be transitioned from sleeping in a crib to a cot, mat, or bed when they are able to walk.

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Parent/Guardian Signature



## PARENTS ARE REQUIRED TO SUPPLY

### A PACKED LUNCH:

**Cold lunches only.** If you heat up the hot lunch in the morning and put it in a thermos it will stay warm until lunch time. Please do not send canned drinks or candy. This does not encourage our children to eat properly. We will not serve carbonated drinks to any child. Candy is limited also. The State of Delaware requires that we make sure the children eat a well-balanced lunch.

**Infant Lunches:** We will heat lunches for your child in a microwave. Left over dinner from the night before makes very good lunches for your children. Just put the food in a small microwaveable container and mark your child's name on it.

**SPECIAL FORMULA** which your child takes (not 1% milk)

**ALL DIAPERS AND WIPES** or creams to use on your child's body.

**A CRIB SHEET AND REGULAR SHEET** for his/her crib, cot or mat. A blanket or small pillow is allowed if he/she is using a special one.

**CHANGE OF CLOTHES** is required for every child in the school at all times in a bag hanging on their hook.

**SLEEPING MAT (PRE-SCHOOL)** Each three year old and pre-k child will need their own mat for nap time.

### LIL' RED HEN Provides

Two snacks daily are made up of naturally sweet fruits, crackers, cheeses, pretzels, pudding, milk, Jello-O, peanut butter, graham crackers, etc.

1% White Milk is provided for your child. They will get milk at breakfast, if they eat here, and lunch.

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We encourage every parent to participate in our school PTA that meets during the school year. It is to your benefit to know what is going on with your child and how he/she is making out here. Children feel more secure when they know that mom and dad work together with the school to make a better place for them to spend each day.

The Administrator/Director's office is always open to parents and their concerns. We welcome your input and trust you will call upon us with any problems you may have concerning your child.

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Parent/Guardian Signature

---

Date

PICTURE RELEASE

I give permission for my child, \_\_\_\_\_, to be photographed or videotaped while involved in activities connected with the program at Lil' Red Hen.

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

\_\_\_\_\_  
Date

For the safety of staff, children and Lil' Red Hen, we use video cameras throughout the school. Due to the confidentiality of all children involved, it is not possible for parents to view the tapes at will. It will be under Lil' Red Hen's discretion as when the tapes will be viewed.

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

\_\_\_\_\_  
Date

Dear Parents,

1. Tuitions are due on FRIDAYS.
2. If payment is not paid by TUESDAY, your child will not be allowed to attend our center until the FULL TUITION is PAID.
3. If payment is still not paid by FRIDAY, your child WILL LOSE THE SLOT and you will FORFEIT ANY DEPOSIT.
4. All POC parents must pay WEEKLY. If you want to pay bi-weekly, you must pay two (2) weeks ahead. In addition, you are responsible to keep your POC up to date and active. You will have one (1) week from the time your present POC authorization expires for us to receive new authorization. If you do not have current authorization within one (1) week you will be charged the FULL TUITION and we WILL NOT BACK DATE.
5. **Returned Checks** – There will be a \$40.00 fee for all returned checks. After receiving two (2) NSF checks, you will only be allowed to pay tuition by CASH, CREDIT/DEBIT or MONEY ORDER.
6. Failure to comply with our tuition policy will be cause for immediate dismissal from our program, forfeiture of all deposit and possibilities of legal actions, which could have adverse effect on your credit.

\*Our Policy on Computers, Videos and Movies is as follows:

For children 2 yrs and up – 1 hour per day

For children under 2 yrs old – 0 hour per day (not permitted to watch)

I have read and understand the above information

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Parent/Guardian Signature

STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN,  
YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING

Family Child Care  
Large Family Child Care Home  
Day Care Center

NAME \_\_\_\_\_

CHILD HEALTH APPRAISAL

BIRTHDATE \_\_\_\_\_

**SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION**

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Allergies<br>(food, medicine, bee sting etc.) | <input type="checkbox"/> Frequent Colds     | <input type="checkbox"/> Fainting          | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Constipation/Diarrhea                         | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Behavior Problem  |
|  | <input type="checkbox"/> Seizures           | <input type="checkbox"/> Vision Difficulty | <input type="checkbox"/> Asthma            |

Other \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER**

CODE: X - Within Normal Limits O - See Remarks Below

|                   |              |                   |                      |                      |
|-------------------|--------------|-------------------|----------------------|----------------------|
| _____ Scalp, Skin | _____ Heart  | _____ Vision      | _____ Ear, Nose      | _____ Lungs          |
| _____ Hearing     | _____ Throat | _____ Abdomen     | _____ Blood Pressure | _____ Eyes           |
| _____ Genitalia   | _____ Teeth  | _____ Extremities | _____ Neck, Glands   | _____ Nervous System |
| _____ Height      | _____ Weight |                   |                      |                      |

REMARKS AND RECOMMENDATIONS: \_\_\_\_\_  
\_\_\_\_\_

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? \_\_\_\_\_

|                                 |                                      |                                      |                                 |                                 |
|---------------------------------|--------------------------------------|--------------------------------------|---------------------------------|---------------------------------|
| DTP/Hib 1<br>/ /                | DTP/Hib 2<br>/ /                     | DTP/Hib 3<br>/ /                     | DTP/Hib 4<br>/ /                | DTaP/Hib 4<br>/ /               |
| DTP/DTaP 1 / DT<br>/ /          | DTP/DTaP 2 / DT<br>/ /               | DTP/DTaP 3 / DT<br>/ /               | DTP/DTaP 4 / DT<br>/ /          | DTP/DTaP 5 / DT<br>/ /          |
| Td 1<br>/ /                     | Td 2<br>/ /                          | Td 3<br>/ /                          |                                 |                                 |
| OPV/IPV 1<br>/ /                | OPV/IPV 2<br>/ /                     | OPV/IPV 3<br>/ /                     | OPV/IPV 4<br>/ /                | TB Screening 12 mo<br>/ /       |
| MMR 1<br>/ /                    | MMR 2<br>/ /                         | HepB 1<br>/ /                        | HepB 2<br>/ /                   | HepB 3<br>/ /                   |
| Hib 1<br>/ /                    | Hib 2<br>/ /                         | Hib 3<br>/ /                         | Hib 4<br>/ /                    | Hep B/Hib 1<br>/ /              |
| Hep B/Hib 2<br>/ /              | Hep B/Hib 3<br>/ /                   | Varicella 1<br>/ /                   | Varicella 2<br>/ /              | Influenza 1<br>/ /              |
| Influenza 2<br>/ /              | Pneumococcal Polysaccharide 1<br>/ / | Pneumococcal Polysaccharide 2<br>/ / | Pneumococcal Conjugate 1<br>/ / | Pneumococcal Conjugate 2<br>/ / |
| Pneumococcal Conjugate 3<br>/ / | Pneumococcal Conjugate 4<br>/ /      | Hep A 1<br>/ /                       | Hep A 2<br>/ /                  | Lyme Vax 1<br>/ /               |
| Lyme Vax 2<br>/ /               | Lyme Vax 3<br>/ /                    | RV:<br>/ /                           | Lead Screening 12 mo<br>/ /     |                                 |

Examiner's Signature \_\_\_\_\_  M.D.  P.N.P. Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

# Days Lil' Red Hen is Closed in 2020

**1/1/20 New Year's Day**

**4/10/20 Good Friday**

**5/25/20 Memorial Day**

**7/3/20 Independence Day**

**9/7/20 Labor Day**

**11/26/20 Thanksgiving Day**

**11/27/20 Day After Thanksgiving**

**12/24/20 Christmas Eve**

**12/25/20 Christmas Day**

**1/1/21 New Year's Day**

**Attention Parents**

We will be e-mailing your child's weekly tuition statement.

Please provide the best e-mail address to send these statements to.

Thank you.

Student(s) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

E-Mail \_\_\_\_\_