Small Wonders, LLC

Contract

Kara Roberts

619-761-9092

Kara@smallwondersllc.com

Welcome to Small Wonders, LLC, where your child is nurtured with loving care, respect and direction. Your child’s primary caregiver will be Kara Roberts, who will promote an atmosphere of warmth, fun, creativity and safety. The quality of care that Small Wonders, LLC provides comes from many years of experience. Your child will have a ‘homey’ environment, plenty of playtime and attention to developmental needs at every stage of his or her growth. We believe that a good self-worth gives a child the equipment they will need to be a success at anything they wish to accomplish in life.

The teachers at Small Wonders use ‘Emergent Learning’ techniques to teach the children. When children experience delight and a sense of success during their activities, their brain cells establish permanent ‘connections’ between the activity and the feelings of delight and the success it inspires.

Therefore, our first and most important goal with emergent curriculum is to inspire delight, curiosity, and inquiry in the classroom. Doing so has been proven to build intrinsic motivation to enhance a long-term love of learning. These are the greatest gifts our teachers can give a child in preparation for their primary school experience.

Rates

Small Wonders is a 24/7 facility. The weekly rate, regardless of attendance, for basic Monday-Friday childcare is 205.00. The rate does not decrease with age, it also never increases for cost of living. This amount covers up to 50 hours per week. There is a one time registration fee of 50.00. There is a once yearly supply fee of 75.00 due January 5 of each year at age 2. Basic hours of operation are 7-5:30 but may be adjusted based on a family needs. The weekly rates are as follows:

Daycare 0-5 regular hours………$205.00 Outside of regular business hours…$250.00

Before/after school.....$125.00

Part time……………………….$50.00 (per day minimum 3 days per week when available)

Drop in care………………….$10.00 per hour, per child (call ahead for availability for drop in care)

Drop in full weekday…………….$50.00 …Over 10 hours $75.00

Overnight Full-Time: $165.00

Overnight Part-Time: $50.00 per night

Sunday-Thursday overnight (If enrolled during the day) $40.00

Friday-Saturday 75.00 for every 24 hours or less. 50.00 if pick up is before 3:00

Your payment is due each Friday morning in advance of the next week. A 5.00 late fee will be assessed on Saturday evening if tuition is not paid in full and will accrue at 5.00 each

morning and evening until paid in full.

Auto Debit/Credit Card:

Cash, Check, and Zelle (When available) payments are accepted and are due by Friday morning.

You will be automatically debited the weekly tuition Friday mornings for your convenience. You will also be sent a receipt for each payment directly to your email address. Late fees as well as past due tuition will also be deducted if there is failure to pay.

DES and Quality First Scholarship information:

Small Wonders, LLC is contracted with DES and eligible families may apply for assistance of childcare costs. Tuition not covered by DES will be the responsibility of the family. Quality First generously gives Small Wonders, LLC 3 scholarships to pass on to our families. You may apply online and turn in required paperwork to Kara. Tuition not reimbursed by Quality First will be the responsibility of the family.

Holidays and Vacations

My paid Holidays are as follows New Years Eve, New Years Day and the day after/before if it falls on a Friday or Monday,Thanksgiving and the day after, Christmas Eve, Christmas Day and the day before/after if it falls on a Friday or Monday. President’s Day, Martin Luther King Day, Labor Day and the Friday before, Memorial Day and the Friday before, the Fourth or July and the day before or after if adjacent to a weekend. I will also print a list of exact dates in January each year and email them to you.

If I go on vacation daycare will run as usual. You will not be complicated by my absence. We have substitute teachers the children all know. If you are a weekend or evening client my absence may complicate you however I will do my best to accommodate your needs.

Pick-Ups

Small Wonders, LLC requires a telephone call from a parent when the regularly scheduled pick up time needs to be altered. For example, if your regular pick up time is 2:00 it is not acceptable to come at 5:00 simply because we are open without prior notice (unless in the case of an emergency) as I need to staff appropriately for each child to stay in ratio for State licensing. We understand that you cannot control traffic and meetings that run late from time to time but still appreciate a courtesy call/text. There will be a late fee of $1.00 per minute for children left after 5:30 p.m. without a courtesy call as well if I have plans that get cancelled or if I must pay an employee to stay late. Lowering late fees is at the discretion of Kara only.

Please list a “code” word or 4 digit number in the space provided so that we may verify you are the parent of the child you are calling about \_\_\_\_\_. If we do not recognize your voice then we will not be able to follow the directions you give us unless the word or code is provided.

Illness

In the case of illness, Small Wonders shall inform the parent of the child’s symptoms and whether or not it is necessary for immediate pick up. Illness that would necessitate immediate pick up are as follows: Children who are vomiting, have diarrhea that cannot be contained within a diaper or frequency is greater than once an hour, fevers in excess of 101 combined with other contagious symptoms, 102 without other symptoms. Any contagious symptoms (conjunctivitis, chicken pox, strep throat or whooping cough) as a courtesy to other families please keep your child home until fever is absent for 24 hours without the use of Tylenol or Motrin or until antibiotics have been used for 24 hours so the child is not contagious.

Prescription and Non-Prescription medication

Medication may be given if a medication form is complete and signed and prescription medications are in the original Pharmacy container with the original labeling. Kara is the only authorized person to give medication. In Kara’s absence, the person left in charge will be authorized to give the medication.

Discipline

We use “Positive guidance” for discipline. The focus is not on the negative behavior. We try to ‘catch the child being good’ and reward with hugs and praise. Should the child become aggressive they will be removed to sit in “Time to Think” for 1 minute per age of the child once the child is calm. After they are finished with their time, they will then be spoken to with simple but direct terms and will apologize to the child they hurt.

Biting

Biting is a developmental step many children go through. It has been my experience that biting at an appropriate age begins from frustration in not being able to communicate through language. Typically when we see biting, that child will emerge with 3/4 new words very soon and the biting ceases. Until then we will shadow the child to keep the other children from being bitten and model the words they need at the time. When the child is verbal, if they still bite, it is understood as aggression from frustration and we will then spend extra time talking with the child and modeling how to talk through their frustration. If the biting continues we will utilize “Time to Think”.

Potty Training

Small Wonders staff fully supports potty training when the child is **developmentally ready**. We encourage and praise attempts at potty training and never chastise or punish for accidents. You may begin bringing your child in underwear **after** your child can stay dry for 4 or more hours at a time on the weekends. It is much harder to concentrate on potty when they are busy playing with friends and activities so if they get a good start at home first they will be more successful here. After your child is dry all day consistently we will then try napping them without a diaper.

Food

Small Wonders, LLC participates in the USDA sponsored Childcare Food Program, which requires providers to serve well balanced meals as well as invite three unannounced and one announced inspection per year. We offer breakfast, morning snack, lunch and afternoon snack. Dinner and evening snack is served to those on night hours. We serve whole grains, brown rice and organic fruits and vegetables whenever possible. Menus are posted on the front door bulletin board and on the refrigerator.

Parents are required to provide the amount of infant formula that are not paid for by the food program. In addition parents need to provide diapers, wipes and a spare change of clothes. Small Wonders, LLC will provide whole milk, skim milk or 1 percent milk according to the age of the child and all table food once the child is ready.

Please do not allow your child to bring food, drinks, toys, stickers, money or treats to daycare. It is not safe for our younger children. This includes candy, gum, breakfast bars, juice cups, etc. Small Wonders, LLC carefully monitors their toys for small parts that could be choking hazards and keeps them in good repair. It is simply not possible to keep track of additional toys and cups and other items brought from home during our busy morning welcomes and we wish to provide the safest environment for all the children in our care.

Conferences-Conferences are offered twice yearly in November and May and at the request of the parent.

Comfort Zone and Field Trips

Your child may bring a special blanket to nap with that can be left and stored for use during nap time if your child can sleep on a cot. (I have plenty of blankets here for them to use as they usually want the same as their friends) If the child still sleeps in a crib we use ‘sleep sacks’ to lower the risk of SIDS. Ceiling fans are used to distribute Co2 and no other blanket, toys etc are permitted in the cribs.

Small Wonders, LLC will occasionally take some children on a field trip. Children will only be permitted to go if a signed transportation release on file. Parents will be notified if their child participates in a field trip. We do not provide transportation to and from school.

Parents are welcome to walk into the childcare home and into any room where services are offered anytime their child is present. Reports from the inspections the Department of Childcare Licensure administer are available upon request. They are kept for 12 months on site. The Department of Health Services number is 602-364-2539, Address is 150 N 18th Ave St 400 Phoenix, AZ 85007

Privacy and Confidentiality

At Small Wonders, LLC we respect your privacy. All paperwork submitted for your child or family is placed in a locked file cabinet. Only Kara will have access to the documents including credit card information. In my absence the person left in charge will only have access to the documents required to be viewed upon an inspection by State and Federal inspectors who will also only have access to the “Blue Card” that they provide for enrollment. All other documents will be kept under lock and key.

Termination of Services

In the case of termination of our services, Small Wonders, LLC requires a 2 week written notice with 2 weeks pay or 2 weeks severance pay if not using the last 2 weeks. If you do not give notice and/or severance pay late fees and court costs as well as tuition will accrue until paid in full. If you are asked to leave for any reason, (non-payment, Child’s aggression, et) you will still be required to follow the 2 week notice/severance pay schedule but will be allowed to use the daycare for 2 more weeks if you choose. If you utilize DES and do not use the 2 weeks you will be responsible for the entire 2 weeks tuition, DES will not pay their portion if the child does not attend childcare.

Thank you choosing Small Wonders, LLC. We look forward to spending quality time with your child/children! When you sign this 4 page contract, you are agreeing that you understand everything you have read and are in full agreement with the terms of this contract.

Signatures: Parent 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_Parent 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_

Parent 1 Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent 2 Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

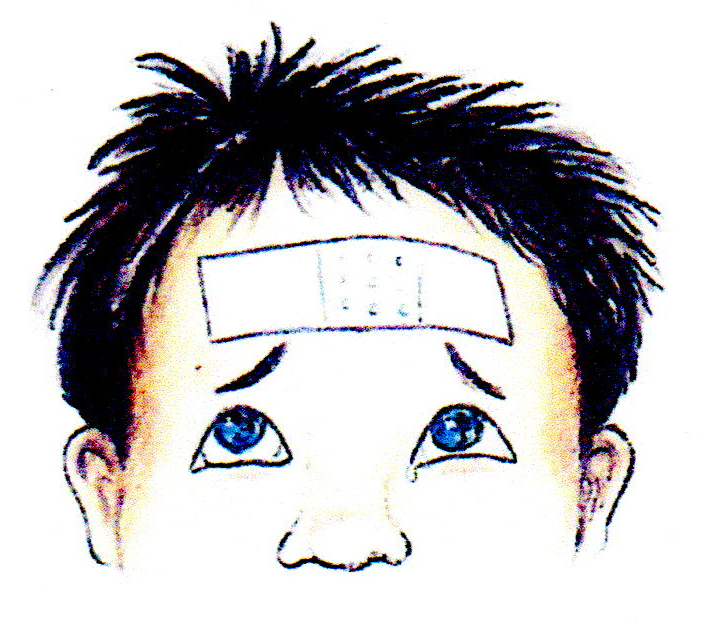
Start Date:\_\_\_\_\_\_\_Rate:\_\_\_\_\_\_Days Reserved:\_\_\_\_\_\_\_ Kara Roberts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Small Wonders, LLC

Consent For Emergency Treatment

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give our consent for the staff members of Small Wonders, LLC, who will be caring for our child/children, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and to arrange for emergency medical, surgical or dental care and treatment in our absence. This includes diagnostic procedures necessary to preserve the health of our child/children. This consent does not expire.

I/We acknowledge that we are responsible for all costs in connection with any care or treatment rendered.

Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatrician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 2 Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 2 Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergy Action Plan

**Child's Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**D.O.B.** \_\_\_\_\_\_\_\_\_\_

**ALLERGY TO**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asthmatic** Yes\* No \*Higher risk for severe reaction

STEP 1: TREATMENT

**DOSAGE:**

**Epinephrine**: inject intramuscularly (circle one)

EpiPen EpiPen Jr. Twinject 0.3 mg Twinject  0.15 mg

**Antihistamine Dosage**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_medication/dose/route

**Other:** give: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_medication/dose/route

**STEP 2: EMERGENCY CALLS**

1. Call 911 State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY

Parent 1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_

Doctor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required if Child has Allergies)

Instructions For Potty-Training

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

Instructions for feeding your infant under 1 year of age.

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

Photo Release Form

Webpage

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO give permission for Small Wonders, LLC to publish pictures of my child/children on Small Wonders, LLC Webpage.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO NOT give permission to Small Wonders, LLC to publish pictures of my child/children on Small Wonders, LLC webpage.

Parent 1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_

Transportation Release

Please choose only ONE of the following options:

1. I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give permission for my/our child/children to be driven in a vehicle for field trips by Small Wonders, LLC personnel.

Parent 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do not give permission for my/our child/children to attend field trips or to be driven in a vehicle by Small Wonders, LLC personnel.

Parent 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I/We give my/our child/children to be driven in a car by Small Wonders, LLC personnel ONLY in case of emergency or in case of a need for medical treatment in my absence.

Parent 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reoccurring Payment Authorization Form

If you would like to enjoy the convenience of automatic reoccurring billing, simply complete the Credit Card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. Past due amounts, late fees, registration fees and yearly dues can also be deducted. Your may cancel this automatic billing authorization at any time by contacting Kara Roberts at 602-710-4555.

**Customer Information**

Customer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information**

I authorize, Small Wonders, LLC to automatically bill the card listed below as specified for childcare tuition, supply fees or registration fees.

Reoccurring amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency (once/Weekly/Bi-Weekly/Monthly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_ No End Date \_\_\_\_\_\_

**Credit Card Information**

Card Type (Visa/MC/Discover/AMEX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Member Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

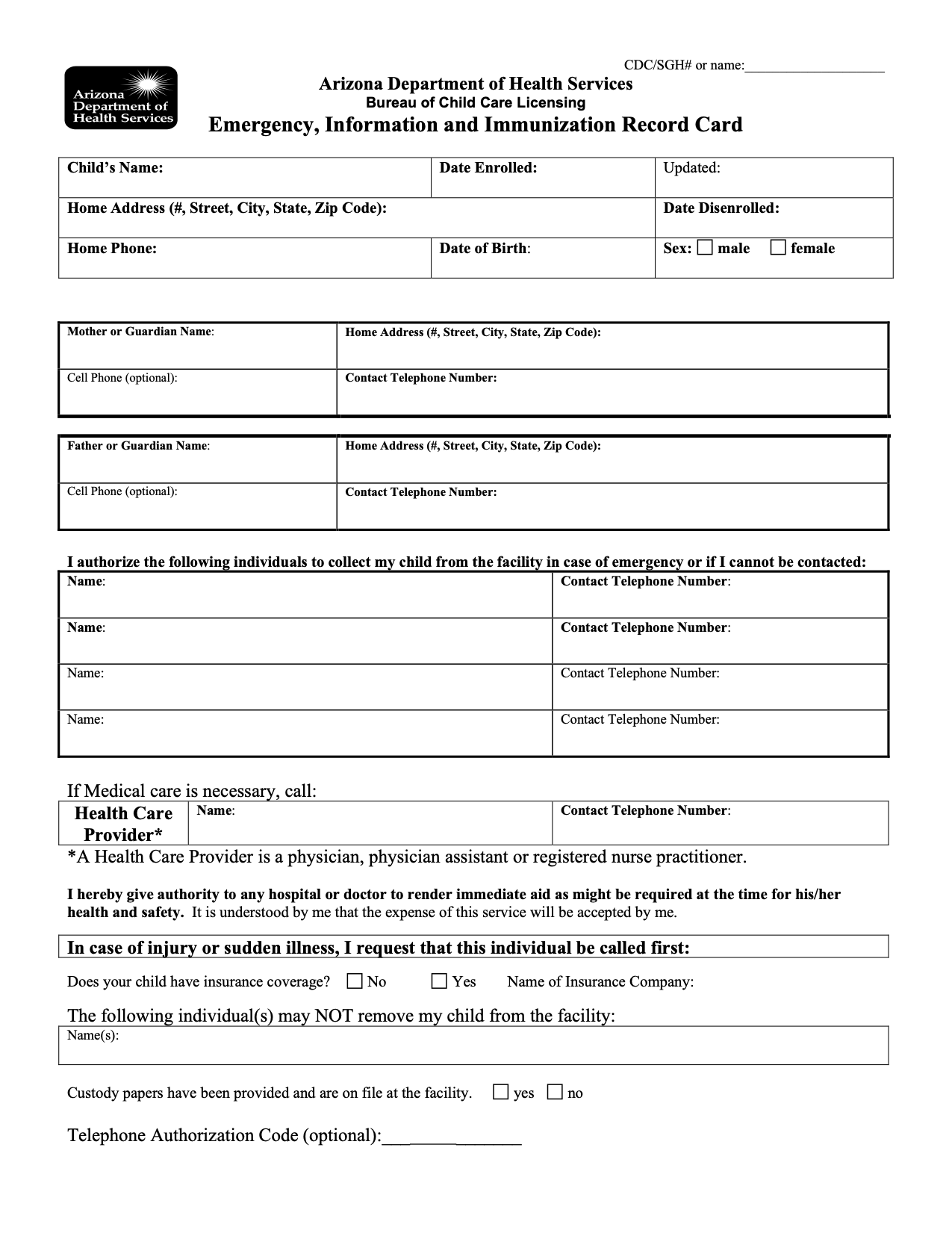
Expiration Date \_\_\_\_\_\_/\_\_\_\_\_\_\_ 3 Digit Code from the back of the card \_\_\_\_\_\_\_\_\_\_\_\_

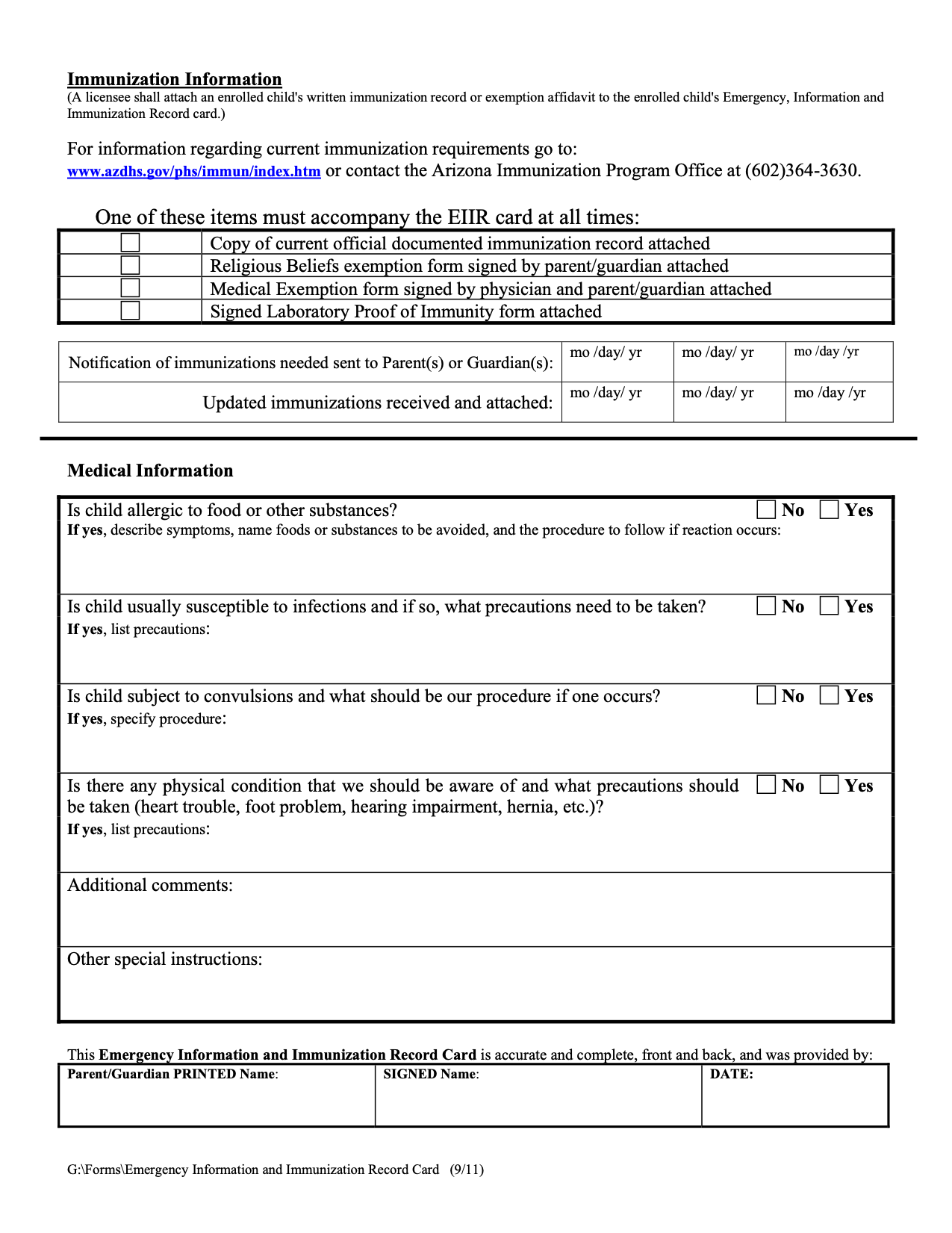
Notify me when my credit card is charged. (Make sure email address is clearly written) YES\_\_\_ NO \_\_\_

Send receipts (To my email address) YES \_\_\_ NO \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Customer’s Signature**   **Date**

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