



208-528-0219

450 W. 18th Street Idaho Falls, Idaho 83402

FAMILY NAME: _____

Smart Starts Childcare and Preschool Enrollment Contract

Our goal is to provide a space that encourages learning, developing, and lots of love.



Center information

_____ Parents WILL NOT share door entry codes with ANYONE **even their children**. Authorized pick-ups and emergency contacts should be instructed to ring the bell upon arrival. Failure to follow this may result in the deactivation of your code. _____

_____ Smart Starts Childcare and Preschool is open 5:30am to 10:30pm Monday through Saturday. A late fee of \$1.00 per minute, per child, will be charged for children picked up later than 10:35pm.

_____ Parents will make sure that children arriving at the center after meals are served are not hungry. Breakfast is done being served by 8:15; morning snack is served 9:45; Lunch is served 11:30 -1230, Afternoon snack is served between 2 (Toddlers) and 3:30 (for afterschool kids); dinner is at 6:00pm.

_____ Parents are welcome and encouraged to visit the center at any time.

_____ All parents (and visitors) are required to check their child in AND out daily. This is for your child's safety, as well as a requirement of the federal food program, and is essential to the running of our center. If your child is not checked in or out, a \$5.00 charge may be applied to your account for each incident. The sign in book is on the desk.

**Smart Starts Childcare and Preschool is an equal opportunity provider.



Essentials

_____ Parents must provide current Immunizations records for ALL children who are not listed in the IRIS program.

_____ All parents are required to provide a complete change of seasonally appropriate clothing, including socks and underwear. For emergencies, the center will provide extra clothes. If your child is sent home in center clothing, please wash and return them promptly.

_____ Parents of children in diapers are required to provide them. Parents that are potty training their child need to provide pull-ups. For sanitation purposes, children must wear a diaper or pull up until fully potty trained. Fully potty-trained means that the child will inform a teacher of their need to go to the bathroom and be able to hold it until they are able to get to the bathroom. A \$1.00 charge per diaper will be applied to billing statements when the center has to provide a diaper AFTER we have notified you that diapers are needed.

_____ Parents are encouraged to write their children's name on **ALL** personal belongings such as clothing, bags, bottles, jackets, coats, and blankets.

_____ in _____



_____ Do not send your child with food, candy, cereal, drinks, small toys, small hair accessories, coins, gum, or hard candy as it poses a potential argument and health risk for the other children. All toys that are brought to the center from home will be put in their cubby or taken out to parent’s vehicle when leaving for the day.

Absolutely NO electronics allowed at Smart Starts Childcare and Preschool. **WE ARE NOT HELD LIABLE FOR LOST, STOLEN, BROKEN OR OTHERWISE DAMAGED ITEMS THAT DO NOT BELONG TO US** _____ Our center are centers that are ALL INCLUSIVE (this means we care for children with special needs and behaviors from all walks of life, and care for those that want and need the love and caring atmosphere they desire). We will work with parents and families on positive behaviors for rewards and to teach the natural consequences of negative behaviors.

_____ Smart Starts Childcare and Preschool participate in the federally funded Food Program. We are required to have an enrollment form for each child in our centers. You may decline, but we will still need the document signed for their records.

_____ Parents will be called when/if their child becomes ill while at the center. Smart Starts follows the guidelines set forth by the EIPHD in preventing children with certain symptoms of communicable diseases from attending. If your child exhibits any of the following symptoms before or after arriving at our center, you will be notified immediately and asked to keep your child home or make other arrangements until the symptoms are gone for 24 hours.

- ___ Temperature over 100 with other symptoms present
- ___ Diarrhea or vomiting
- ___ Pinkeye/conjunctivitis
- ___ Undiagnosed rash or irritation, especially with fever and/or itching
- ___ Mouth sores and/or sore throat, especially with fever or swollen glands
- ___ Productive cough or continuous runny nose that cannot be restrained w/a cough suppressant
- ___ Head lice until after 2nd hair treatment, and free of lice and nits (eggs)

_____ This contract may be terminated by either party with a written two weeks’ notice to the other party and in addition, family will be charged, regardless of whether your child is in attendance. Grounds for Termination include: Consistent lateness, Payment Issues, Failure to call or show up for requested times, Providing False information, Difficulty with ICCP issues, Discipline behaviors that cannot be resolved, not being able to contact you needed, lack of compliance with written handbook policies, Theft or vandalism, abuse of any person or property, administering Tylenol and knowingly bringing an ill child to our centers. Abuse of any person or property. Smart Starts reserves the right to give written notice of immediate termination where there are extreme circumstances that affect the well-being of staff or other children in attendance. In this situation, two weeks’ payment of tuition is STILL required. Termination notices WILL NOT be accepted while provider or family are on vacation.

_____ Smart Starts participates in the CACFP food program. We are required to have an enrollment form (or decline to participate) for each child in our center. You will be asked to fill out your enrollment within a few days after starting at our center. If you fail to turn in the enrollment form, you will be charged an extra \$5/ day to cover the price of the meals. Not having an enrollment form, for your child jeopardizes our participation in the program.

SSCC Enrollment Contact: Family Name _____



TUITION

_____ **There is a \$100 enrollment fee. This fee is due with your enrollment papers.** This fee secures a spot in our center. Your spot is not assured until the enrollment fee has been paid. _____

_____ Tuition includes breakfast, AM snack, lunch, PM snack, dinner, educational materials and activities, and most field trips _____

_____ Transportation to and from local schools and therapies for special needs children is \$3.75 a day (that transportation is used). _____

_____ Payment is due at the beginning of each month. If the account is paid in full by the 5th of each month, you will receive a **5% discount**. **If your tuition is not paid in full by the 20th of the month, you will be charged an extra 10% of your outstanding balance as a late fee!** _____

_____ Payment obligation is based on the days the parent has contracted to use childcare, not on actual attendance. Both full-time and part-time fees will be charged based on contracted hours, including missed days due to illness, holidays (to include Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Memorial Day, and July 4th), vacations, or snow days.

_____ There will be a @\$25.00 NSF charge billed to your account for EVERY returned transaction and/or check. Acceptable arrangements to make good on returned check must be made before your child will be allowed to return.

_____ Accounts left with a balance will receive a late fee (decided upon SSCC management) AND will be presented to collections or pursued in small claims court. All collection and court costs will be charged to the customer's account and added to the collected amount.



ICCP

_____ Families using the Idaho Child Care Program (ICCP) are responsible for any and all charges that ICCP does not pay. It is the parent's responsibility to apply for the program, get approved, and verify that payment has been scheduled each month.

_____ ICCP parents need to stay in touch with ICCP to make sure that everything is turned in to process an application. Because of privacy issues, ICCP will not tell us if something needs to be turned in. If your case is closed because something is not turned in on time, **you will be responsible for the full amount due!!**, even if you would have otherwise qualified.

_____ Families who are applying for ICCP, and who **do not** have an open case are **required to pay 50% down**. It is YOUR responsibility to make sure ICCP has everything turned in. If ICCP has not approved your case within 3 weeks of enrolling, the remaining balance is due in full. Once you are approved, your co-pay will be due on the same schedule, with the discounts and penalties as other customers.



WE LOOK FORWARD TO WORKING WITH YOUR CHILD. WE HAVE WORKED WITH CHILDREN FOR MANY YEARS AND CONSIDER OURSELVES FANTASTIC CHILDCARE PROFESSIONALS. THANK YOU FOR ALLOWING US TO WORK AND BE A PART OF YOUR CHILD'S LIFE!

SSCC FEE INFORMATION

ENROLLMENT FEE PER CHILD \$ 100.00

| | | |
|-------------------------|----------------|-----------------------|
| <u>FULL TIME (45HR)</u> | <u>\$ 505</u> | <u>INFANT \$ 535</u> |
| <u>PART TIME (25HR)</u> | <u>\$ 327</u> | <u>INFANT \$ 357</u> |
| <u>HOURLY</u> | <u>\$ 2.97</u> | <u>INFANT \$ 4.16</u> |
| <u>AFTER HOURS</u> | <u>\$ 4.16</u> | <u>INFANT \$ 5.35</u> |

ANY ATTENDANCE AFTER 45 HOURS WILL BE BILLED AT THE APPROPRIATE HOURLY RATE AND CHARGES WILL BE DUE AT THE TIME OF PICK-UP.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, office of Adjudication, 1400 Independence Avenue, S. W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at programintake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Childcare will be provided 450 W. 18th Street. The desired hours for childcare are

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____

I HAVE READ AND I UNDERSTAND THIS CONTRACT MADE BETWEEN MYSELF AND SMART STARTS CHILDCARE (AMY JONES AND JASON JONES, DOING BUSINESS AS: SMART STARTS CHILDCARE) AND WILL UPHOLD ALL SIGNED DOCUMENTS TO THIS AGREEMENT.

GUARDIAN SIGNATURE _____

GUARDIAN SIGNATURE _____

CAREGIVER SIGNATURE _____ DATED _____



ENROLLMENT PACKET

AMY (Owner/Director)

Smart Starts Childcare and Preschool **208-528-0219** (450 W. 18th)

Hours of operation: Monday through Friday 5:30 am to 10:30 pm

website: smartstartsc.com

Email: smartstartschildcare2004@msn.com

Twitter: [@starts_2004](https://twitter.com/@starts_2004)

Facebook: www.facebook.com/SmartStarts2004

Instagram: [www.instagram.com/smart_starts_childcare_2004 /](http://www.instagram.com/smart_starts_childcare_2004/)

Smart Starts Childcare and Preschool is a licensed, ICCP certified childcare center with a TOUCH of *HOME* atmosphere. We have a passion and love for children with special needs. We feel it necessary to provide an *ALL-INCLUSIVE* environment for all children. All children enrolled at SSCC are cared for equally regardless of race, disability, age, sex, religion or national origin.

Every child is a different kind of flower, and all together make this world a beautiful garden.



CURRENT DATE: _____

Childs full Name: _____ Childs preferred Name: ^{Child's Name} _____

DATE OF BIRTH: Month _____, Day _____ Year _____ Current age: _____

Address: _____

Childs Siblings:

Name: _____ D.O.B: Month _____, Day _____ Year _____ Current age: _____

Name: _____ D.O.B: Month _____, Day _____ Year _____ Current age: _____

Name: _____ D.O.B: Month _____, Day _____ Year _____ Current age: _____

Legal Guardian OR Mother's Name _____ Home Phone: _____

Address: _____ Cell Phone: _____

Mothers Employer: _____ Work Phone #: _____

Position Held: _____ Hours of Employment: _____

Email Address: _____

Legal Guardian OR Fathers' Name _____ Home Phone: _____

Address: _____ Cell Phone: _____

Fathers Employer: _____ Work Phone #: _____

Position Held: _____ Hours of Employment: _____

Email Address: _____

DOES YOUR CHILD HAVE ANY ALLERGIES TO FOOD, PETS, OUTSIDE? IF YES, TO WHAT? _____

DOES YOUR CHILD HAVE ANY DISABILITIES, SPEECH, HEARING, VISION PROBLEMS OR PHYSICAL CONDITIONS SUCH AS ASTHMA, SEIZURES, DIABETES, HEADACHES OR TUMMY ACHES THAT WE SHOULD BE AWARE OF?



DOES YOUR CHILD HAVE ANY SPECIAL TOYS, BLANKETS, AND BINKIES ETC? _____

ARE THERE ANY RECENT TRAUMATIC EVENTS THAT HAVE OCCURRED WITHIN YOUR LIFE THAT COULD AFFECT YOUR CHILD? IF YES, WHEN AND WHAT? _____

HOW DOES YOUR CHILD REACT WHEN YOU LEAVE THEM? _____

DOES YOUR CHILD HAVE ANY BAD HABITS? _____

ARE THERE ANY RESTRICTIONS TO PLAY OR ACTIVITIES? _____ Child's Name _____

HOW IS YOUR CHILD MOST EASILY SETTLED WHEN UPSET? _____

WHAT ARE YOUR CHILDS FAVORITE ACTIVITIES? _____

WHAT TIME DOES YOUR CHILD GO TO SLEEP AT NIGHT? _____

DOES YOUR CHILD TAKE A NAP? IF YES, WHEN? _____

HOW DO YOU PUT YOUR CHILD TO SLEEP OR NAP? _____

HOW DOES YOUR CHILD SHOW WHEN HE/SHE IS...?

HAPPY? _____ AFRAID? _____ ANGRY? _____ SAD? _____ TIRED? _____ SICK? _____

WHAT FORMS OF DISCIPLINE ARE MOST OFTEN USED IN YOUR HOME? _____

IS YOUR CHILD POTTY TRAINED? YES NO

ARE THEY ABLE TO INDICATE WHEN HE/SHE NEEDS TO USE THE RESTROOM? _____

DO THEY HAVE FREQUENT ACCIDENTS? _____ WHEN DOES YOUR CHILD HAVE ACCIDENTS? _____

DO THEY NEED HELP USING THE RESTROOM? _____

WHAT WORD DOES YOUR CHILD USE FOR: URINATION: _____ SOILED DIAPER: _____

IN CASE BACK UP CHILD CARE IS NEEDED; DO YOU HAVE ANYONE TO CARE FOR YOUR CHILD? _____



LIST 3 PEOPLE THAT ARE ABLE TO PICK UP YOUR CHILD.

1. _____ PHONE # _____

2. _____ PHONE # _____

3. _____ PHONE # _____ Child's Name _____

IS THERE ANYONE THAT CANNOT PICK YOUR CHILD UP DUE TO COURT ORDERS? IF SO, PLEASE PROVIDE THE PROPER DOCUMENTS FOR THAT ORDER. _____

MEDICAL INFORMATION

ARE THERE ANY MEDICATIONS YOUR CHILD IS ALERGIC TO? PLEASE LIST BELOW. _____

ARE THERE ANY MEDICATIONS THAT YOUR CHILD TAKES ON A REGULAR BASIS? IF SO, PLEASE LIST BELOW.

1. _____ 2. _____

NAME OF YOUR CHILDS DOCTOR _____

PHONE NUMBER OF YOUR CHILDS DOCTORS OFFICE _____

CHILDS MEDICAL CARD NUMBER _____ Insurance company _____

INSURANCE POLICY NUMBER _____

IN THE EVENT THAT YOU CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION AT THE TIME OF ILLNESS OR ACCIDENT, YOU HEREBY AUTHORIZE AMY JONES OR SSCC STAFF MEMBER TO TAKE MY CHILD TO THE ABOVE-NAMED PHYSICIAN, AND/OR A HOSPITAL, OR AN EMERGENCY URGENT CARE FACILITY FOR CARE AND TREATMENT.

Legal Guardian OR Mother's Name _____ Dated: _____

Legal Guardian OR Fathers Name _____ Dated: _____

SSCC representative _____ Dated: _____



**I give SSCC permission to give my child Fever/Pain Relief medication. Verbal authorization will be required, and proper documentation will be available. Proper amount of Tylenol for Child's Name is _____

Legal Guardian OR Mother's Name _____ Dated: _____

Legal Guardian OR Fathers Name _____ Dated: _____

Child's Name _____

SSCC representative _____ Dated: _____

I do not authorize SSCC to give my child fever/pain reducer.

FIELD TRIP PERMISSION

I GIVE PERMISSION FOR SMART STARTS CHILDCARE TO TAKE MY CHILD _____ OFF THE CHILDCARE PREMISES WHEN THE NEED ARISES, SUCH AS SCHOOL TRANSPORTATION, GOING TO THE PARK, SUMMER ACTIVITIES, WALKING TRIPS, SPECIAL EXCURSIONS, ETC.

Legal Guardian OR Mother's Name _____ Dated: _____

Legal Guardian OR Fathers Name _____ Dated: _____

SSCC representative _____ Dated: _____

PHOTO RELEASE

I GIVE SMART STARTS CHILDCARE AND PRESCHOOL PERMISSION TO TAKE MY CHILDS PICTURE. THIS MAY ENTAIL A PHOTO ON OUR WEBSITE/FACEBOOK PAGE. THIS IS OPTIONAL, AND WE WILL RESPECT YOUR WISHES. HOWEVER, WE MAY STILL PHOTOGRAPH YOUR CHILD AND MESSAGE, TEXT, PRINT FOR YOU ONLY.

I GIVE PERMISSION TO SMART STARTS CHILDCARE TO TAKE MY CHILDS PHOTO.

I DO NOT GIVE PERMISSION TO SMART STARTS CHILDCARE TO PHOTOGRAPH MY CHILD.

I WOULD LIKE PICTURES EMAILED/TEXT/MESAGED TO ME, BUT NOT RELEASED ON THE WEBSITE.

Legal Guardian OR Mother's Name _____ Dated: _____

Legal Guardian OR Fathers Name _____ Dated: _____

+

| <u>MONDAY</u> | <u>TUESDAY</u> | <u>WEDNESDAY</u> | <u>THURSDAY</u> | <u>FRIDAY</u> | <u>SATURDAY</u> |
|---------------|----------------|------------------|-----------------|---------------|-----------------|
| | | | | | |



Hours of Operation

Anticipated days and times of childcare needed

Smart Starts Childcare is open 5:30am to 10:30pm Monday through Saturday. **The hours from 6pm 1030pm and Saturdays are considered "After Hours"**. Sundays will ALWAYS be closed, NO exceptions. THE FOLLOWING ARE HOLIDAYS WHEN SMART'S STARTS WILL BE CLOSED:

MEMORIAL DAY, INDEPENDENCE DAY, LABOR DAY, THANKSGIVING DAY, CHRISTMAS EVE, CHRISTMAS DAY, NEW YEARS DAY AND CLOSING EARLY ON NEW YEARS EVE AT 2 PM. WE WILL ALSO CLOSE ANY DAY WE NEED TO FOR CHILDCARE RELATED CAUSES, SUCH AS COMMUNICABLE DISEASE OUTBREAK, OR HEADLICE OUTBREAKS. WE WILL BE PAID FOR THOSE DAYS WE ARE CLOSED.

School Information:

Name of School _____ District: _____

Bell Schedule:

SSCC FEE INFORMATION

ENROLLMENT FEE PER CHILD \$ 100.00

FULL TIME (45 HR) \$ 505 INFANT \$ 535

PART TIME (25 HR) \$ 327 INFANT \$ 357

HOURLY \$ 2.97 INFANT \$ 4.16

AFTER HOURS \$ 4.16 INFANT \$ 5.35

ANY ATTENDANCE AFTER 45 HOURS WILL BE BILLED AT THE APPROPRIATE HOURLY RATE AND CHARGES WILL BE DUE AT THE TIME OF PICK-UP.



KINDERGARTEN START TIME: _____ KINDERGARTEN END TIME _____

KINDERGARTEN LATE START TIME: _____ KINDERGARTEN EARLY RELEASE TIME _____

Will SSCC be providing transportation during the school year? _____

****There is an additional charge for transportation of \$3.75 a day.**



2019 SMART STARTS

EARLY CLOSURES CLOSE EARLY @ 6:30 PM

MAY 24; AUG. 30; OCT 31 NOV 27; DEC 23

DATES CLOSED

MAY 25; MAY 26; MAY 27

JULY 4TH

AUG 31; SEPT 1; SEPT 2

NOV 28; NOV 29; NOV 30; DEC 1

DEC 24; DEC 25; DEC 31; JAN 1

We decided to remain open DEC. 26th, 27th, 28th,

30th but with REDUCED hours of 7:30 am-6:30

pm

**USDA Child and Adult Care Food Program (CACFP)
Meal Benefit/Income Eligibility and Center Enrollment Form**

Dear Parent or Guardian:

This form is in addition to the Facilities' enrollment form, and documents information required in the Federal Regulations for Child Nutrition Programs. By completing and signing this form you certify that your child or children are enrolled for care at this facility.

This form must be updated annually.

Original Enrollment

Renewing Annual Enrollment

1 Enrolled child or children - Please print each child enrolled below

| Child First and Last Name | Birthday | Age | Sex | Normal Days In Care | Normal Hours In Care (Include School Hours) | | | | Circle meals normally received while in care | School Child* | Infant** |
|---------------------------|----------|-----|-----|--------------------------------|---|---------|---------|--------|--|---------------|----------|
| | | | | | Arrive | Depart* | Arrive* | Depart | | | |
| 1 | | | | Sun Mon Tue Wed Thu Fri Sat | | | | | Breakfast AM Snack Lunch PM Snack Supper Late Snack | | |
| 2 | | | | Sun Mon Tue Wed Thu Fri Sat | | | | | Breakfast AM Snack Lunch PM Snack Supper Late Snack | | |
| 3 | | | | Sun Mon Tue Wed Thu Fri Sat | | | | | Breakfast AM Snack Lunch PM Snack Supper Late Snack | | |
| 4 | | | | Sun Mon Tue Wed Thu Fri Sat | | | | | Breakfast AM Snack Lunch PM Snack Supper Late Snack | | |
| 5 | | | | Sun Mon Tue Wed Thu Fri Sat | | | | | Breakfast AM Snack Lunch PM Snack Supper Late Snack | | |

* School children include school hours.

** Infants- children less than 12 months of age, complete and return an Infant Formula Statement

2 Race (choose all that apply)

American Indian/Alaska Native Asian Black or African American Native Hawaiian/Pacific Islander White

3 Ethnicity Mark one ethnic identity:

Hispanic Non Hispanic

4 SNAP, TAFI, or FDPRI

SNAP# _____ TAFI# _____ FDPRI# _____

5 Foster Child

Check box if applying for foster child/children. Skip to part 7

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school

Parent name _____ Date _____

Address _____ City _____ ST _____ ZIP _____

Home/cell phone _____ work phone _____

Email address _____

Social Security number _____ - _____ - _____ [] I do not have a Social Security Number

This section has been modified so that we may be able to receive this information correctly the first time, instead of having to have you, the parent/guardian fill out and sign so many things. The information on this page is for use solely for our food program we are on. We don't know why they ask these questions, but they do. You will be given the real document to sign after we input these answers in program. Please be on the lookout for that and any other items needing a signature.

Child's Name _____