

Parent Handbook 2025

Julie Bennett- Owner/Director



**Early Learning
Daycare**

Contact us

PHONE: 585-402-6668
FAX: 585-447-9442
ADDRESS: 5190 WARNER ROAD
GENESE0, NY 14454

My goal as a child care provider is to offer you and your family with the best care possible. Each family will have different needs and I will try to accommodate them to the best of my ability. I am committed to providing quality child care and making this experience as wonderful as possible. The following contains general rules, regulations and fees. If you have any questions, please feel free to discuss them with me before signing the contract.

Agreement entered into on the ___ day of _____ 2024/2025. Between

_____Julie Bennett_____, herein referred to as “provider/me/I” and
_____, herein referred to as “parent(s)/you” parents of
_____.

FEE SCHEDULE: _____ (INT)

Full Time

Afternoons only \$100.00/week (less than 2.5 hours a day)

Full day \$279.00/week (25 hrs. over 5 or fewer days)

Part Time

Afternoons only \$39.00/day (less than 2.5 hours a day)

Part time day \$58.00/day (at least 3 hours but less than 5 hours/day)

Full day (school age) \$58.00/day (at least 4 hours but less than 20hrs/week)

ALL DAYCARE FEES ARE DUE ON FRIDAY MORNING BEFORE NOON FOR THE UPCOMING WEEK.

All payments are to be Cash/Zelle/Venmo/or PayPal only. _____ (int)

Weekly fees are based on the child’s spot not their attendance. If your child is absent your fees are still the same. _____ (int) Tuition is based on 52 weeks. There are no deductions for sick days, holiday’s, quarantines, pandemics or vacations _____ (int)

There will be a \$40 per day per child late fee for payments not made on Friday mornings. Arrangements can be made IN ADVANCE for paying at different times when specialcircumstances deem it necessary. Your child will not be accepted back into daycare until all fees are paid.

If a holiday falls on a Friday, payments are due on the last day of care that week or of the week prior.

Full payments are expected regardless of scheduled vacations, holidays, observance, you chose to keep your child home and/or days off. No credit for sick days, no exceptions. Payments will be expected 52 weeks a year. _____ (int)

There will be a \$50.00 charge per 15 min increments that you are late picking up. For example, if you are 3 mins late, that falls in the first 15 min increment. Please notify me at least 1 hour prior to pick up time that you will be late. Please keep in mind that I have a family as well and they may need to be at activities or appointments. _____ (int)

CHILDCARE HOURS:

Daycare is in session Monday through Friday, 7:00am-5:00pm, No EXCEPTIONS, unless stated in the handbook or when the provider notifies parents of schedule or time changes. _____ (int)

The first ten day of care is probationary for the provider, parent and the child. This agreement may be terminated at any time during this period. After the ten-day trial period a written two-week notice will need to be given if child will be leaving my care. If you do not give the proper notice, you will still be responsible for the payment of the last two weeks. _____ (int)

HOLIDAYS/OBSERVANCES (DAYCARE IS CLOSED)

THANKSGIVING HOLIDAY (11/27/24-11/29/24)

CHRISTMAS HOLIDAY (12/23/24-1/03/25)

CONTINUING EDUCATION (03/12/25-03/14/25)

EASTER (4/18/25-4/22/25)

VACATION (5/29/25-6/11/25)

INDEPENDENCE DAY (7/03/25-7/04/25)

CSEA/VOICE UNION MEETING (8/06/25-8/13/25)

LABOR DAY (9/01/25)

VACATION (09/02/25-09/05/25)

THANKSGIVING HOLIDAY (11/26/25-11/28/25)

CHRISTMAS HOLIDAY (12/22/25-1/02/26)

Payments are due for ALL days regardless of holidays or vacation. _____ (int)

MEALS:

Breakfast, lunch and two snacks are served each day at no additional charge. **Should your child arrive later than the scheduled meal time you are responsible for making sure that they have eaten.** _____ (int)

Please do not send any food with your child. I am a participant in a CACFP program through the USDA and make every attempt to provide enjoyable and nutritious meals for your child. I offer a variety of foods. _____ (int)

Infants will eat on demand, please provide your child's formula or breast milk in a bottle labeled with your child's first and last name. For infants 4 to 7 months old, solid foods are optional, and should only be served when the child is developmentally ready. When it is decided that your infant is ready, I will work with you on what we introduce and when. You will provide baby food for your infant. _____ (int)

Every child will be served a meal at the allotted times if they refuse to eat, they will not be served again until the next scheduled meal. _____ (int)

Meals are served at the table; please do your best to practice this at home to prevent children from walking around while eating.

ILLNESS:

DO NOT BRING YOUR CHILD IF: _____ (int)

- TEMP OVER 100 MUST BE FEVER FREE FOR 48 HOURS WITHOUT MEDS

-COUGH

-COLD (where child is unable to function in care)

-WHEEZING

-RASH

-YELLOW/GREEN RUNNY NOSE

-DIARRHEA

-SWOLLEN LYMPH NODE

-CHICKEN POX

-SORE THROAT

-FLU

-LICE

-ANY COVID-19 SYMPTOMS

-PINK EYE

-VOMITING

I understand that children get sick at random times. It is very important to make sure you do not bring your child to daycare if they are sick. If your child is sick to the extent that it interrupts care or endangers the health of other children, please make other arrangements for their care. When you are deciding if your child should come to day care sick, think of it as if you would want them exposed to another child's illness. _____ (int)

Should your child become ill while in my care, you will have one hour to pick them up. It is your responsibility, as the parent, to come and get your child or arrange for someone to get them if they become ill during the day _____ (int)

I will always respect your need to be at work, when it comes to an ill child, please do not medicate them in the morning to try and hide the illness.

All medications must be labeled properly with child's name, name of medication, name of prescribing physician, directions and amounts. PARENTS MUST GIVE FIRST DOSE OF MEDICATION NO EXCEPTIONS. _____ (int)

If the medication is not on the approved list, it is parent's responsibility to give the medication. _____ (int)

All allergies must be brought to my attention. _____ (int)



Early Learning Daycare Illness/Symptom Policy

Understand that this policy is put in place to protect all the children who attend Early Learning Daycare.

As a general rule, all children in the providers care must be well enough to follow the regular scheduled activities. Parents must keep their child at home if he or she requires special care and attention from the provider. **The provider cannot care for a sick child.**

The provider reserves the right to determine when a child should be sent/kept home due to any illness/symptom. Notify me as soon as possible when your child becomes ill so I can notify the other parents. The provider will consider a doctor's note for a diagnosis **but** has final say on when the child can return to daycare.

If a child starts to show any of the following symptoms listed below while in care, but not limited to, the child will need to be picked up immediately; automatically excluded the following day and until symptom free for 48 hours without the help of medication. If a child is sent home for the same reason within 5 business days, the child will be excluded for 5 business days. During this time full rate still applies. The provider will allow 1 hour for the child to be picked up (see Contract/Handbook).

If the child has the same diagnosis within 45 days, the provider may then require the child to be excluded. The full round of antibiotics must be given **AND** a doctor's note stating the child is no longer infected will be required for the child to attend.

-Over the Counter Medication- Tylenol, Ibuprofen or anything of the sort. If any over the counter medication is needed for the child to participate in the regular daycare activities. (**Excluded** until no longer needed on a regular basis)

-Prescription Medication- The provider must be notified with the name, reason, and duration for all prescriptions. The provider may require a doctor's note from the follow-up visit after the completion of the medication. (**Excluded** 36 hours from the first dose of antibiotic)

-Fever- Any temperature over 100.0 (**Excluded** until fever free without the help of medication for 48 hours)

-Upper Respiratory Illness- Any cough that makes the child short of breath/gag/vomit. Any drainage from the nose that is not clear in color. (**Excluded** until symptom free for 48 hours)

-Severe Cold Symptoms- Constant congested cough, constant running-nose with anything other than clear fluid, trouble breathing, lethargic and/or uncomfortable. (**Excluded** until symptom free for 48 hours)

-Croup- barking cough and shortness of breath. (**Excluded** for 1 week)

-Vomiting- of any kind even if you think it was cough, choking or gag induced. (**Excluded** until vomit free for 48 hours **AND** able to eat 2 regular portioned meals)

-COVID-19/FLU- (**excluded** until symptom free for 48 hours without the aid of medication)

Fever over 100.0 F	Breathing Difficulty
Aching muscles	Loss of taste
Chills and sweats	Loss of smell
Headache	Vomiting
Dry, persistent cough	Diarrhea
Fatigue and weakness	Runny Nose
Nasal congestion	Rash
Sore throat	

-2 Diarrhea/1 Uncontained Bowel Movement- This could be the sign of a viral or bacterial infection. The child is **excluded** until:

- 48 hours from the last time diarrhea reducing medication (if given), **AND**
- 48 hours from the last diarrhea, **AND**
- 2 regular bowel movements after eating regular portioned meal.

-Chicken Pox, Hand/Foot/Mouth, Strep Throat- or any rash/sore causing illness. (**Excluded** until complete rash/sore is gone; including scabs)

-Random Rash- this could be a beginning sign of an illness or allergic reactions **Excluded** until the rash is completely gone)

-Bacterial Conjunctivitis (Pink Eye)- and/or colored discharge from the eye. I will not give eye drops or ointment, so this will need to be done at home before and after daycare. (**Excluded** 48 hours from the first dose of antibiotic treatment **AND** until there is no discharge)

-Head Lice- It is the responsibility of all parents to check their child's hair weekly for head lice and to provide adequate treatment if head lice is found. If your child has head lice, you need to inform me right away. It takes 10 days for an egg to hatch, if you miss just one, then you will have a whole new outbreak. (**Excluded** for 10 business days, the provider **must** inspect hair before drop-off)

If the provider catches the parents masking any illness/symptoms, the contract will be terminated immediately.

A sick child should be allowed to recover fully after an illness so that other children in the daycare are not put at risk of exposures. If you are unable to remain at home with your sick child it will be necessary for you to make other child care arrangements at your own expense.

Parental Signature: _____ Date: _____

Provider Signature: _____ Date: _____

CURRICULUM OBJECTIVES AND TEACHINGS:

Cognitive/intellectual – numbers and shapes, counting, patterns and measurement, sense of space, knowledge and experience with the world, art, movement and dramatic play

Language/literacy – communication (listening, understanding and speaking), knowing about letters and word sounds and patterns, knowing about print and books

Social – cooperation, positive social relationships, respect for others, knowledge about families and communities

Emotional – self-control and knowledge about feelings

Physical – gross motor skills, fine motor skills, active play and health and safety

Cultural – awareness and appreciation of their own and others' cultures

Approaches to learning – initiative and curiosity, engagement and persistence and reasoning and problem solving

PARENTS RESPONSIBILITIES

All children are required to be dressed in weather appropriate clothing that is suitable for outside time. Parents are responsible for maintaining and stocking their child's cubby. Please also maintain your child's personal hygiene (bathed, clean clothes, nails clipped, hair brushed), they need to be dressed when dropped off to daycare with a dry diaper.

Parents are responsible for providing

Diapers, wipes, special creams

Blanket for nap time

Complete change of clothes

Bottles, formula or breast milk.

I provide an ample supply of toys, games and books, except for a favorite blanket or special item. I prefer that you not bring any toys from home.

Damages

It is expected that you and your child be respectful of daycare and personal property. A certain amount of “wear and tear” is normal but if you or your child intentionally damage personal or daycare property through destructive behavior, continued roughness or breach of policies, you will be liable for 100% of the replacement plus a 10% service fee. This will be due within 5 days from the date of total or invoice provided. _____ (int)

MISC.

Children will be released to a parent, legal guardian, or emergency contact that is over the age of 18 ONLY. _____ (int)

If there is a change to this contract, I will give you notice and we will update your file. Contracts are to be renewed annually. _____ (int)

I am a mandated reporter of suspected child abuse. Your child’s welfare will always come first while in my care. _____ (int)

Breach of contract will result in a two-week notice of cancelation of care. _____ (int)

Upon extreme circumstances contract can be canceled at my discretion. _____ (int)

If I have a family emergency, I will do my best to find you alternate care, however, having back up care is your responsibility. _____ (int)

I give permission to have photos of my child/children taken and posted on the website, walls or bulletin boards at the program. _____ (int)

If your child is potty trained but has more than three accidents in a week you must provide pull-ups until your child is properly trained. _____ (int)

Parents are responsible to completing all documents in child’s file. All health assessments need to be signed and stamped by doctor prior to start of care. _____ (int)

Shot records are to remain current and a copy will be provided to me. _____ (int)

There must be three emergency contacts for your child that can get to your child within an hour. _____ (int)

In case if an emergency I will tend to the child, call 911, notify parent, and notify OCFS. In case of an emergency your child will be transported to Strong Memorial Hospital. ____ (int)

I understand that children may not nap at home, when in childcare they will have a quiet time in order for other children to sleep. It is up to the child if they sleep but I do expect them to lay quietly. ____ (int)

BY SIGNING THIS CONTRACT, I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH ALL THE TERMS THAT HAVE BEEN DISCUSSED.

PARENT

DATE

PARENT

DATE

Julia Bennett

DATE

PROVIDER

DATE