



A Program of Sylvania Community Services
A trusted Child Care provider for over 25 years

2011/2012 SCS Child Care Policy Grades K - 6

419-885-2451 (phone) 419-882-1639 (fax) sylvaniachildcare.org

Welcome to SCS Child Care for the 2011/2012 school year! It is our pleasure to serve you. Attached you will find helpful information for a smooth registration process.

Registration Deadlines and Fees:

- On or before August 12th - *\$10 discount per child on registration fees* - child can begin SCS childcare on the first day of school.
Registration fee: \$25 for the 1st child and \$15 for each additional child (non-refundable).
- August 15 – 19 - no discount - child can begin SCS childcare on first day of school.
Registration fee: \$35 for the 1st child and \$25 for each additional child (non-refundable).
- August 22 – 26 - no discount - child can begin SCS childcare on September 2nd.
Registration fee: \$35 for the 1st child and \$25 for each additional child (non-refundable).
- August 29 – 31 – no discount – child can begin SCS childcare on September 6th.
Registration fee: \$35 for the 1st child and \$25 for each additional child (non-refundable).
- Starting September 1st three business days will be required to process your child’s forms.
Registration fee: \$35 for the 1st child and \$25 for each additional child (non-refundable).

Deposit:

In addition, a **deposit** is required at the time of registration. **This deposit is not to be used as credit throughout the school year**, but will stay on file at SCS as long as your child(ren) is in the program. The deposit fees are as follows:

\$120 for a single child in the program – all grades and all ages
\$110 per child for multiple children in the program – all grades and all ages

Because our program is post-paid, we require that the deposit and registration fee be received before your child can attend. The deposit and registration fees must accompany the registration forms. Please fill out all registration information completely as it is necessary to start the program.

Payment Policy

If a family has more than one child in the program they will pay the family fee for each child, regardless of the program they are in. There is a \$10 minimum billing charge if your child’s bill is less than \$10 during a billing cycle. There is no charge if your child does not attend during a billing cycle.

	<u>Single Rate</u>	<u>Family Rate</u>
Extended Time (E.T.) Hourly	\$5.20/hr	\$4.95/hr/child

All-Day Programs & Camps (teacher conference & in-service days, spring & winter camp)

Rate: \$35 single child \$33.25 family rate per child **Location: Tam-O-Shanter**
Summer camp rates & registration forms available early spring



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A separate registration is required for each All Day Program and each Camp. Registration forms will be available at all sites one month ahead of the scheduled all day program or camp. **All day programs and camps are pre-registered and prepaid.** We do not accept all day registrations from parents with a past-due account. **Registrations for all day programs and camps are taken on a first-come, first-serve basis.** We are unable to give refunds or credits because your payment holds your child's slot. Please pack a nutritious lunch for your child. If you do not provide one, we will provide a lunch for a \$3.00 charge. We serve milk with lunch and provide a morning and afternoon snack.

Inclement Weather Days – Children Grades K-6 report to Tam-O-Shanter!

For school **weather delays/closings**, bring your child to Tam-O-Shanter*. The charge for inclement weather days will be billed on your regular childcare bill. **The charge for an inclement weather day (2+ hours) is the same as the all-day program, \$35 single child /\$33.25 family rate per child.** If your child is here less than 2 hours, the charge would be at your regular hourly rate. Please pack a nutritious lunch. If you do not provide a lunch for your child, we will provide one for a \$3.00 charge. We will serve milk with your packed lunch and a morning and afternoon snack will be provided.

In the winter, we are open during a Lucas County level 1. During a level 2 or 3, please call our recording to determine closure: 419-885-2451.

*During closure days when care is given by SCS at Tam-O-Shanter, the children are given the option to ice skate, and figure-skates are provided, protective gear is not provided. You may send their skates and protective gear on these days if you like.

Enrollment and Health Information

The State of Ohio requires that each child in our program have an enrollment and health information form (EHI) on file. This form must be filled out completely. EHI's must be **updated annually**. *Please notify us immediately when telephone numbers or addresses change.* If a medical condition requires details, ask about our medical forms.

Early Drop Off, Late Pick-Up Charge

There is a \$1.00 per minute early/late charge per child, before 6:30 a.m. and after 6:30 p.m. This late fee will be billed to the child's account.

Safety Checklist

Parents are asked to mark the weekly Safety Checklist indicating which **afternoons** their child will be here. If your child is not coming and is marked to be present, please call our office at 419-885-2451 by 1 p.m. to let us know. Your child's school **will not** contact us. We will notify parents if the child is expected and does not arrive. If your child is not marked to be here, we are not responsible if he/she does not arrive. **For your child's safety, please mark this list!** It is located near your child's check in area.

Showing Photo ID

Any person picking up a child from any SCS child care center must show a photo ID to the caregiver in charge of the child. Children will not be released from the center to anyone who does not have the proper authorization.

Closure Dates

SCS Child Care is closed the following days:

New Year's Day, Martin Luther King Day, Presidents Day, Good Friday, Memorial Day, July 4, Labor Day, Thanksgiving Day and the Day after, Christmas Eve, Christmas Day, New Year's Eve.



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2011/2012 SCS Child Care Calendar

Wednesday, August 31	First day of school – grades 1 – 9
Friday, September 2	First day of school – kindergarten
Monday, September 5	HOLIDAY (Labor Day). No school or child care
Monday October 17	All Day Program. No school. Enroll early!
Friday November 4	All Day Program. No school. Enroll early!
Thursday, November 17	All Day Program. No school. Enroll early!
Friday, November 18	All Day Program. No school. Enroll early!
Wednesday, November 23	All Day Program. No school. Enroll early!
Thursday, November 24	HOLIDAY (Thanksgiving). No school or child care
Friday, November 25	HOLIDAY (Thanksgiving). No school or child care
Thursday, December 22	Last day of child care before Holiday.
Friday, December 23	HOLIDAY BREAK. No school or child care for remainder of 2011.
Monday, January 2	HOLIDAY (New Years). No school or child care
Tuesday, January 3	School and child care resume
Monday, January 16	HOLIDAY (Martin Luther King Day). No school or child care
Monday, February 20	HOLIDAY (President’s Day). No school or child care
Tuesday, February 21	Spring Camp Registration Begins
Monday, April 2	Summer Camp & Fall Registration Begins
Thursday, April 5	Last day of child care before Spring Camp
Friday, April 6	HOLIDAY (Good Friday). No school or child care
Mon-Fri April 9-13	Spring Camp-Pre-enrollment and pre-payment required
Monday, April 16	School and child care resume.
Monday, May 28	HOLIDAY (Memorial Day). No school or child care
Thursday, June 7	Last day of school and child care
Monday, June 11	Summer Camp begins
Friday, August 31	Summer Camp ends (tentative date)



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2011/2012 Child Care Registration

Please fill out a separate form for each child being registered.

Child's Name _____

School _____ Grade in Fall _____

Date of Birth ____/____/____ Gender _____

Parent E-mail Address: _____

PG Movie: My child has permission to watch a suitable PG rated movie. _____ yes _____ no

Walking: I give SCS permission to walk _____ (My Child) to Olander Park and other suitable locations within one mile of Tam-O-Shanter. These walks may occur any time during the 2011/2012 school year from August 2011 through June 2011. All walks are supervised by childcare providers. I give my child permission to ice skate at Tam-O-Shanter, knowing protective gear is not provided. Y/N

Photograph/Videotape:

I **give** consent for my child to be photographed or videotaped. _____

I do **not** give my consent to have my child photographed or videotaped. _____

This is for Sylvania Community Services purposes (ie website, facebook page) or any local newspaper/television station coverage.

Parent's Advisory Board: A group of parents who may meet once or twice a year.

_____ Yes, I will participate _____ No, I cannot participate

Parent's Signature _____

Date _____

Office Use Only
Check Number _____
Process Date _____
Invoice Number _____

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Center	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name			Relationship to Child		
Home Address					
City			State		Zip
Home Telephone Number			Cell Phone		
Work/School Telephone Number			Work/School Name		
Work/School Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> Work number <input type="checkbox"/> Cell number <input type="checkbox"/> Home number					
Where can you be reached while your child is in this program?					
Parent/Guardian Name			Relationship to Child		
Home Address					
City			State		Zip
Home Telephone Number			Cell Phone		
Work/School Telephone Number			Work/School Name		
Work/School Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> work number <input type="checkbox"/> cell number <input type="checkbox"/> home number					
Where can you be reached while your child is in this program?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the center/home and able to take responsibility for the child in case you cannot be contacted.					
Name			Name		
City		State		City	
State		City		State	
Telephone Number		Relationship to Child		Telephone Number	
Relationship to Child		Telephone Number		Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City			State		Telephone Number

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - *check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (*check one*)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.
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Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No
The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the center/type A home's policy or another:
<input type="checkbox"/> I agree with the program's schedule <input type="checkbox"/> I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give Permission</u> to Transport	
Center or Type A Home Name			Center or Type A Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook.

Parent/Guardian Signature	Date
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Signatures

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. The administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form to indicate the date reviewed.

Parent/Guardian Signature(s)		Date	
Administrator/Designee Signature		Date	
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.



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How did you learn about our program?

_____ I have used SCS child care program previously with another one of my children who attends: (circle one): Central Highland Hill View
Maplewood Sylvan Stranahan Whiteford

_____ A friend/neighbor

_____ Postcard received in mail

_____ Flyer brought home from school by my child attending _____
Name of school

_____ Phone Book

_____ AT&T Toledo Phone Book

_____ Verizon Sylvania Phone Book

_____ Ad in newspaper

_____ Sylvania Advantage

_____ Sylvania Herald

_____ Toledo Blade

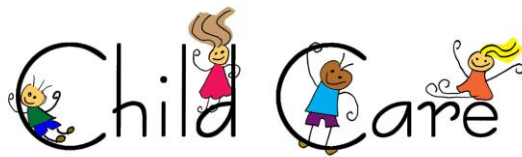
_____ Toledo Area Parent

_____ Internet

_____ Our website: www.scsonline.org

_____ Our website: www.sylvaniachildcare.org

_____ Other: _____



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2010/2011 SCS Child Care

PICK UP LIST

In order to protect your child, Sylvania Community Services Childcare Department would like your cooperation with the pick-up procedure.

Please fill out the following information and return it with your registration forms. This sheet will be kept at the site with your child's information so that any employee may have access to it.

Please remember anyone picking up your child will need to bring photo ID. Also remember to include yourself on the list.

Thank you for helping make our centers safe for the children.

Page Rostetter
Childcare Director

Desiree Thompson
Asst. Childcare Director

Child's name: _____

School: _____ Grade _____

The following people may pick up my child(ren): **Please include yourself.**

Name

Description

1.

2.

3.

4.

5.

Parent Signature

Date

Pick-Up Person will need to show photo I.D.

SYLVANIA SCHOOL DISTRICT
TRANSPORTATION STUDENT RELEASE
2011 / 2012

School Student is Attending: _____ Grade: _____

Student Name: _____

Home Address: _____ Phone: _____

Parent/Guardian: _____

SCS Child Care

AM Location: _____ **PM Location:** _____

Effective Date: _____

Permission is given to transport my child named above to the daycare location listed above for the 2011-2012 school year. Please check only one box below.

- BEFORE SCHOOL ONLY
- AFTER SCHOOL ONLY
- BEFORE & AFTER SCHOOL

Any change to this release will need to be communicated in writing by the parent/guardian to the school and to the Transportation Department as needed.

(Parent / Guardian)

(Date)

****NOTE: Only Consecutive Monday – Friday requests will be considered. Please allow for a three (3) day advance notice of any transportation change.**

Sylvania Schools
ATTN: Transportation Dept.
4747 N. Holland-Sylvania Road Sylvania, OH 43560
Telephone (419) 824-8686 / FAX (419) 824-8789



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Account Information

Billing/Invoice

It is the parent's responsibility to use their attendance code to clock the child in when dropping off and out when picking up. **If the parent does not clock in or out, the maximum time will be billed.** Your account will be billed every two weeks usually on Tuesday. Parents are billed for care already given and are expected to pay upon receipt. All statements are mailed on the billing date and payment is due 5 days from the statement date. If you use tuition express all payments will be processed on the day the bill is generated. If an account is 5 days past due the child will be withdrawn from the program until the account is paid in full. When this occurs, all payments must be made in cash, by credit card, or money order.

A \$10.00 finance charge is assessed to all past due accounts.

If, for any reason, we need to research your child's account past one current year, there will be a fee of \$40.00.

If you would like to set up two separate accounts for your child's billing purposes; there will be a \$75.00 non-refundable fee, per account, to initiate this process.

Returned Check or Credit Card fees are as follows:

Returned check: \$25.00

Declined electronic funds transfer or credit card: \$15.00

It is the policy of SCS that any three returned or declined payments in one year period, will forfeit any payment method other than cash or money order for a period of six months. If there is a 2nd offense, only cash or money order payments will be accepted while your child is in the program. Payment for a non-sufficient funds check must be made by credit card, cash, or money order.

Required Fields:

Parent Responsible for Payment: _____

Social Security Number: _____

Date: _____

We now have tuition express to make payment easier for you!! Please see the next page.



ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____			Bank or Credit Union Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Routing Transit Number (see sample below) _____	Account Number (see sample below) _____
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This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____	Date _____
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Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Number	Account Number	Check Number
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Please attach a copy of a voided check here. Deposit slips not accepted.

