



EMERGENCY CONTACT INFORMATION Patti's Daycare
 [Redacted] pjulagay@gmail.com www.pattischildcare.com

Children's Information

Child 1: First Name Last Name Gender: M or F Date of Birth Serious Allergies:

Child 2: First Name Last Name Gender: M or F Date of Birth Serious Allergies:

Full name of Parent(s) or Guardian(s):

Mother's Name: Cell: Work Phone:

Address: City: Zip:

Mother's Place of Employment (name, address):

Mother's email address:

Father's Name: Cell: Work Phone:

Address: City: Zip:

Father's Place of Employment (name, address):

Father's email address:

Names, phone numbers and address of persons to contact in case of an emergency when you are not available to pick child up:

Person #1: Cell: Address:

Person #2: Cell: Address:

Persons NOT allowed to pick child up:

Name(s) & Description(s):

Care Begin Date: End of care date:

Please describe child's health history, allergies, special dietary requirements medications and other special need to be aware of:

MEDICAL & INSURANCE INFORMATION: (provide a copy of Insurance Card) Copy of Insurance Card Submitted Yes No

Name of Insurance Company: Phone: Name of Member: Policy Number or Group #

Doctors Name: Phone: Address of Doctor / Clinic: Date of last physical:

Dentist Name: Phone: Address of Doctor / Clinic: Date of last exam:

MEDICAL CONSENT FORM: In the event of a dental or medical emergency, it will be necessary to have the following information: I [Redacted] parent / guardian of [Redacted] hereby give permission to PATTI JULAGAY and staff of Family Childcare Provider or staff, to secure and authorize such emergency medical care / dental care / and /or transportation to emergency facility for the above-named child, that they may require while under the supervision of said Childcare Provider. I further authorize said childcare provider to administer emergency care / treatment as required, until medical assistance is available. I agree to pay all costs and fees related to any emergency medical care and / or treatment for said child as secured or authorized under this consent. I release Patti Julagay and staff from all financial responsibility. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

Print & Signature of Mother/Guardian

[Redacted]

Print & Signature of Father/Guardian

[Redacted]



EMERGENCY DETAILS

Hospital Information: In case of an emergency, it is most likely your child will be transported by ambulance to the nearest hospital.

Disaster Plan: This childcare home has taken reasonable steps to avoid additional hazards in the event an emergency may arise.

Emergency Contact: In the event local phone lines are not accessible my Aunt Cindy Love in Tennessee can be reached at 760-822-6995. In the event we have to evacuate the children to another area we will head to the nearest police department.

Emergency Procedures: Earthquakes, Fires, Lock-downs, Shelter-in-Place, ETC.

- A whistle will be blown to alert every one of the emergency.
- Staff will evacuate all children when it is necessary. Walkers will hold the hand of staff and staff will carry non-walkers.
- Staff will take first aid kit, children's medication, shoes and sign in book to take roll call to account for all children. They will follow planned evacuation route and meet at the fence in the driveway. 911 will be called. Group will stay together safely until staff / emergency response arrives and finds the childcare safe to return.
- We have battery powered radio for receiving emergency information.
- We have battery powered flashlights in the event of a power outage.
- We have an alternate heat source and alternate electricity source in the event of power failure.
- Communication with parents will take place as soon as possible after the immediate danger is over so that all parents know what took place.
- We do monthly fire, earthquake, evacuation drills, shelter-in-place drills and quarterly lock-down drills.
- FIRE: All caregivers know how and when to use a fire extinguisher.
- LOCK-DOWN or Shelter-in-place: Doors and windows will be closed, locked and blinds drawn. Children will stay safely in a secure room until the police or official emergency response agency notifies the staff in charge that it is safe to leave the facility. Parents will be given an update at the appropriate time.
- EARTHQUAKE: Everyone will be instructed to get under the tables and away from glass for safety. All caregivers know how and when to shut off natural gas and electrical panels. Caregivers will inspect the premises and when it is determined safe children will be instructed when they may leave the covered area.
- HAZARD MITIGATION: This childcare home has taken reasonable steps to avoid additional hazards from the result of earthquake by securing items below.
- THE WATER HEATER attached to the wall. High furniture, hanging plants, heavy picture frames are attached to wall studs. Latches are on necessary cabinet doors to keep them closed. Heavy objects are on lower shelves. All smoke detectors are tested monthly and batteries replaced 2 times a year.
- PREPARED SURVIVAL: In the event your child must be housed here for an extended amount of time during a disaster situation. There is a 3-day supply of food, water, clothing, and medications required by individual children. If your child is on long term medication you must provide extra doses for storage.



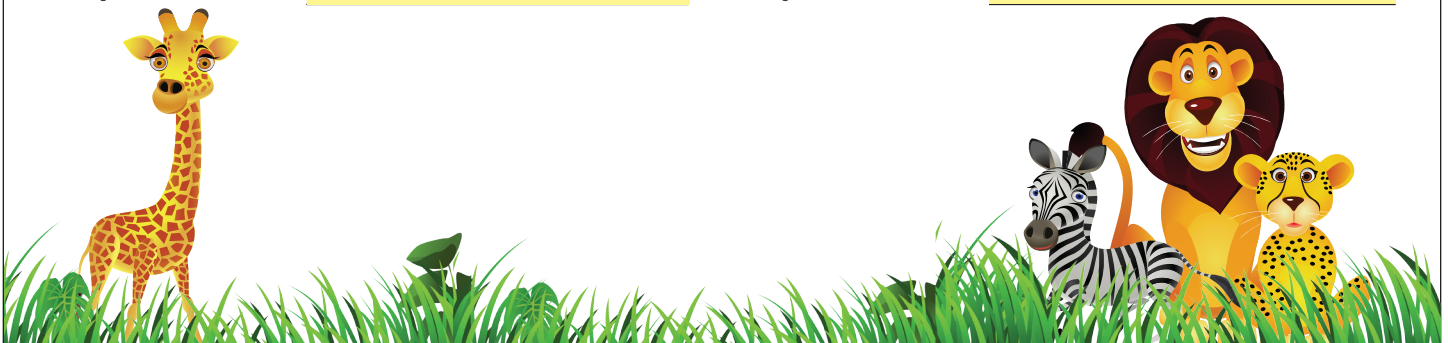
WHO CAN I THANK WITH A GIFT CARD FOR REFERRING YOU TO MY CHILDCARE?

Print & Signature of Mother/Guardian

X

Print & Signature of Father/Guardian

X





CHILDCARE CONTRACT

Patti's Daycare
 [Redacted] pjulagay@gmail.com www.pattischildcare.com

Full Name of Children:

Child 1 First Name Last Name SERIOUS KNOWN ALLERGIES

Child 2 First Name Last Name SERIOUS KNOWN ALLERGIES

DAYS AND HOURS OF CARE: The hours of care needed are based on your working hours and the hours we discussed at our initial interview.

Due to scheduling it is important that you drop off and pick up the hours you write below so that adequate care can be given to all children enrolled in my childcare. Extra hours may have an extra per hour charge. Please provide the hours and days of care below.

Monday

Drop Off Time _____ morning
 Pick Up Time _____ afternoon

Tuesday

Drop Off Time _____ morning
 Pick Up Time _____ afternoon

Wednesday

Drop Off Time _____ morning
 Pick Up Time _____ afternoon

Thursday

Drop Off Time _____ morning
 Pick Up Time _____ afternoon

Friday

Drop Off Time _____ morning
 Pick Up Time _____ afternoon

The hours you have listed above do not reflect a stop at the grocery store, going to the gym or another errand that may cause you to be late. An in-home daycare is different than a center. Continual disregard of your pick up time may result in a late fee of a minimum charge of \$20 and a \$1 per minute per child and will begin past pick up time. Like yourself, I too have a busy schedule with my family and we have evening activities and commitments as well. I don't mind the occasional few minutes late within reason with communication. It happens. A degree of flexibility goes both ways and there may be an occasion where I need you to pick up a few minutes early.

Any child attending less than 5 days a week takes up a full time space and is subject to attendance depending on availability. Price varies depending on days/hours/age that is needed.

The rate applies until the end of their birth month.

- Yearly Registration Fee standard paperwork \$100 per child
- Yearly Registration w/ additional paperwork \$150 per child
- Paperwork - if for any reason paperwork is requested for me to fill out in reference to your family (ie. Divorce and custody paperwork, state requested paperwork, employer paperwork, etc.), there will be a charge due in cash before document is released. A minimum of \$100 and an additional \$25 per 15 minutes after the first hour will be charged.

Childcare operating expenses remain constant regardless of attendance or absences of your child. There are no credit adjustments to tuition for times when your child is absent due for any reason. This is an individual contract based on your family's childcare needs between your family and my childcare.

We enter into this childcare contract and are in agreement, this date [Redacted], between PATTI JULAGAY, PATTI'S DAYCARE, PATTI'S PLAY-SCHOOL & CHILDCARE, and my/ourselves [Redacted] parent(s) of [Redacted]

This contract expires when I give a 30 business day notice at that time all fees are due (see *withdrawing from childcare in the handbook*).

- _____ Upon enrolling our child we agree to the terms in the handbook/contract/and ENROLLMENT REQUIREMENTS paragraph. If I /We break this contract, childcare will be terminated immediately and we, will be liable for payment equal to one-month childcare tuition/unpaid vacation time/and terms in the regular/supplemental contract.
- _____ Any unpaid accounts may be turned over to collections or a small suit claim will be filed. Any late fees, collection costs, Patti's Daycare operation costs for court appearances, document preparation fee of \$350, court costs, and all attorney fees in the event of payment default will be included in any legal paperwork.

I HAVE READ EACH PAGE OF THE HANDBOOK, INITIALED AND AGREE TO THE TERMS STATED. I UNDERSTAND THIS IS A CONTRACT IS VALID FOR ONE YEAR FROM THE DATE SIGNED.

Print Name of Mother/Guardian X _____ Date _____

Print Name of Father/Guardian X _____ Date _____

Signature of Mother/Guardian X _____ Date _____

Signature of Father/Guardian X _____ Date _____

Signature of Provider Patti Julagay X *Patti Julagay*



CHILDCARE CONTRACT

Patti's Daycare
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- _____ I /We have read and understand each section of the handbook and I/we agree to comply with all the information including the following categories.
- _____ I /We have read and understand the CALENDAR in the handbook for upcoming events and have BACK UP CARE planned ahead of time.

| | | |
|-------------------------------------|--|--|
| _____ Open Door Policy | _____ Rest Time | _____ DSHS Families |
| _____ Drop Off and Pick Up Location | _____ Sleeping Positions for Babies | _____ Policy Changes |
| _____ Contacting Me | _____ Babies Schedules | _____ Proper Clothing |
| _____ Hours of Care | _____ Feeding Babies | _____ Special Needs |
| _____ Meals & Nutrition | _____ Diapering | _____ Rules Of The House |
| _____ Sample Menu | _____ Potty Training | _____ Discipline Procedures |
| _____ Sample Schedule | _____ Absences & Late Arrivals | _____ Enrollment Requirements |
| _____ Children's Records | _____ Late Pick Up & Early Pick Up | _____ Personal References |
| _____ Pets | _____ Driving Slowly | _____ Understanding Costs & Closures |
| _____ Non-Smoking & Perfumes | _____ Closures | _____ Tell Me About Your Child |
| _____ Staffing | _____ Medication | _____ Childcare Contract |
| _____ Security | _____ Medical Emergencies | _____ Emergency Contact Information |
| _____ Child Abuse | _____ Donations | _____ Medication Authorization Form |
| _____ Celebrations & Parties | _____ Holding Spots | _____ Immunization Forms |
| _____ Religious Activities & Values | _____ I understand there is no daycare insurance | _____ I opt out of toothbrushing program |

- _____ I /We have read and understand and agree to bring up any concerns directly to Patti Julagay. OPEN COMMUNICATION between us is a MUST! Therefore, if you ever have any questions please feel free to call or email me before you bring a concern to anyone else. Respectful conversations are much easier than having a concern fester. If another person is around we can set up a time to talk. It is my experience, topics of a sensitive nature are never handled well by electronic communication! The potential for misunderstanding is too great and the people impacted are too important. THANK YOU!
- _____ I /We have read and understand the SICK POLICY.
- _____ I /We have read and understand the LATE PICK UP FEE.
- _____ I /We have read and understand the withdrawal from childcare policy.
- _____ I /We have read and understand that Patti's Daycare does not carry liability INSURANCE.
- _____ I /We have read and understand and I /We give permission for Patti Julagay to SPEAK WITH MY CHILD'S TEACHER or school.
- _____ I /We have read and understand to NOT PARK ON THE ROCKS. The sprinkler system is fragile.
- _____ I /We have read and understand TUITION is due in the morning at drop off on the last business day of the month, late fees are charged after that.
- _____ WALKS: I give permission for my child to go on walks around the block and to the park.
- _____ WATER PLAY: I give permission for my child to play in shallow water and water play table.
- _____ SUNSCREEN CONSENT: (for ages 6 months and up) Parents need to provide an SPF of at least 25+ and PABA free. My child may have sunscreen applied to exposed skin areas before going outside.
- _____ HAND SANITIZER CONSENT: (for ages 6 months and up) My child may use hand sanitizer at Patti's Daycare to help prevent the spread of illness.
- _____ TRANSPORTATION AGREEMENT: I authorize Patti's Daycare, to provide suitable transportation for my child, _____ if it is necessary. I understand that my child will be buckled in the age/weight appropriate safety device at all times in the vehicle. This permission is granted on condition that the provider complies with the provision of WAC 388-155-165.
- _____ I /We authorize, Patti's Daycare to take my child on walks, photograph/videotaped my child used for scrapbooks, website, and for family craft items, decorating childcare room, and to be in provider's file and car in case of an emergency.
- _____ LIABILITY RELEASE AND CONSENT: I /We the parents of _____ give permission consent for my / our child to attend Patti's Daycare and participate in all activities, and hold harmless and release Patti's Daycare, assistants, employees, or volunteers from any and all liability including financial whatsoever arising in injury, sickness, doctor, ER or hospital visits or damage which may be sustained while in attendance.

I have read each page of the handbook, initialed and agree to the terms stated. I understand this is a contract and is valid for one year from the date signed.

| | | | | | | | |
|-------------------------------------|------------------------|------|-------|-------------------------------|---------|------|-------|
| Print Name of Mother/Guardian | X _____ | Date | _____ | Print Name of Father/Guardian | X _____ | Date | _____ |
| Signature of Mother/Guardian | X _____ | Date | _____ | Signature of Father/Guardian | X _____ | Date | _____ |
| Signature of Provider Patti Julagay | X <i>Patti Julagay</i> | | | | | | |



TELL ME ABOUT YOUR CHILD

Patti's Daycare
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Children's Information

Has your child had previous childcare / preschool experience? How are they with separation? Please describe.

May I Contact the Previous Care Giver? Yes No Contact Information:

What you are looking for in a childcare provider. Please describe.

Do you have a routine with your child? (waking time) (nap time) (bedtime):

Does your child adapt easily to changes in routine?

Describe your child's typical day on the weekends (waking time) (nap time) (bedtime):

Does your child usually sleep through the night? How do you put your child to sleep? Where do they sleep?

How do you handle your child's misbehavior? (What is your philosophy of discipline?)

What methods do you use to encourage your child's good behavior?

How does your child react to extremes in the environment? (such as loud noises, heat, cold, etc):

How well does your child play by themselves?

How well does your child play with others?

List play activities your child enjoys:

If your child has a pet, what is its name and what type of pet is it:

Favorite:

Foods:

Song:

Story:

Toy:

Color:

Please List Siblings Living in Your Household (include ages):

Please List Siblings Not Living in Your Household (include ages):

What Comforts Your Child Best:

What Are Your Child's Likes and Dislikes

Please List Additional Notes About Your Child You Feel Are Important For Me To Know:

