

Child Care Contract: Day Care 2024-2025

Date:

We, the parents or guardians (your names) _____
(Social Security No.'s) _____ agree to enroll
(child's name) _____ in Krambrooke Children's Center. We agree to pay a
non-refundable registration fee of \$125 dollars for each child that is attending. This registration fee is renewable
annually. Registration spots will only be held for 2 weeks past original start date given.

TUITION PAYMENTS:

INT.

We agree to pay Krambrooke Children's Center tuition in full on the first day of every week or month that my
child attends. Payments thereafter are susceptible to a \$15 daily late fee, which will be added to my account.
After two weeks of accumulated late payments, my child will not be allowed to attend until full payment is
made. After 15 days of non-payment a 2% interest rate per month will be added to any unpaid balances. After
two months of non-payment, collection action will proceed. I will be responsible to pay all actual collection
and/or legal costs and fees that are incurred by Krambrooke.

CHILDCARE:

INT.

Childcare services are available from 6:00 a.m. to 6:00 p.m., Monday through Friday. We agree to pay
Krambrooke the full tuition amount each week based on the current childcare rates and the number of days our
child attends the Center. We agree to pay the full amount REGARDLESS OF ABSENCES. Make up days are
not allowed. It is the parent's responsibility to email the child's schedule to krambrookeoffice@gmail.com no
later than the Tuesday the week prior.

My child will participate in the Preschool/Nursery School program, which is included for all children 18 months
and older who are in attendance between 8:45 and 12:15 p.m.

We understand that Krambrooke closes promptly at 6:00 p.m. A charge of \$2.00 per minute starting at 6:05 p.m.
will be added to our account when our child is picked up late.

RETURNED CHECK AND POSTAGE FEES:

INT.

A \$35 service charge will be added to my account for any tuition checks that are returned. If certified mailing is necessary, a
charge of \$20 per mailing will be posted to my account.

Credit Card, Debit Card and ACH Charges:

INT.

- Credit/Debit Cards - 3% convenience fee added to the transaction amount.
- ACH - \$1.00 per transaction
- Cash/Check - no charge
- Cash (Must wait for a written or printed receipt)
- Returned Items - \$35 per transaction

SUBSIDIZED PAYMENTS:

INT.

If tuition payments are subsidized by Child Development and Care (CDC), or any other agency, I am responsible
for the remaining portion of all registration, tuition, and any additional charges. I understand that the rate that
CDC pays will only cover a portion of Krambrooke charges. In addition, I will be responsible to pay 80% of
my child's tuition each week until subsidized payments begin. If subsidized payments do not begin before my
account reaches an outstanding balance of \$300, I will be required to pay that balance in full. I understand that
my child will be dismissed from Krambrooke until such payment is made.

VACATION:

INT. [REDACTED]

We understand that a **written two-week notice** must be given prior to receiving no charge vacation time.

Vacation days are determined by how many days my child attends each week. Requests for an additional one-week vacation will be at half the daily rate if the two weeks notice of vacation time is given. Any additional vacation time off will be charged at the full rate.

If my child is on a flex schedule, the average number of days attended per week over the past three months will be used to determine the number of allotted vacation days.

HOLIDAYS:

INT. [REDACTED]

Krambrooke is closed on the following holidays for the 2024-2025 school year:

- ◇ Monday, September 2 (Labor Day)
- ◇ Thursday, November 28 (Thanksgiving Day)
- ◇ *Friday, November 29 (Day after Thanksgiving)
- ◇ *Tuesday, December 24 (Christmas Eve Observed)
- ◇ Wednesday, December 25 (Christmas Holiday Observed)
- ◇ Wednesday, January 1 (New Year's Holiday Observed)
- ◇ Friday, April 18 (Good Friday)
- ◇ Monday, May 26 (Memorial Day)
- ◇ Friday, July 4 (Independence Day Holiday Observed)

There is a charge for these holidays if the holiday falls on your normally scheduled day. If a holiday falls on a Saturday or a Sunday and the center is closed on the Friday before or the Monday after, these would be classified as a charged holiday. Krambrooke reserves the right to close for additional holidays.

***Note: There will be no charge for Friday, November 29th, Tuesday, December 24th.**

SCHEDULING:

INT. [REDACTED]

We will inform the office in **writing of any schedule changes by Tuesday evening the week prior** if attending on a flex schedule or if you need to adjust your schedule for any other reason. This enables Krambrooke to plan for adequate staffing.

CENTER CLOSING:

INT. [REDACTED]

In the event of severe inclement weather, power outages, or building maintenance issues, the Center may need to close. The Center will also close if a red alert is issued. If closure is required, it will be communicated on your local network news stations, Remind and Google Group email. **No refunds of tuition will be made if the Center is closed due to severe weather or other unexpected emergency conditions.** If the Center needs to close during the day, parents will be phoned to pick up their child. If parent cannot be reached, persons listed on emergency card will be notified to pick up your child. It is the parent's responsibility to keep your emergency contact information up to date.

CHILD DOCUMENTATION:

INT. [REDACTED]

All contracts and Child Information Cards must be renewed every September or as requested by Krambrooke. It is the parent's responsibility to provide Krambrooke Children's Center with accurate records and to update the entire child's records whenever necessary.

OUTDOOR PLAY AREA:

INT. [REDACTED]

Weather permitting, children will be taken outside. The outdoor play area is considered an extension of the learning environment. Weather-appropriate clothing will be provided by the parent. Children must have firm-fitting safe shoes that will not slip off while running or climbing or that might become caught on equipment during outside play. Children who do not have proper footwear will not be allowed to play on outside equipment.

DROP OFF/PICK UP:

INT. [redacted]

I will sign my child in and out using the keypad when dropping off or picking up my child. I acknowledge that Krambrooke will release our child to only those persons authorized on the Child Information Card. If my child needs to be released to a person not on this card, I will inform staff prior to pick up. All staff reserves the right to check a picture ID when my child is picked up.

WITHDRAWAL AND DISMISSAL POLICY:

INT. [redacted]

Krambrooke requires a two-week written notice in the event that you decide to withdraw your child from the Center. Krambrooke will request you to withdraw your child under the following circumstances.

- Failure to pay tuition on time.
- Failure to inform the Center of a prolonged absence or prolonged vacation.
- Failure to return from a vacation or absence as scheduled.
- Continuous absences without notification that your child will not be present.
- If a child is unable to positively adjust to our programs or causes repeated disruptions to the program, harm to himself/herself, or to others, and all possible solutions to the problem have been exhausted.

If asked to withdraw my child, there will be no refunds on any registration, fees, or tuition paid.

ILLNESS POLICY:

INT. [redacted]

Payment is due regardless of a child’s absence due to illness.

If I am called due to my child being sick*, I will make arrangements to pick up my child as soon as possible.

Consequently, if my child sees a doctor as a result of this illness, a doctor’s note must be provided to Krambrooke before my child may return to Krambrooke. *Details on symptoms that will prompt a phone call, are listed in our Parent Handbook.

CHILD HEALTH RECORDS and PHYSICALS:

INT. [redacted]

At the time of initial attendance, a certificate of immunization showing a minimum of one dose of each immunizing agent specified by the Department of Community Health shall be on file, or a waiver stating child will not be immunized due to religious, medical, or other reasons. After four months of attendance, an updated certificate showing completion of all additional immunization requirements as specified by the Department of Community Health shall be on file unless there is a signed statement by a licensed physician or designee stating immunizations are in progress, or a waiver is on file. If documents are not updated as required, my child may be excluded from attending Krambrooke.

Infants and young toddlers (< 2.5 years):

- ◇ Prior to child’s first day in attendance, record of a physical examination that has been performed within the past three months must be provided
- ◇ Physical examination records are to be updated yearly.

Older toddlers (> 2.5 years) and pre-school age:

- ◇ Prior to child’s first day in attendance, record of a physical examination that has been performed within the past twelve months must be provided.
- ◇ Physical examination records are to be updated every two years.

Upon the legally binding signature, the parent or legal guardian fully agrees to abide by all rules, regulations and provisions stated in this contract. The provider’s signature shall therefore and therein serve as the witness in the understanding that the contract has been fully understood by the said party.

Parent(s) or Guardian Signature _____ Date _____

Provider’s Signature _____ Date _____

I have received, read, and understand the Krambrooke Children’s Center 2024-2025 School Year Parent Handbook.

INT. [redacted]



Krambrooke Children's Center

Name of Child: _____

Medical Statement

(Form required for all children in daycare and pre-school program)

My signature indicates that my child's immunizations are up-to-date (or that I have an immunization waiver on file) and that my child is in good health.

I assume responsibility for my child's state of health while at Krambrooke Children's Center.

Further, any allergies or medications taken by my child, or any other needs related to health are noted below. If section filled out, I will also fill out necessary Allergy Assessment Forms and Medication Request Forms.

Parent or Guardian Signature: _____ Date: _____

Krambrooke Media Release Form

There may be times when pictures and/or information about a student's work will be posted on the school's web page or other social media like Facebook. This media release form will serve as permission to post such information as needed.

Parent or Guardian Signature: _____ Date: _____

Krambrooke Room Ratio Transition Approval

I understand that at times it may be necessary to move my child into the next classroom in order to stay within the state-mandated ratio requirements. This would occur only as needed until my child is ready to officially transition to the next classroom.

Children on the edge of the next age group as determined by the state, require parental permission prior to the move in the next classroom. Ratios are as follows: 0-29 months = 4 to 1; 30-35 months = 8 to 1; 3 years = 10 to 1 (33 months may move to 10 to 1 with parental approval); 4 years = 12 to 1 (3.9 years may move to 12 to 1 with parental approval); 5 years = 18 to 1.

My signature allows Krambrooke to move my child into the next room when they are on the edge of the approved age group as noted above.

Parent or Guardian Signature: _____ Date: _____



Krambrooke Children's Center

Emergency Medical Care Form

This permission form is to cover emergency services that may be needed for your child.

Please review the steps below representing those services for which you are giving your permission for your child to receive from our staff or from the staff of the designated emergency care facility.

When possible, you will be notified in advance of the services that are to be administered to your child. In the event that notification is not possible prior to services, you will be informed of what recommendations or suggestions have been prescribed at the earliest possible time.

I hereby grant permission for the acting director of Krambrooke Children's Center to take whatever steps may be necessary to obtain emergency medical care if warranted for my child _____.

These steps may include, but are not limited to, the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's primary care physician.
3. Attempt to contact any of the persons listed on the emergency information card that you have completed and is on file.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - a. Call 911.
 - b. Have an ambulance take the child to the nearest medical facility.
 - c. Have the child taken by ambulance to an emergency hospital.
5. Any expenses incurred will be the responsibility of the child's family.
6. Krambrooke Children's Center will not be held responsible for anything that may happen as a result of false information given by the parents/guardian at the time of enrollment.
7. Administer First-Aid treatment if necessary.
8. Transport child to _____ hospital in cases of injuries or other emergencies.
9. Medical treatment at _____ hospital in the event of an emergency or serious life-threatening incident.

I _____ as parent/guardian, by my signature, give approval for the above health services to be offered to my child. Date: _____

Witnessed: _____ Date: _____

Participation Permission

I hereby grant permission for my child _____ to:

1. Use all play equipment.
2. Participate in all Center activities.
3. Participate in all evaluations, screenings and assessments.

Parent Signature: _____ Date: _____



Krambrooke Children's Center Food Statement

Milk will be provided and offered during breakfast and lunch.

Wednesdays will be Pizza Day and can be purchased by the slice with options of chips and juice boxes for a charge.

Breakfast, snacks (AM and PM) and lunch must be provided from home.

You may bring your child's breakfast to the center dated and labeled clearly with your child's name. We are not able to store food.

Breakfast/Snacks/Lunch:

- ◇ Lunch brought from home must be a nutritionally well-balanced meal.
- ◇ Lunch box must be labeled with child's name on the outside and dated daily.
- ◇ Snacks must be labeled AM or PM.
- ◇ Must be self-contained and require no refrigeration.
- ◇ Must be prepared for eating and cut into safe manageable bites.
- ◇ No glass containers.
- ◇ Must be in containers that are clearly marked with child's name. Krambrooke will not be responsible for containers that are not clearly labeled.
- ◇ Microwaves are available in the classroom to quickly reheat items, but we cannot prepare items that require several minutes and preparation such as macaroni cups. Instead they must be prepared at home and sent in to be reheated.

Infants:

- ◇ All infants shall provide their own formula, juice and baby food.
- ◇ All containers must be clearly marked with child's name, current date and time prepared for formula.
- ◇ No glass bottles.

NOTE: If child is on a restricted diet (ex. Cannot drink cow's milk or has a food allergy or sensitivity), the appropriate form must be filled out, which will be posted in your child's classroom and in their file. If your child does not drink whole milk, you may provide your milk, which will be stored in our refrigerator. Container must be clearly labeled with your child's name and the date that the container was provided.

NOTE: We must discard these containers after 7 days unless you communicate to us in writing that you would prefer to have it sent home after the 7 days.

The following lunch poem will be recited. As we do not want to infringe on anyone's religion or beliefs, we are requesting your permission for your child to participate.

Lunch Poem

We thank you for the night,
And for the early morning light.
For rest and food, and loving care,
And all that makes the world so fair.

Help us to do the things we should,
To be to others kind and good.

In all we do and all we say,
To grow more loving every day.

Bon Appetite!
You May Eat!

Child's Name _____ (please circle one) May or May Not recite the lunch poem.

Date: _____ Parent's or Guardian's Signature: _____



ASQ Screening Consent Form

**The first 5 years of life set the stage for success
in school and for a life time.**

Krambrooke Children’s Center along with Great Start Collaborative-Macomb are committed to ensuring that all children under the age of 5 years receive routine developmental screenings.

The Ages & Stages Questionnaire-3 (ASQ-3) and the Ages & Stages-Social Emotional (ASQ-SE) are screening tools that ask questions about your child’s overall and social emotional development, looking at how children are doing in the important areas of communication, physical ability, social skills and problem-solving skills.

You can access the ASQ screening and complete it using Krambrooke’s unique link at:
<https://www.asqonline.com/family/4a2830>

These screenings can help identify your child’s strengths, as well as, any areas where your child may need support. The screening should take about 10-20 minutes to answer questions about your child. This assessment should be completed within the first 30 days of enrollment for new students and during the month of September for current students.

Your individual information is protected to ensure confidentiality. Information is entered on a web based database that is secure and password protected. Identifying information from the screening will be seen only by the developmental screening specialist who scores your screening and provides the results to you.

General information about the ages and results of children’s screening scores are compiled at the Macomb Intermediate School District in order to better understand the strengths and challenges of the children living in Macomb County.

I have read the above description and give Great Start Macomb and Krambrooke Children’s Center consent to screen my child(ren).

- Yes, I do wish to participate and will complete the screening online using the provided link. I also give my child’s teacher permission to complete the ASQ for my child(ren).
- No, I do NOT wish to participate

Parent/Guardian Signature

Date

Child’s name & birth date

Child’s name & birth date

Child’s name & birth date

Child’s name & birth date

PG-Rated Movie Permission Slip

Occasionally throughout the year, we may allow the children to watch a movie: Special occasions, rainy days, etc.

Movies watched will be age-appropriate and rated either G or PG. This permission slip is for the purpose of allowing your child to watch a PG rated movie.

Examples of PG movies are: Frozen, How to Train Your Dragon, Minions Movie, Home Alone, Brave, Finding Dory, Shrek, The Lego Movie.

My Child _____ has my permission to watch a PG-rated movie.

Parent/Guardian Signature: _____ Date: _____

If your child will turn four during the 2024-2025 school year, please fill out the following:



Krambrooke Children's Center

59025 Van Dyke, Washington, MI 48094

586-786-0287

Transportation Agreement

We, the parents/guardian of _____, hereby give permission for my child/children to be transported to and from each field trip / school location. I understand that my child will never be transported to a field trip unless we have signed a separate field trip permission slip for the specific field trip.

Children will be transported by one of the Krambrooke Busses. Children will not be using booster seats. They will be seated using a lap belt.

We hereby release Krambrooke Children's Center, any contracted service, its agents, and all employees from any and all liability.

Signature of Parent or Guardian: _____

Date: _____

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

CENTER MUST CHECK ONE

The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

I have read the above statement issued by Krambrooke Children's Center
Name of Child Care Center

Child(ren)'s Name(s):	
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Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

WRITTEN INFORMATION PACKET DOCUMENTATION
 Michigan Department of Licensing and Regulatory Affairs
 Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number Krambrooke Children's Center DC500077647
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A written information packet has been provided at the time of enrollment. The packet included all the following information (R 400.8146 (1-2)):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
 - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans for the last 5 years.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports, and corrective action plans from at least the past 3 years are available on the department's website at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single CCL-4340 form may be used for all children in the same family.

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