

The Wright Place Child Development Center L.L.C

Documentation of Receipt of Center Policies and Documents- Signed Statement

Child's Name: _____ Date of Enrollment: _____

I, the undersigned parent/guardian of the child named above do hereby state that I am aware of each of the following policies and understand that I can refer to the copy that I was asked to print out from the center website at the time of enrollment. My signature below states that not only did I have access to and read the policies/ documents, but that I agree with the content. Please check all that apply!

- ____ Operational Policy/ Handbook (Available online via our website)
- ____ Parent Participation / Involvement Policy (Mentioned in handbook)
- ____ Summary of the NC Child Care Law
- ____ 100% Smoke/Tobacco-Free Facility Policy
- ____ Discipline Policy
- ____ Permission to transport (In the event of an emergency; otherwise, there will be a transportation permission slip provided to you)
- ____ Off-premises activities authorization
- ____ Aquatic Policy (We do not participate in body of water trips/activities)
- ____ Tuition Contract
- ____ Permission to cross the driveway area to go into the fenced in play area.
- ____ Permission to participate in select outdoor activities outside of the fenced in play area.
- ____ Permission to be photographed by T.W.P! Pictures will only be used in connection to the center.
- ____ Child's medical and immunization records must be provided to the center within 30 days.

** The following is intended for parents/guardians of children 15 months or younger only. **

- ____ Shaken Baby Syndrome/ Abusive Head trauma Policy.
- ____ Infant/Toddler Safe Sleep Policy (Sid's policy must also be individually signed to hang in classroom)
- ____ Infant Feeding Schedule Plan

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____

This document is to be completed, signed, and placed on file in the facility on the first day and updated as changes occur and annually.

CHILD INFORMATION: Date of Birth: _____ Enrollment Date: _____

Full Name: _____

Last	First	Middle	Nickname
Child's Physical Address: _____			

Father/Guardian's Name _____ Phone Number _____
 Address (if different from child's) _____ Zip Code _____
 Work Number _____ Home Number _____

Mother/Guardian's Name _____ Phone Number _____
Address (if different from child's) _____ Zip Code _____
Work Number _____ Home Number _____

Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number

Share any other information that has a direct bearing on assuring safe medical treatment for your child

Signature of Administrator **Date:**

The Wright Place CDC Children's File Checklist

Name of Child: _____ Date of Enrollment: _____

The following items must be present in each child's file

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Application for Enrollment	1 st Day	
<input type="checkbox"/> Emergency Medical Care Information/Medical Action Plan (if applicable)	1 st Day/Updated as changes occur and annually	
<input type="checkbox"/> Medical Report	Within 30 days of Enrollment	
<input type="checkbox"/> Immunization Record	Within 30 days of Enrollment	
<input type="checkbox"/> Documentation of Receipt: Discipline Policy	1 st Day	
<input type="checkbox"/> Infant Feeding Plan (children less than 15 months-old)	1 st Day	
<input type="checkbox"/> Infant Sleep Position Waivers (if applicable)	1 st Day	
<input type="checkbox"/> Documentation of Receipt: Safe Sleep Policy (if applicable)	1 st Day	
<input type="checkbox"/> Authorization for Transportation (if applicable)	1 st Day/As Occurs	
<input type="checkbox"/> Documentation of Receipt: Center Operational Policies	1 st Day	
<input type="checkbox"/> Documentation of Receipt: Summary of Child Care Law	1 st Day	
<input type="checkbox"/> Copies of Incident Reports	As Occurs	
<input type="checkbox"/> Emergency Medical Care Authorization	1 st Day	
<input type="checkbox"/> Medication Authorization, Record of Medication Administration (if applicable), and Medication Error Report (if applicable)	As Occurs	
<input type="checkbox"/> Off Premise Activities Authorization	As Occurs	
<input type="checkbox"/> Permission to Transport/participate in off premise activities (if applicable)	1 st Day	
<input type="checkbox"/> Nutrition Opt-out Form (if applicable)	As occurs	
<input type="checkbox"/> Documentation of Receipt: Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies	1 st Day	
<input type="checkbox"/> Permission for aquatic activities (if applicable)	1 st Day	
<input type="checkbox"/> Notification of Smoking and Tobacco Restriction	1 st Day	

T.W.P Important Infant Information

Important information to remember if you have an infant attending our center.

Children's bottles must arrive made and ready for feedings. We do not mix formula or prepare additional bottles if your child runs out; so please be sure to bring in enough prepared feedings for the day. All food items/ and drinks (including infant bottles) must be labeled and dated daily. If items are not labeled upon arrival to the center that will require that staff must do it. Families will be charged \$2.00 per bottle or cup and/or food item that must be done on-site. That fee will be written up and families must pay the charge off their account prior to the child(ren) returning for care. **There will be no exceptions to this policy.** Each bottle must also have a top to cover its nipple.

-Labels on bottles should include the child's first/last name and the correct date. Best practices are to prepare several bottles the night before and have them packed into a small lunch bag to grab for the next morning. This will help to avoid service fee charges.

Pacifiers cannot have anything attached to them (no clips, necklace, ropes, etc.).

Bibs may be taken off during rest time for additional safety measures.

Diaper bags are not allowed to remain on the property.

Clean lunch bags for bottle storage can remain at the center. These bags must be kept in good repair, have a clean appearance and a fresh smell. We recommend wiping bags out daily to clean out any milk that may have leaked out of bottles.

Car seats may be left at the center with prior approval. If space becomes limited at the center for storage you may have to take the car seat with you at drop off. Infants will be removed from their car seat by the adult they arrive with and will be put into their car seat by the adult they are departing with.

Diapers, wipes, and food are provided by families. You can decide to bring items in daily, weekly or in bulk supply. We will write your child's name on everything prior to placing in storage. Please make note of the day that you bring bulk items in as we will ask staff to do the same to help ensure you that your items aren't being shared with other families.

Please bring in extra clothes, bibs, burp clothes, etc. for your child(ren).

Infant feeding plans will be updated as child grows to meet the feeding needs of the child.

We have daily outside time so please dress your child accordingly.

All hands must be washed upon arrival... including infants.

We will provide more details to families within a week of enrollment into our center.

Infant/ Toddler Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive. **Page two of this form must be completed and posted for quick reference for all children under 15 months of age.**

Child's name: _____ Birthday: _____

Parent/Guardian's name(s): _____

Did you receive a copy of our "Infant Feeding Guide?"

Yes or No

If you are breastfeeding, did you receive a copy of:

"Breastfeeding: Making It Work?"

Yes or No

"Breastfeeding and Child Care: What Moms Can Do?"

Yes or No

TO BE COMPLETED BY PARENT

TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

At home, my baby drinks (check all that apply):

Mother's milk from (circle)

bottle cup other

Formula from (circle)

bottle cup other

Cow's milk from (circle)

bottle cup other

Other: _____ from (circle)

bottle cup other

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?

If so, what foods is s/he eating?

How often does s/he eat solid food, and how much?

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule?

If NO,

☐ I made sure that parent was given "Infant Feeding Guide"

☐ I made sure that the parent had "Breastfeeding: Making it Work?"

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

If YES to both,

I have asked "Did a health care professional recommend that the child start solids before six months?"

Yes or No

If NO

I have shared the recommendation that solids start at about six months.

Handouts shared with parents:

Child's name: _____ Birthday: _____
m m / d d / y y y y

I will provide all my child's meal items, including drinks. I acknowledge that all items will be brought in from home (labeled and dated).

Tell us about your baby's feedings at our center.

I want my child to be fed the following foods while in your care:

	Frequency of feedings	Approximate amount per feeding	Details about feeding
Mother's Milk			
Formula			
Cow's milk			
Cereal			
Baby Food			
Table Food			
Other (describe)			

I plan to come to the center to nurse / feed my baby at the following time(s):

My usual pick-up time will be: _____

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

___ hold my baby ___ use the teething toy I provided ___ use the pacifier I provided
___ rock my baby ___ give a bottle of milk ___ other Specify:

I would like you to take this action _____ minutes before my arrival time.

At the end of the day, please do the following (choose one):

___ Return all thawed and frozen milk / formula to me. ___ Discard all thawed and frozen milk / formula.

We have discussed the above plan and made any needed changes or clarifications.

Today's Date: _____

Parent Signature: _____ Teacher Signature: _____

Any changes must be noted below:

Change in feeding/meal (including ounces)

Parent initial

Teacher initial

The Wright Place CDC Emergency Medical Care Authorization

To be completed and placed in child's file prior to enrollment.

Name of Child: _____ Birthdate: _____
Last First

Medical history (please include any major illnesses, broken bones, surgeries, diseases, hospitalizations, etc.)

Current Medications given _____ Dosage _____
Known allergies/food restrictions _____
Additional Information _____

Emergency Contact:

Mother's Name _____ Phone # _____
Address _____ Email _____
Father's Name _____ Phone # _____
Address _____ Email _____

Additional Emergency Contact (if parents cannot be reached)

Name _____ Phone # _____
Name _____ Phone # _____

Medical Insurance Company _____ Policy # _____

I give my permission for The Wright Place Child Development Center L.L.C to make the emergency arrangements necessary for the care and welfare of my child while under their supervision. In a medical emergency I understand that my child may be transported to an appropriate medical facility by emergency personnel for treatment if it is deemed necessary by staff. It is understood that The Wright Place Child Development Center L.L.C not its partners are responsible for any injuries that occurs while my child is receiving care. The only assistance that T.W.P provides for the child and the family is basic CPR/First Aid, communication with emergency personnel/family and transportation if necessary. It is also understood that in some medical and/or emergency situations. T.W.P staff may need to contact medical and/or emergency personnel before the parent, child's physician and/ or other adults acting on the child's behalf.

First-Aid- In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Emergency Care- If there is an emergency in which I can't be reached the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Health Record Transfer- In the event of an emergency, I hereby authorize the transfer of any my child's health record to the hospital.

Medical History (May be completed by parent)

1. Is child allergic to anything NO__ YES__ If yes, what? _____
2. Is child currently under a doctor's care? NO__ YES__ If yes, for what reason? _____
3. Is the child on any continuous medication NO__ YES__ If yes, what? _____
4. Any previous hospitalizations or operations? NO__ YES__ If yes, what and for what? _____
5. Any history of significant previous diseases or recurrent illness? NO__ YES__ ; Diabetes NO__ YES__ ; Convulsions NO__ YES__ ; Heart trouble NO__ YES__ ; Asthma NO__ YES__ ; if others, what/when? _____
6. Does the child have any physical disabilities? NO__ YES__ If yes, please describe: _____
Any medical disabilities NO__ YES__ If yes, please describe: _____

I give permission for the director or their designee to talk with my child's physician concerning health care related to his/her enrollment at The Wright Place Child Development Center L.L.C I approve the emergency contact information above.

Parent or Guardian's Signature: _____

Date: _____

The Wright Place (T.W.P) Tuition Agreement Contract

As the parent/guardian of _____, I understand that my child has a monthly childcare tuition rate due to The Wright Place CDC. Tuition is due on the 1st of every month, but TWP will allow me to make installment payments (also known as weekly tuition) every Friday **prior** to services rendered. This means that I will provide a payment on Friday to ensure that the center schedules appropriate staff to cover my child's attendance for the following week. It is a clear understanding that my full weekly tuition payment is due rather my child is absent any day(s) in a week, absent for an entire week or attends for their regular schedule. If I make my child's full tuition payment on the 1st of the month I will be in good standing for that month and have no additional charges to my account unless my child receives extended care. The remainder of this contract will be written in term to address "Installment Payments".

I agree to the following statements:

There will be a \$25 late fee assessed and added to my child's tuition if payment is not made by Friday evenings at 6:00pm; **prior** to the week service is rendered (with reference to the above passage). I understand that I will be charged this \$25 fee the morning of my child's next **scheduled** day (since not all children attend the same days each week) if my account was not paid in full prior to the start of the week as mentioned above. The full tuition payment and the \$25 fee must be made **prior** to my child being signed in to receive care for the day. If I have not provided the center with proper payment to receive care services for the week, I know that I will still be charged the late fee and full tuition for the week; even though I must keep my child(ren) home for lack of payment to the center as it is policy to provide the center with proper payment in advance in order to receive care. It is also a policy to provide a notice and cover the tuition charge for two weeks if one decides their child(ren) will no longer be attending; rather for financial reasons or not. I am aware that the center collects standard tuition on Fridays of the week prior to receiving care not only for scheduling and prep purposes; but, also for a smooth start to the new week.

Weekly tuition can be paid via cash, money order or cash app (Denise Wright at \$gboroqt). To send in a weekly tuition and/or any late fees via cash app; I agree to send in an additional \$2 to cover any transaction fees. If I have multiple children, there may be a \$4 or more additional charge to cover the transaction fee, of the large tuition payment being made. I understand that cash app is an option to assist families like mine with staying on top of payments without having to stop to get cash, obtain a money order and avoid late payment fees; so, the transaction fee is at my expense. I will confirm that I see an image of Ms. Wright and/or have previously sent a payment to the \$gboroqt cash app account before submitting a current payment. Payments to other accounts in error will not be applied to my account with T.W.P. Any money order payments should be made out to The Wright Place CDC. Personal checks are not accepted.

The Wright Place Child Development Center L.L.C requires me to submit a two-week written notice to depart from their center and end this legal contract. If I do not submit the notice and decides that my child will no longer attend to the center I understand and agree that the full tuition payments for two weeks' worth of care is still due, owed and to be paid to the center. I understand that all money owed must be paid in full within a week of my child's last attended day. To avoid legal fees and possible court cost I will ensure that my account has a zero-dollar balance on it and receive a signed document from the center's owner or director that states that I fulfill my contract terms and conditions and owe no money to the center.

I will be given quarterly payment receipt logs. I must provide this document each time that I submit my tuition payment to receive a signature for that payment. Ms. Wright will not go back to past payments to sign off on them later if I decided to finally provide my log. I have been informed that I can simply place my receipt log into the sealed envelope that holds my tuition payment. I will ensure that the envelope has both my name and my child's name on it with the current date. The director will sign/date my receipt and return to me on next business morning. I am aware that Ms. Wright keeps her own signed copies of all payments made to the center

for her business records. If I have failed to provide my tuition receipt log weekly for signatures and/or have lost the document and later need a copy from the center for any reason; I understand that there will be a \$25 fee per quarter (due immediately) to obtain a copy of the receipt that Ms. Wright has. For record keeping purposes I should keep up with all tuition receipt for a tax credit. Ms. Wright will only be able to provide me with copies of receipts if my account is current with a zero-dollar balance.

Skip this passage if you do not have a DSS Childcare Voucher: Parent fees for those who have vouchers are due on the first of each month. A \$35 late fee will be added on the morning of the 3rd of the month if the parent fee hasn't been made in full. I understand that if my parent fee along with the first \$35 late fee has not been paid by the morning of the 5th of the month; another \$35 late fee will be added to my amount due. It has been brought to my attention that my child will not be allowed to return to the center until my account is paid in full (including all late fees). Ms. Wright has the right to contact my case worker to terminate my childcare voucher if I have not made my parent fee payment to the center on time. D.S.S policy terms state that each family must pay full dues on the first of each month to the selected childcare center and follow all county and center policies/producers to stay in compliance and remain eligible to receive any voucher service). To transfer over my childcare voucher, I must have a zero-dollar balance as well as have provide a written two-week notice.

Continued: In reference to late pickup/early arrival. T.W.P has a \$1 per minute fee that will be charged to my account per child if my family is signed in earlier than or signed out later than my contracted time. The information below documents the transcript that the center received when inquiring about childcare services for my child(ren). Any time outside of the below description will be charged to me and due immediately. If I obtain a fee slip or late notice for the day, I understand that I don't have to agree to the charge. The center has a clock that they base arrival and depart times from at the entrance of the center. That is the clock that will be used. Staff is responsible for confirming the arrival and departures times that I sign on the daily log. There may be a highlighted spot present beside my child's name indicating that they arrived early or that they are still present after their scheduled departure time. This mark just simply helps the center keep track of times/ fees. Any fee due is required to be made prior to the next time my child is signed in for the day to avoid any late fees. I understand the T.W.P is not like other centers in the triad. They based my child(ren)s weekly tuition strictly on a certain number of days and hours that my child would be present; and, for that reason any care outside of that arrangement must come at an additional rate. I can speak with the director at any time to see if there is any flexibility/availability in changing my child's care plan. If a change is made to my child's care plan, I understand that I will be given an updated tuition contract agreement form. ** Transcript for care based on exchange between Ms. Wright and parent/guardian of the above child. **

Care Plan Schedule (Current weekly tuition is based solely on the details within the section below)

Arrival Time	Departure Time
Mon. _____ until _____	
Tue. _____ until _____	
Wed. _____ until _____	
Thur. _____ until _____	
Fri. _____ until _____	

Please **circle** the care plan that you are enrolling your child into
(Based on the care hours listed to the left. Please count the hours)

Full-Time Weekly Care (up to 45 hours)

Infants \$255 Toddlers \$245 Preschool \$235 Pre-K \$230

Part-Time Weekly Care (up to 24 hours)

Infants \$190 Toddlers \$185 Preschool \$170 Pre-K \$165

My signature below indicates that I have read this two-page document in its entirety. I agree to all information stated in this document. I also acknowledge that I have reviewed the centers website to confirm the tuition rate, policies/procedures, and the handbook. I understand tuition is due weekly or in full on the 1st of every month.

Parent/ Guardian Name	Parent/Guardian Signature	Today's Date:
Staff Use Only: Notes on this account: _____		

The Wright Place Child Development Center LLC

Physical Examination: **This examination must be completed** and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height _____ % Weight _____ %
 Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____
 Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____
 Neurological System _____ Skin _____ Vision _____ Hearing _____
 Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal _____ followup _____
 Developmental Evaluation: delayed _____ age appropriate _____
 If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Child Immunization History

G.S. 130A-155. Submission of certificate to childcare facility/G.S.130A-154. Certificate of immunization. The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance.

Child's full name: _____ **Date of birth:** _____

Enter the date of each dose received (Month/Day/Year) or **attach a copy** of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacle, kinrix					
Polio	IPV	IPOL	Pediarix, Pentacel, Kinrix					X
Haemophilus influenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix	Pentacel					X
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix				X	X
Measles, Mumps, Rubella	MMR	MMR II	ProQuad			X	X	X
Varicella/Chicken Pox	Var	Varivax	ProQuad			X	X	X
Pneumococcal Conjugate*	PCV, PCV13, PPSV23***	Prevnar 13, Pneumovax***						X

*Required by state law for children born on or after 7/1/2015.

**3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

***PPSV23 or Pneumovax is a different vaccine than Prevnar 13 and may be seen in high-risk children over age 2. These children would also have received Prevnar 13.

Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.

The Wright Place Child Development Center

Parent or guardian acknowledgement form

Prevention of Shaken Baby Syndrome and Abusive Head Trauma & 100% Tobacco/Smoke-Free Policy

T.W.P has provided all families with access to the policies below. Families may visit our website to obtain hard copies for their own records.

I, the parent/guardian of _____
(Child or children's name)

acknowledge that I have read the facility's **Shaken Baby Syndrome/Abusive Head Trauma Policy** and **100% Tobacco/Smoke-Free Policy**. I understand that I am responsible for ensuring that my family (child and self) follow these policies. I also understand that my family cannot smell like tobacco and/or any type of smoke while on the premises.

Date policies were given to parent/guardian

Date of child(ren)s enrollment

Print name of parent/guardian

Signature of parent/guardian

Date

The Wright Place Infant/Toddler Safe Sleep Policy

Child name: _____ Date of enrollment: _____

A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other sleep related infant deaths. According to N.C. Law, childcare providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff. The Wright Place Child Development Center LLC implements the following safe sleep policy:

Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 12 months of age on their backs to sleep, unless:
 - the infant is 6 months or younger **and** a signed ITS/SIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file and a notice of the waiver is posted at the infant's crib.
 - the infant is 6 months or older

*We accept the ITS-SIDS Alternate Sleep Position Parent Waiver.

We retain the waiver in the child's record for as long as they are enrolled.
3. We place infants on their back to sleep even after they can independently roll back and forth from their back to their front and back again. We then allow the infant to sleep in their preferred position.
 - * We document when each infant can roll both ways independently and communicate with parents. We put a notice on or near the infant's crib.*
4. We visually check sleeping infants within every 15 minutes and record what we see on a Sleep Chart. The chart is retained for at least one month.
5. We maintain the temperature between 68-75°F in the room where infants sleep.
 - *We further reduce the risk of overheating by not overdressing infants*
6. We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.
7. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.

Safe Sleep Environment

8. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
9. We do not allow pacifiers to be used with attachments.
10. Safe pacifier practices:
 - * We do not reinsert the pacifier in the infant's mouth if it falls out.*
11. We do not allow infants to be swaddled.
 - * We do not allow garments that restrict movement. *
12. We do not cover infants' heads with blankets or bedding.
13. We do not allow any objects other than pacifiers such as, pillows, blankets, or toys in the crib or sleep space.
 - *We do not allow any weighted blankets/clothing in the crib.*
14. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
15. We provide all parents/guardians of infant's access to a copy of this policy before enrollment. We review the policy with them and ask them to sign the policy. Families may print out their own hard copy.
 - *We encourage families to follow the same safe sleep practices to ease infants' transition to childcare. *
16. Posters and policies:
 - We post a copy of this policy in the infant sleep room where it can easily be read.

Communication

17. We inform everyone if changes are made to this policy 14 days before the effective date.

*We review the policy annually and make changes as necessary. *

*Best practice recommendation

Effective date: **July 7th, 2023** Review date(s): _____ Revision date(s): _____

I, the parent/guardian of _____, had access to a copy of the facility's Infant/Toddler Safe Sleep Policy. I read the policy and have discussed any questions and/or concerns with the facility director/operator or other designated staff member prior to enrollment.

Parent/Guardian Signature: _____ Date: _____

Facility Representative Signature: _____ Date: _____

The Wright Place Child Development Center LLC

Discipline and Behavior Management Policy

No child shall be subjected to any form of corporal punishment. Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following age and developmentally appropriate discipline and behavior management policy:

We: 1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their level.
11. DO use short, supervised periods of time-out sparingly. "Time-out" is about 3-5 minutes.
12. DO stay consistent in our behavior management program.
13. DO use effective guidance and behavior management techniques that focus on a child's development.

We: 1. DO NOT handle children roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking.
2. DO NOT place children in a locked room, closet, or box or leave children alone in a room separated from staff.
3. DO NOT delegate discipline to another child.
4. DO NOT withhold food as punishment or give food as a means of reward.
5. DO NOT discipline for toileting accidents.
6. DO NOT discipline for not sleeping during rest period.
7. DO NOT discipline children by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms, floors, or emptying diaper pails.
8. DO NOT withhold or require physical activity, such as running laps and doing push-ups, as punishment.
9. DO NOT yell at, shame, humiliate, frighten, threaten, or bully children.
10. DO NOT restrain children as a form of discipline unless the child's safety or the safety of others is at risk

I, the undersigned parent, or guardian of _____,
(child's full name)

do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/operator (or other designated staff member) has discussed any questions/concerns that I had about the facility's Discipline and Behavior Management Policy.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____ Date: _____

Families are only required to complete this form if their child is toilet training or trained!

Toilet Training/ Toilet Trained

**** “Pull-ups” required (easy on/off sides) “Easy-ups” are not approved ****

Once a child has successfully completed three full days of childcare at our center in a dry pull-up, they will be eligible to attend with underwear/boxers. If a child enrolls into a center already “toilet trained” we will work with them directly to make sure they meet the standard requirements of our childcare center. We reserve the right to refuse to assist families in toilet training if we are not making progress and/or if it is not developmentally appropriate for the individual child. Families must understand that bodily fluids and stool that have touched anything in the center has created a need for a detailed clean. This could result in areas of the classroom being closed for cleaning and disinfecting time. Each child is required to have access to a certain amount of square footage in the classroom. If we must close sections of the classroom due to potty accidents this could affect the operation of the classroom and possibly interfere with ratio as staff are trying to handle clean up time and assist the child in need with getting cleaned up. If a child has a second accident, they will be required to return to pull-ups until more time is spent on toilet training. Our center encourages families to wait to consider their child potty-trained until the child can speak to tell an adult that they have to use the toilet (not a potty-training seat that sits on the floor but literally a toilet); and has successfully gone a full week without any accidents. We do not consider a child to be potty-trained if staff must direct them to use the toilet and/or ask them several times through-out the day if they need to go. Families must understand that we are not responsible for putting your child into a pull-up during rest time or prior to pick-up. We will keep your child in their under clothing for the entire day; so if an accident happens even during rest time that will be included within the count. We encourage families to create a pattern with their children at home as we do at the center. When a child wakes up after any rest, prior to having meals and a few minutes after mealtimes (rather fluid was offered or not) it is best practiced having the child sit on the toilet. For any additional questions or concerns please document below:

Parent Name:

Parent Signature:

Date:

Director signature to acknowledge review of above note and/or to acknowledge a conversation with the above family member.

Director Signature:

Date:

The Wright Place Child Development Center

Tuition Explanation

_____ monthly tuition is \$ _____ / _____
Child(ren): Name 4wks/5wks

Your family has a set monthly rate with our program for childcare services. Our center allows families to make installment payments; better known as “Weekly Tuition”. Tuition is **not** based on attendance; but set based on a child’s enrollment status. Your family’s individual tuition is assigned based on age/care plan. I like to suggest that families look at tuition as they would view their standard rent/mortgage, car note, health insurance, etc. It is not every day that we use our homes (like when we are away for vacation), some days we do not drive our vehicles (ride may be in the repair shop or maybe we simply didn’t go anywhere for the day); and then with health insurance at times months go by and even possibly the entire year without going to be seen by a doctor, dentist or get a prescription filled. Rates are not adjusted based on the usage with any of the above; just as with our center.

Families are welcome to pay their total monthly childcare expense on the 1st day of every month or take advantage of installment payments (weekly/bi-weekly). Families must remember that all tuition must be received **prior** to service rendered (in advance and not following the care). Parents that receive subsidy assistance must pay their fee on the 1st of every month; per county guidelines. By the last day of the month T.W.P should have received **at least** the total amount mentioned above. For all additional fees (late payment, extended care expense, etc.) please refer to handbook and/or individual tuition contract agreement.

If you chose to make weekly payments this would be the break down for you:

You will submit 5 payments in these months: January, February, June, Aug. & Nov. 2026

You will submit 4 payments in these months: March, April, May, July, Sept, Oct. & Dec. 2026

Voucher Families

Please be advised that your noted “parent-fee” is not a set rate and at any time you could be required to make an additional payment for childcare services. This service fee is currently known as “over market rate”. D.S.S will not cover the cost of this service rate and it will be billed directly to families.

2025 Tuition Discount Offer for Private-Pay Families

One week out of the year you can receive 50% off your weekly tuition cost if you let me know 2 weeks in advance. Each year we are closed for sure around the Christmas holiday. You may want to apply your discount for that week.

November 2025

Closed Nov. 11th

Closing at **2pm** Nov. 26

Closed Nov. 27th & 28th

December 2025

(Last day of the year will be Dec. 23rd!!)

Closed Dec. 24th - Jan. 2nd, 2026!

See you Mon. January 5th!!

Calendar Details- Calendar is subject to change! Inclement weather, professional development days, center base needs and of course emergency closures may not all be listed at this time.

January 2026

1st- Holiday- CLOSED

2nd- Checkpoint- CLOSED

19th- Holiday- CLOSED

February 2026

16th- Early Release (Center closes at 2pm)

March 2026

27th- Professional Development Workday- CLOSED

April 2026

3rd- Holiday- CLOSED

6- Holiday- CLOSED

May 2026

1st- Professional Development Workday- CLOSED

25th- Holiday- CLOSED

June 2026

19th- Holiday- CLOSED

July 2026

4th- Holiday- CLOSED

August 2026

September 2026

7th- Holiday- CLOSED

October 2026

November 2026

11th- Holiday- CLOSED

25th- Early Release (Center closes at 2pm)

26th- Holiday- CLOSED

27th- Holiday- CLOSED

December 2026

23rd- Early Release (Center closes at 2pm)

24th & 25th- Holiday- CLOSED

28th- Jan. 1st, 2027- Vacation- CLOSED

2026 Calendar

January						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February						
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28


March						
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				


April						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
May						
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					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
June						
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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				
July						
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19	20	21	22	23	24	25
26	27	28	29	30	31	
August						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
September						
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27	28	29	30			
October						
S	M	T	W	T	F	S
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
November						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					
December						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		


 Powered by Inch Calculator

www.inchcalculator.com/calendar/

Key:

Closed for Holiday 

Closing at 2pm 

Professional Dev. Quarterly Training Closure  (some dates will be disclosed later)

Vacation 