

Tots Land

Day Care –Learning Center

Discipline

The purpose of discipline is to help a child learn and use appropriate behavior, develop self-control and to learn to assume responsibility for own action.

Teachers will try to help the child understand that certain behaviors are inappropriate.

The child will be spoken to, redirected, engaged in something else and teacher will model appropriate behavior. Should a child need more than that, “removal from the group” may be initiated. Child can be removed from the group or activity for 1 minute per year of age.

We appreciate your help and ideas in dealing with your child.

If a child is dangerous to himself or other children, or to school property, we reserve the right to request the removal of your child.

Absolutely no physical and emotional punishment will be used with any child.

Parent Signature

Late Pick-Up Policy

Tots Land closes at 6:00 pm Monday through Friday. It is the parents' responsibility to ensure that children are picked up no later than 6:00 p.m.

A late fee of \$1.00 per minute will apply if a child remains in care after 6:00 pm unless prior arrangements have been made. This late fee is due and payable upon pick-up or prior to the next days care.

In the event that a parent cannot be contacted, it is the policy of **Tots Land** to call an emergency contact should a child remain in care after 6:00pm. We will make five attempts of phone calls.

If we can not reach anyone by 6:30 pm we will call the Police or DCFS.

Three occurrences of being 5 or more minutes late will be grounds for termination of enrollment.
Temporary hours due to covid restrictions 7:30-5:30

Parent Signature

PERMISSION FORM

Name of child _____ Birthdate _____

EMERGENCY MEDICAL CARE

I hereby grant permission for the staff of Tots Land to seek and obtain emergency medical care for my child, if needed. I will be responsible for the emergency medical charges upon receipt of the statement.

ADMINISTER PRESCRIPTION MEDICINE

Tots Land have my permission to administer prescription medication to my child as specified in the prescription's directions for administration.

ADMINISTER PATENT MEDICINE

Tots Land have my permission to administer patent medicine to my child as specified in written instructions.

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

Tots Land have my permission to take my child on walking trips, special excursions, and to nearby public park facilities. I also authorize the child to ride as a passenger in the vehicle owned or rented by Tots Land. I understand, that all such trips are under Tots Land supervision and that health and safety precautions are taken in compliance with DCFS standards for licensure.

PHOTOS

I give my permission for Tots Land to take photos of my child.

RELEASE OF INFORMATION

I authorize Tots Land to give my telephone number and address to other parents.

Parent/Guardian Signature: _____ Date _____

Guidance and Discipline Signature Sheet

My signature on this form indicates that I have received a copy of the Parents Handbook from my child's school.

I understand that it is my responsibility to review the contents of the Parents Handbook and be familiar with the rules, penalties, procedures, responsibilities and consequences of misbehavior as presented in Tots Land Guidance and Discipline Policy.

Parent/Guardian Signature Date

Student Name (Print)

This form should be signed and returned to the student's homeroom teacher within the first week of school.

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.



Credit Card Authorization Form For Tuition Payments

As of January 2020, Tots Land Daycare Will Require and make Mandatory that all parents keep a credit card on file with the center. If you have not paid your tuition in full for last 2 weeks, your account will be charged for the entire balance due along with a additional transaction fee = 4% of unpaid tuition and late fee of \$10.00 for each unpaid week. Parents can still make payments throughout the month , leaving payment envelopes (Cash, Checks or Zelle) with your child's teacher or making them directly to the office. **If your balance due is not greater than one week tuition, your credit card will not be charged.** However, if we try to process your card and it is declined your child will not be able to return to the center until payment in is received.

Please complete all fields.

Credit Card Information

Card Type: **MasterCard** **VISA** **Discover** **AMEX**

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy):

Cardholder ZIP Code (from credit card billing address):

CVV (Security number from back of card):

I authorize **Tots Land Inc** to charge my credit card above for Child Care Tuition for my child :.....if I have not already made my payment in full. I understand that my information will be saved on file for future transactions on my account.

Customer Signature

Date

To keep your credit card data safe and for verification this form must be completed at the office in the presence of a Tots Land employee

Child Care Waiver

1st Child's name : _____

Date of Birth _____

2nd Child's name : _____

Date of Birth _____

Parent / Guardian #1 name: _____

Parent / Guardian #2 name: _____

I/We, the undersigned, are the parent(s) guardian(s) (check one of the above) named child and we agree, in taking advantage of child care service provided by TOTS LAND INC, a corporation under the laws of the State of Illinois ("TOTS"), to release and hold harmless TOTS, its officers, directors, agents, employees and volunteers, from any and all claims, demands, suits, costs and charges, in connection with or arising out of the child care service, including, but not limited to, bodily harm or injury to our children, except only for loss, harms or injury occasioned by gross negligence or intentional misconduct by the TOTS and/or its officers, agents, employees and volunteers and further authorize TOTS and/or its officers, agents, employees and volunteers to administer, or cause to be administered, at my/our sole cost and expense, medical treatment and/or medication to the above named child/children in the event of any emergency.

In the event of emergency or medical attention, I authorize the person in charge to take my child to the closest available medical treatment facility or call an ambulance and I give my consent for any and all treatment for my child when the child is in this individual's care.

Signature of parent or guardian: _____ Date _____

Signature of parent or guardian: _____ Date _____



3/26/2018

Tots Land Inc

2639 N Harlem Ave
Chicago IL 60707

IMPORTANT WELLNESS REMINDER

Children experiencing FEVER or OTHER SYMPTOMS may not attend the center until they have been FEVER-FREE OR SYMPTOMS-FREE FOR OVER 24 HOURS – for temperatures 99.2 – 100.2 degrees Fahrenheit; and FEVER-FREE FOR OVER 48 HOURS – for observed temperatures over 100.2 degrees Fahrenheit. AND that's FEVER FREE ON THEIR OWN, not counting use of Tylenol or Ibuprofen. These medications only mask the symptom for a few hours; they do not cure the infection.

Children who are ill may NOT return to the center without a signed STATEMENT FROM A PHYSICIAN indicating the child is no longer contagious and can return to the center.

The above rules are final and will be strictly enforced by our administration and the staff to ensure the well-being of all children cared for by our facility. THE FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN THE CHILD BEING SENT HOME IMMEDIATELY ON THE DAY IT IS OBSERVED THAT THE ILL CHILD IS IN ATTENDANCE, AS WELL AS IN PERMANENT DISCHARGE FROM THE CENTER.

Please understand that this has been an extremely severe flu season, with severe health implications experienced by many affected by the flu, and our center cannot risk the health and well-being of some children due to incompliance and ignorance of others.

Warmest regards,
Tots Land Administration

DEAR PARENTS !

WE WOULD LIKE TO INFORM YOU THAT WE ARE USING A

MINERALIZED REVERSE OSMOSIS WATER SYSTEM TO PURIFY ALL WATER USED FOR COOKING AND DRINKING AT OUR FACILITY.

As you know, today's tap water can contain a broad range of impurities and contaminants. Reverse Osmosis systems tackle the broadest spectrum of water impurities possible. Only Reverse Osmosis filtration is capable of reducing impurities ranging from bacteria and viruses to agricultural run-off products like pesticides and fertilizers, to dissolved metals like lead, arsenic and iron.

DRODZY RODZICE !

INFORMUJEMY, ZE NASZE PRZEDSZKOLE UZYWA SYSTEMU OCZYSZCZANIA WODY DO PICIA I GOTOWANIA POPRZEZ PROCES MINERALIZOWANEJ ODWROCONEJ OSMOZY.

Woda "z kranu" może zawierać szerokie spektrum zanieczyszczeń i bakterii. Proces Odwroconej Osmozy radzi sobie z najszerszym spektrum zanieczyszczeń w wodzie i jest w stanie usunąć wiele rodzajów zanieczyszczeń z wody jak bakterie i wirusy, pestycydy i nawozy, aż po metale takie jak

