



# Rhode Island Department of Human Services

## Licensed Child Care: Child Information Form

Child Information			
Child's Full Name:			
Date of Birth (MM/DD/YYYY):		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Language:			
Secondary Language:			
Primary Address			
Number and Street:			
City/Town:		State:	Zip:
School Information ( <i>School age, developmental preschool, early intervention, services, etc.</i> )			
School/Program Name:		Phone: ( ) -	
Number and Street:			
City/Town:		State:	Zip:

Parent/Guardian 1 Information			
Parent/Guardian Full Name:			
Parent/Guardian Role:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____		
Contact Information			
Primary Phone:	( ) -	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home	
Secondary Phone:	( ) -	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home	
Email:			
Home Address			<input type="checkbox"/> Same as Child
Number and Street:			
City/Town:		State:	Zip:
Employer Information			
Employer Name:			
Address:			
City/Town:		State:	Zip:
Typical Schedule			

# Child Information Form

Child's Name: \_\_\_\_\_

Parent/Guardian 1 Information							
Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Parent/Guardian 2 Information							
Parent/Guardian Full Name: _____							
Parent/Guardian Role:		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____					
Contact Information							
Primary Phone:	(      )	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home				
Secondary Phone:	(      )	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home				
Email: _____							
Home Address							<input type="checkbox"/> Same as Child
Number and Street: _____							
City/Town: _____			State: _____		Zip: _____		
Employer Information							
Employer Name: _____							
Address: _____							
City/Town: _____			State: _____		Zip: _____		
Typical Schedule							
Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Additional Members of Child's Household	
Full Name: _____	Relationship: _____
Full Name: _____	Relationship: _____
Full Name: _____	Relationship: _____
Full Name: _____	Relationship: _____
Full Name: _____	Relationship: _____

## Child Information Form

Child's Name: \_\_\_\_\_

Additional Child Information			
<i>It is recommended that this form is copied and provided to the child's direct teacher/provider.</i>			
Social-Emotional			
<b>Child's Habits:</b>			
<b>Child's Fears:</b>			
<b>Favorite Toys/ Activities:</b>			
<b>Child's Interests:</b>			
<b>How do you comfort your child?</b>			
<b>How do you guide your child's behavior?</b>			
Bathroom Habits			
<b>Is your child potty trained?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Almost/Starting	<b>Does your child tell you when they have to use the bathroom? If so, how?</b>	
<b>Is your child prone to diaper rash?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What do you use to treat diaper rash?</b>	<input type="checkbox"/> Lotion <input type="checkbox"/> Oil <input type="checkbox"/> Powder <input type="checkbox"/> Other:
Sleeping Habits			
<b>Is your child sleep in a crib?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Typical nap/time and/or nap habits:</b>	
Health			
<b>Special physical conditions and/or disabilities:</b>	<input type="checkbox"/> Yes: If yes, please explain: <input type="checkbox"/> No		
<b>Regular medications:</b>	<input type="checkbox"/> Yes: If yes, please explain: <input type="checkbox"/> No		
<b>Allergies:</b>	<input type="checkbox"/> Yes* - If yes, please complete the Allergy Information Sheet <input type="checkbox"/> No		

**Child Information Form**

Child's Name: \_\_\_\_\_

Child Care Schedule							
Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Arrive:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Depart:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

**Parental Access Restrictions**

If there are temporary or permanent restrictions on a person's access to their child, please read and complete this section thoroughly. Please note: If the restricted person(s) are a child's biological parent(s), in order to abide by the permissions stated below, programs MUST have received a copy of any/all court documentations regarding restraining orders, physical/legal custody, joint custody, etc. Without court documentation, programs/providers are unable to withhold a child from their biological parent.

Restricted Person's Name:							Relation to Child:	
The above stated person has permission to see the child on the following days:								
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		

Restricted Person's Name:							Relation to Child:	
The above stated person has permission to see the child on the following days:								
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		

Restricted Person's Name:							Relation to Child:	
The above stated person has permission to see the child on the following days:								
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		

**Acknowledgment**

By signing this form, I acknowledge that the information contained in this document is true and accurate. I understand that it is my responsibility to update the program/provider in the event of any changes or updates to the information in this form.

\_\_\_\_\_  
 Parent/Guardian Name (Print)

\_\_\_\_\_  
 Relation to Child

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

# Lilyfrog

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## Enrollment Details:

Days Desired      M,W,F      T,Th,      M-F      Start Date: \_\_\_\_\_

Early Morning Care? Y/N

## Personality/Temperament

How would you describe your child's personality/temperament? (Easy going, shy, adventurous, quiet, active, etc.)

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What are some of your child's favorite things to play with, activities, and habits?

---

---

How does your child need to be comforted if upset?

---

---

How does your child communicate if they are upset?

---

---

## Feeding

How does your child eat? Bottle? Spoon? Fork? Hands?

---

---

What types of food, if any, does your child eat?

---

Are there any food restrictions? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have any known allergies? Yes No

If so, please explain: \_\_\_\_\_

Are you concerned that your child may be prone to any type of allergies? Yes No

If yes, please explain: \_\_\_\_\_

### Sleeping

How many hours does your child typically sleep?

\_\_\_\_\_

What time does your child go to bed at night?

\_\_\_\_\_

What time does your child wake up in the morning?

\_\_\_\_\_

What time does your child typically nap?

\_\_\_\_\_

Does your child have any naptime rituals? (Pacifier, etc.)

\_\_\_\_\_

### Diapering/Toileting

Does your child wear diapers or pull-ups?

\_\_\_\_\_

How many times a day does your child typically get changed?

\_\_\_\_\_

What is your diaper procedure at home? (Changing table, bathroom, etc.)

---

Health and Development History

Does your child have any medical conditions which Lilyfrog should be made aware of?

Yes No

If yes, please explain: \_\_\_\_\_

Does your child have any diagnosed speech, hearing or visual problems? Yes No

If yes, please explain: \_\_\_\_\_

Do you have any concerns regarding specific areas of your child's development?

Yes No

If yes, please explain: \_\_\_\_\_

Does your child have:

Frequent colds?	Yes	No
Earaches?	Yes	No
Stomachaches?	Yes	No
Sore Throats?	Yes	No
Fevers?	Yes	No
Constipation?	Yes	No
Convulsions?	Yes	No
Diarrhea?	Yes	No
Fainting Spells?	Yes	No
Skin Rash?	Yes	No
Stomach Upsets?	Yes	No
Urinary Problems?	Yes	No
Asthma?	Yes	No
Diabetes?	Yes	No
Heart Disease?	Yes	No
Hepatitis?	Yes	No

Are there any special medical, physical or emotional needs or restrictions that

Lilyfrog should be aware of? \_\_\_\_\_

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Age your child began to: Sit\_\_\_\_\_ Crawl\_\_\_\_\_ Walk\_\_\_\_\_

Talk\_\_\_\_\_ Any difficulties with speech? Yes No

If yes, please explain:\_\_\_\_\_

Has your child had experience playing with other children? Yes No

If yes, where?\_\_\_\_\_

Have you read Lilyfrog's policies and procedures? Yes No

Do you have any specific concerns? Yes No

If yes, what?\_\_\_\_\_

**How did you hear about Lilyfrog?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> road-side banner  | <input type="checkbox"/> friend/family member  | <input type="checkbox"/> Facebook/social media |
| <input type="checkbox"/> internet/blog     | <input type="checkbox"/> Newport Life Magazine | <input type="checkbox"/> Newport Daily News    |
| <input type="checkbox"/> Newport This Week | <input type="checkbox"/> Navy publication      | <input type="checkbox"/> Other                 |





# Rhode Island Department of Human Services

## Group/Family Child Care Home: Parent Authorization for Emergency Treatment

Updated 03/20/2020

Authorization Statement	
Child Care Provider/Program Name: _____	
Child's Name: _____	Date of Birth: _____
In consideration of admittance, I hereby authorize _____ <i>Child Care Provider/Program Name</i>	
located at _____ <i>Number and Street</i>	RI _____ <i>City/Town</i> _____ <i>Zip</i>
to arrange for medical examination and/or treatment of my child _____ <i>Child's Full Name</i>	
should an emergency arise while my child is in the care of the above state provider/program. It is understood that a conscientious effort will be made by the provider to contact me at the emergency numbers I have provided below before any medical action is taken.	

Preferred Hospital	
I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.	
Name of Hospital: _____	
Number and Street: _____	State: _____ Zip: _____

Physician and Insurance Information	
I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.	
Name of Doctor: _____	Phone: _____
Health Insurance Carrier: _____	Policy Number: _____

Emergency Contact Information
<b>In the event of an emergency, the child's parent/guardian(s) will be contacted first. In the event the parent/guardian cannot be reached, emergency contact and authorized persons must be listed.</b>
<b>Authorized Person:</b> An authorized person can pick up a child from care with no confirmation from a parent/guardian. An authorized person may also be contacted if the program cannot get ahold of the parent.
<b>Emergency Contact:</b> An emergency contact can pick up a child from care <b>ONLY</b> if there is written and/or verbal communication from the parent. An emergency contact may also be contacted if the program cannot get ahold of the parent.
Please complete the following form listing the authorized and/or emergency contact persons <b>in the order you wish them to be contacted</b> (For example: The first contact listed is the first person that will be called if a parent/guardian cannot be reached).



# Rhode Island Department of Human Services

## Group/Family Child Care Home: Parent Authorization for Emergency Treatment

Updated 03/20/2020

Emergency Contact Information			
<b>Full Name:</b>			
<b>Relationship:</b>			<input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact
<b>Primary Phone:</b>	(        )	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
<b>Secondary Phone:</b>	(        )	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

<b>Full Name:</b>			
<b>Relationship:</b>			<input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact
<b>Primary Phone:</b>	(        )	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
<b>Secondary Phone:</b>	(        )	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

<b>Full Name:</b>			
<b>Relationship:</b>			<input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact
<b>Primary Phone:</b>	(        )	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
<b>Secondary Phone:</b>	(        )	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

\_\_\_\_\_

Parent/Guardian Name (Print)

\_\_\_\_\_

Relation to Child

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

### Notary

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_

Date

Month

Year

\_\_\_\_\_

Notary Public (Print)

\_\_\_\_\_

Notary Public (Signature)

\_\_\_\_\_

Commission Expiration

# Lilyfrog

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## Permission Slip

At Lilyfrog, field trips are a part of our activities. We will go on various field trips, walking or driving, throughout the year. Parents will be notified ahead of time and will need to fill out an activity consent form prior to the field trip. There will also be a signup sheet when drivers are needed. The trips may be to local parks, libraries, museums, farms, etc. A small additional fee may be charged depending upon the field trip.

At Lilyfrog, we take lots and lots and lots of photos. Some of these are used for projects, some for Lilyfrog's website, Facebook/Instagram pages, and some just for fun!

I give Lilyfrog permission to photograph my child and display these photographs in the following manner: (Place a check for all that apply) in classroom displays \_\_\_\_\_ for publicity purposes \_\_\_\_\_ in the slideshow \_\_\_\_\_ on Facebook/Instagram \_\_\_\_\_ on the website \_\_\_\_\_

I agree to hold harmless Lilyfrog, Looking Upwards and its agents, employees, directors or volunteers from liability from the use of these photos. I understand I can withdraw my consent at any time except to the extent that action has already been taken in reliance on this permission form.

No matter what the use, children will not be identified in the photos. Lilyfrog will not share any confidential information beyond the photos specified above, without your written consent.

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Lilyfrog

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## Handbook Sign-off

I have read the Lilyfrog Infant/Toddler handbook and agree to follow Lilyfrog policies which include but are not limited to the following:

initial

- \_\_\_\_\_ My tuition is payable on the 1st of each month prior to services for monthly payments and on the first day of care each week for weekly payments, whether or not a bill is received. I understand there is a 10% late fee assessed to my bill for any late payments received, and that services may be suspended if payment is not received.
- \_\_\_\_\_ My child will be kept home from school if they are experiencing fever, vomiting or diarrhea, and will remain at home for a full 24 hours until they are symptom free without medication. They will also be kept home for the first 24 hours after beginning an antibiotic.
- \_\_\_\_\_ Lilyfrog does not allow peanut or tree nut products on the premises. I agree to refrain from sending such products to school with my child.
- \_\_\_\_\_ Lilyfrog does not allow the substitution of non-scheduled days for scheduled days. If I need to send my child on an unscheduled day, I understand there will be a charge for the added day. If I keep my child home for any reason, I understand there will be no deduction for the missed day.
- \_\_\_\_\_ Lilyfrog's Infant/Toddler program ends at 5:00pm. I understand that I must have my child picked up and out of the building by the appropriate time. I understand there is a charge of \$2.50 per minute which will be assessed to my bill in the event that my child is picked up late.
- \_\_\_\_\_ Lilyfrog requires a two-week written notice if I wish to withdraw my child from the Infant/Toddler program. I understand that if proper notice is not given, I will be responsible for the entire 2 weeks tuition rate.
- \_\_\_\_\_ I understand that Lilyfrog staff are prohibited from babysitting Lilyfrog students and/or their siblings, and agree not to request such services.
- \_\_\_\_\_ I am aware that Lilyfrog will send bills and correspondence via mail, handouts, or electronically. I understand that I am responsible for information received via mail, handouts, or email.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Lilyfrog

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## Preadmissions Record

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

(H) \_\_\_\_\_ (H) \_\_\_\_\_

(W) \_\_\_\_\_ (W) \_\_\_\_\_

(OTHER) \_\_\_\_\_ (OTHER) \_\_\_\_\_

- Child Information Forms
- Handbook Sign Off
- Permission Slip
- Physical Form with Immunizations
- Parent Authorization Forms
- Copy of Birth Certificate
- \$75.00 Registration Fee

.....  
(for office use only)

Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

Days Enrolled:      M      T      W      Th      F

Extended Care? Yes No                      Early Morning Care? Yes No

Deposit Amount: \_\_\_\_\_ Discount (if any): \_\_\_\_\_

Date: \_\_\_\_\_ Monthly Tuition Rate: \_\_\_\_\_

Admin Signature: \_\_\_\_\_

# Lilyfrog

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## Infant & Toddler Handbook

146 Aquidneck Ave. Middletown, RI 02842

401-847-0685

[www.lilyfrog.com](http://www.lilyfrog.com)

# Lilyfrog

## where learning takes leaps

If you are looking for a safe, secure, home away from home for your child, where he or she can play, learn and grow, then look no further. At Lilyfrog, we have designed a warm wonderful environment that will nurture your child, helping his or her body and mind develop.

We know that babies and toddlers learn best in the context of meaningful, caring relationships with adults. Our skilled and loving teachers know this and artfully turn caretaking routines into teaching opportunities. We begin by nurturing your child's blossoming sense of self, while providing one-on-one early learning experiences during care-giving routines like diapering and feeding. Teachers also base their daily lesson plan on your child's unique individual needs and developmental level. Each day your child will have opportunities to practice many emerging skills related to large and small motor development, social/emotional skills, cognitive and language development.

### **Lilyfrog's Philosophy for Infants and Toddlers**

The curriculum in the Infant/Toddler program is based on the Rhode Island Early Learning and Development Standards (RIELDS). The RIELDS is based on the rationale that:

“From birth, children are curious and motivated to learn. As they grow and learn, their brains change dramatically, especially during the first three years of life. These changes are influenced by genetics and environmental experiences (including relationships and physical conditions) as children develop in realms of thinking, speaking, behaving, and reasoning. (Kupcha-Szrom, 2011; Center on the Developing Child, 2012) By interacting with their world, young children make discoveries, figure out how things work, try out new behaviors, learn social rules, and solve problems. High-quality early learning and relationships enhance their development in every way: social, cognitive, linguistic, artistic, and physical. When they actively explore environments and materials, children build concept knowledge and thinking skills. When they are able to develop nurturing and supportive relationships with caregivers (their parent or other primary caregiver, adult family members, and other familiar adults), childcare providers, and teachers, they are also laying a solid foundation for learning. (National Scientific Council on the Developing Child, 2004) Early development across all domains secures this foundation for a child's later success in school and in life. (Maine Department of Education, 2005)

Early learning standards articulate shared expectations for what young children should know and be able to do. Further, they provide a common language for measuring progress toward achieving specific learning goals. (Kendall, 2003; Kagan & Scott-Little, 2004) *Charting a Course for Success in the Ocean State: Rhode Island's Early Learning and Development Standards* (hereafter, *The Standards*) outlines early learning expectations at key benchmarks, from birth to 60 months of age.

While presented in a stand-alone document, these standards should not be considered in isolation. They comprise one key element of the state's early learning system and



have been strategically designed to work in conjunction with other parts of the system — assessment, curriculum, professional development, program standards, and workforce competencies. The Standards are designed to promote high-quality care and education for the state’s youngest children, including those at risk for entering kindergarten without adequate foundations for success. In this way, the document serves as a valuable resource to the entire early care and education community.”

The curriculum is implemented through play and opportunity for growth, as your child learns about self and others, moving, communicating and about the world. Each day your child will be engaged in developmentally appropriate activities including, stories, songs, rhymes, repetitious language development, play time, as well as varied music, exercise and physical stimulation.

## **Infants**

The Little Sprouts room at Lilyfrog is a bright and beautifully furnished room. Each child will be provided with a crib and a place to store his or her daily supplies like diapers, wipes, bibs, changes of clothing, etc. There are high chairs, books and toys, mirrors, play mats, soft blocks and climbers. The room is also furnished with rocking chairs so your baby can be snuggled and rocked at nap and/or feeding time.

Toys are safe and sanitized daily. Routines such as care, meals and naptimes are predictable and are personalized, based on your baby's individual needs. Records are kept daily so you have a detailed snapshot of your child's day.

In the Little Sprouts class there are 8 children with two caring supportive staff on duty each day. To be eligible for the Little Sprouts classroom, your baby must be between 6 weeks and 24 months old.

## **Toddlers**

Lilyfrog’s goal is to stimulate children’s innate sense of self-motivation, expand on their enthusiasm for learning, and help them acquire competence and high self-esteem through a variety of artistic expressions. Our Puddle Jumpers class incorporates an integrated curriculum that promotes learning primarily through music, art, dramatic play, dance, special projects, learning centers, and outdoor play and adventure.

Two caring and supportive staff members oversee a class of 12 children, allowing for individual attention and loving trust to develop between your child and his or her teachers. Teachers act as facilitators and motivators providing a stimulating environment and clear boundaries where children learn and grow at their own individual pace. At Lilyfrog, we believe that children who are exposed to learning in a positive and creative fashion will acquire a joy of education that will serve as a firm foundation for their future academic years. Children eligible for the Puddle Jumpers Classroom must be 18 to 36 months old

## **About the Administrative Team**

**Nicole Elliott (Director)** has been a part of Lilyfrog since 2015. Nicole's involvement began when she enrolled her son in the infant program and personally witnessed the impact it had on his growth and development. She received her BA from Assumption College majoring in Psychology with a concentration in Education. Nicole has years of experience working with and overseeing programs that work with young children of all various needs and developmental levels.

Nicole is the mother of two children, both of her children are Lilyfrog alumna. Thanks to their time at Lilyfrog, they have acquired a thirst for learning.

**Stephanie Grant (Education Coordinator)** Stephanie has been teaching preschool for 19 years and came to Lilyfrog in 2008. She graduated from Rhode Island College with a double major in Elementary Education and Psychology and has earned Rhode Island Certification in Early Childhood Education.

Stephanie is the mother of two children, both of her children are Lilyfrog alumna. Thanks to their time at Lilyfrog, they have acquired a thirst for learning.

## **Nut Free Zone**

Lilyfrog is a nut free school. This means that at no time should a parent send any foods containing peanuts or tree nuts into school. Any items with peanuts or tree nuts in the list of ingredients, any item that may contain traces of peanuts or tree nuts or is manufactured in a facility that also manufactures peanut or tree nut products, is considered to contain peanuts or tree nuts.

This policy is in place for the safety of our students who suffer from peanut and tree nut allergies. In many cases, this allergy may be life-threatening. It is one of the few allergies not set off by ingestion alone. If a child suffering from peanut and tree nut allergies is exposed to the oil from the nuts, it can be enough to set off a reaction as mild as a rash or as severe as anaphylactic shock.

There may be other food allergies in your child's classroom. These allergies will only need to be addressed should you decide to provide baked goods to your child's class either as a snack or to celebrate a birthday. Please be sure to check with your child's teacher to be sure there are no other restrictions in the classroom.

## **Illness**

When children are ill, we ask that you keep them home from school. A child will be considered ill if showing any sign of fever, vomiting or diarrhea. If a child develops these symptoms while at school the parents will be called to pick up the child at that time. Students experiencing

vomiting, fever or diarrhea must remain at home until they are symptom free for 24 hours without medications (Tylenol, Motrin, Immodium AD, etc.). In addition, students must remain at home during the first 24 hours after starting an antibiotic. It is essential that all parents strictly follow these guidelines to help ensure good health among all of our children and staff.

Lilyfrog will administer over the counter or prescription medication only with written parental approval and a doctor's written instructions. The parent must sign a written permission slip and the medication must be current and in its original container with the child's name clearly on the front pharmacy label. Loose medication or medication not prescribed to that child will not be given at Lilyfrog.

In case of a medical emergency, Lilyfrog will call 9-1-1 first and then contact parents. If an ambulance is required, Lilyfrog staff will ride to the hospital with the child and parents will be expected to meet the child there.

Lilyfrog follows all Rhode Island Department of Health regulations regarding immunizations. Therefore, every child needs to have had required immunizations based on their age, and a record of this needs to be kept on file.

### **Policy for Release of Children**

Lilyfrog's policy is to release a child to a parent. However, space is provided on your child's registration form for names of others authorized by you to pick up your child. If your child needs to be picked up by someone on your list, you must notify Lilyfrog in writing. Please make sure the person who is picking up your child knows that he or she must present picture identification. People can only be added to your list in person. You cannot call or send a note to add someone to the pick-up list.

### **Procedure for Reporting of Abuse and Neglect**

Child abuse and neglect reporting laws in Rhode Island require anyone who suspects abuse and/or neglect to report their suspicions to DCYF.

### **Substance Abuse Policy**

Lilyfrog is prohibited by law from releasing a child to any parent or guardian, or to anyone substituting for a parent or guardian who appears to be under the influence of drugs or alcohol. If you are going to have an alcoholic drink before picking up your child, we must call a taxi for you. If you refuse to take the taxi, we are required by law to notify the police.

This policy is strictly adhered to.

## **Separated or Divorced Parents**

Parents are responsible for providing and maintaining proper records regarding current custody, visitation, restraining orders or any other documentation that Lilyfrog needs pertaining to Lilyfrog students. Parents must keep these records up to date.

## **Babysitting**

Lilyfrog staff is not allowed to care for students outside the classroom. Please do not ask them to babysit or care for your child(ren) after hours.

## **Family Involvement**

At Lilyfrog, we believe that families are children's first teachers. We acknowledge the importance and the impact of having families involved in their child's education both at home and in the classroom. Family involvement has a much deeper impact the earlier it starts. Because of this, we offer many opportunities for families to become involved at Lilyfrog.

Throughout the year, there will be family projects sent home and invitations to attend events in your child's classroom. Each classroom sends out a monthly newsletter with updates on the happenings of the month. There are calendars available to help give you a glimpse into your child's day. Daily "love notes" will go home to help keep you informed of how your child's day went including napping, eating, diapering and activities. We invite you to come into the classroom and share family heritage and traditions with your child's class.

We welcome an open dialog between families and teachers regarding the progress and development of their child. Through Teaching Strategies Gold, an online assessment tool used by many public-school departments, children are assessed on Social/Emotional, Physical, Cognitive, Literacy, Mathematics, Science, Social Studies, Language Development and The Arts. With TS Gold, we have the ability to track your child's progress from infancy through preschool. Parent/Teacher conferences are scheduled in January and May to discuss one-on-one, your child's individual progress. You may, however, request a meeting at any time throughout the year. Teachers are always willing to sit down and discuss your child's development.

We have a Parent Advisory Board which meets at least 4 times per year. The Board is open to all parents who wish to participate. In the past, The Board has been responsible for planning fundraising activities and special events, choosing where funds are spent, and giving feedback about our facilities and programs from the parent point of view. The Board gives an opportunity to voice your opinion and help to better our school. We value your input and invite you to join.

## **Lost and Found**

To help insure your child's belongings do not become lost please label all personal items. This will help staff return your child's things to their cubby. We make every effort to keep cubbies neat and organized and to send your child home with their things, but we are not responsible for

lost or damaged items. If your child lost an item please check with your child's classroom teacher or administration.

## **Parents' Responsibilities**

Parents are responsible for knowing and adhering to all the Lilyfrog policies and procedures as listed in the Lilyfrog handbook.

- Parents are responsible for keeping up to date on all information posted or sent home.
- Parents must supply Lilyfrog with a complete set of records for their child, including a copy of the child's birth certificate, and up to date physical form with immunizations. Records must be updated at regular intervals.
- Parents are responsible for providing formula, breast milk, and all food for their child, in labeled containers. Parents of toddlers are responsible for supplying a ready-to-eat nutritious lunch, and 2 snacks.
- Parents must review and make changes to their child's records every six weeks when there is a change in routine.
- Parents are expected to provide appropriate seasonal clothing: e.g. snow pants, hat, mittens and boots in the winter; and swimsuit, towel and sunscreen in the warmer months.
- Parents are expected to keep an open line of communication with their child's teacher, in order to better provide an appropriate routine, and learning opportunities for their child.
- Parents are expected to respect opening and closing times.
- Parents must notify Lilyfrog in writing if someone other than themselves will be picking up their child after school on any given day. Whoever picks up a child for a parent must be placed on the pick-up list in person and will be required to show proper photo identification.
- Parents of toddlers are required to supply sheets, blankets, pillows, etc. anything your child may need during nap time.
- In striving to consistently improve our program, parents are invited to join our Parent Advisory Board and complete an evaluation of Lilyfrog each year.

## **Scheduling**

Lilyfrog offers a full year infant/toddler day care program. We are open Monday through Friday from 8:30 a.m. until 5:00 p.m.

## School Closings

During inclement weather, please tune in to cancellations on NBC News Channel 10 to learn if Lilyfrog has closed school, we will also post the information on our Facebook. Sessions missed because of snowstorms, hurricanes or any type of bad weather may not be made up or deducted from a tuition payment.

## Registration

In order to enroll your child, please complete the enclosed paperwork and return it to Lilyfrog with a non-refundable \$100 registration fee and a copy of your child's birth certificate and most current physical form with immunization record.

Registration packets must be complete and are accepted on a first come, first served basis.

## Tuition

Tuition may be paid weekly or monthly. Weekly tuition payments are due in full on the first day of care each week; monthly payments are due on the 15<sup>th</sup> of the month prior to care.

The cost for our Little Sprouts room is \$80.00 per day, the cost for our Puddle Jumpers room is \$75.00 per day.

### LITTLE SPROUTS

If your child attends:	Weekly tuition is:
T,TH	\$160.00
M,W,F	\$240.00
5 Days	\$400.00

### PUDDLE JUMPERS

If your child attends:	Weekly tuition is:
T,TH	\$150.00
M,W,F	\$225.00
5 Days	\$375.00

Lilyfrog offers a 10% discount to active military and a 10% sibling discount. Sibling discount is placed on the lower tuition. Only one discount can be applied to an account at one time.

Early morning care is available starting at 8:00 am at a cost of \$10.00 per day and must be arranged with at least 24 hours' notice.

Please note: Sick days, school or family vacations, religious holidays, school closings because of inclement weather, or any other absence are not deductible from the monthly tuition payment.

For families who receive child care subsidy, Lilyfrog is a certified DHS child-care provider. For more information, contact your local DHS field office or call Lilyfrog at 847-0685.

A fee will be charged for each returned check. Pick up after 5:00 p.m. will incur a charge of \$2.50 per minute.

***All fees are subject to change at any time.***