

# The Children's Movement Center Childcare Policies and Procedures

The following rules pertain to The Children's Movement Center's enrollment & business policies. These policies are non-negotiable and are legally binding:

## Enrollment

- All forms must be completely filled out and returned before beginning childcare.
- The parent acknowledges that a physician signed medication form must be completed and on file at the CMC before ANY medication will be administered.
- The parent agrees to submit (on or before the first day of care provision), a written copy of each child's current immunization records.
- The parent agrees to provide a written, individualized care plan for any ongoing, long term, or recurring issues which require special attention or procedures of any kind (on or before the first day of care provision).

\_\_\_\_\_ Parent Initials signify recognition of terms of enrollment.

## Financial Procedures

- A child's place in camp will not be held/reserved until receipt of registration fee, and other applicable tuition or fees are collected by the CMC.
- The Children's Movement Center will not accept post-dated checks for summer camp.

## Attendance/Vacation/Days off

- Tuition is either paid in full (if enrolled for 15 days or less in summer camp) or on a weekly basis if participating for multiple weeks during the summer. If a parent chooses to keep the child home for any reason during a scheduled day of attendance, full tuition rates are still due to the CMC.
- The Children's Movement Center Preschool follows the New Milford Public School (N.M.P.S.) Calendar. Summer Camp begins on the first day after the conclusion of the N.M.P.S.'s spring calendar and concludes on the last weekday before school resumes for the Fall.
- **The CMC will be closed on July 4<sup>th</sup>. Children otherwise enrolled in the regular 5 day/week calendar will be required to pay full tuition for that week.**
- Parents of students enrolled in camp must complete their child(ren)'s attendance calendar at least 1 full month in advance. Multiple vacation weeks are allowed **AS LONG AS 4 WEEKS NOTICE IS PROVIDED. FAILURE TO PROVIDE 4 WEEKS NOTICE RESULTS IN MISSED WEEKS BEING CHARGED FULL TUITION.**
- The Children's Movement Center reserves the right to close early due to inclement weather, or due to any unforeseen emergency which may arise. In case of early closing, parents will be called as soon as possible under given circumstances and will be required to pick-up their children accordingly.
- In the event that The Children's Movement Center is closed for a single day during any week, due to federal holiday, extreme weather or natural catastrophe, full tuition is still due for that week. If an extended closing of more than a single day occurs, tuition will be prorated for that week on a case by case basis.
- It is NOT the responsibility of The Children's Movement Center to provide for alternative care on days when closed.

## Illnesses

- Parents must notify The Children's Movement Center of sickness, illness or injury impacting their child's health.

- A child will not be allowed to attend The Children's Movement Center if the child has a fever, diarrhea, or other contagious symptoms.
- Medication can only be given to a child if it is in the original container, labeled with the child's name, and The Children's Movement Center has a signed physician's authorization on file. The authorization must be written on the state approved authorization form (available through our preschool teachers).
- A child with a fever of 101 degrees or higher, vomiting or diarrhea will have to be picked up by a parent/guardian or contact person at the earliest available time upon notification.

### **Clothing and Supplies**

- Children's belongings **must have their name written in or on it**. The Children's Movement Center will not be responsible for lost items.
- Children must be dressed appropriately, according to the weather.
- Children are required to have a complete change of clothing available in their class. On water play days, a bathing suit, towel and water shoes are required. (If a child does not have water shoes, they WILL be allowed to participate in water play while barefoot, however the CMC is not responsible for any resulting injuries.
- Children must have SOCKS & SNEAKERS on-site EVERY DAY. Flip-flops &/or sandals are not acceptable.
- The Children's Movement Center does not provide lunches and/or snacks – Children must be brought to the CMC with a healthy lunch and two snacks. **The "lunchbox" MUST contain an ice pack, per state law.** NOTE: The CMC is a peanut/nut free facility. Parents should not send any food that contains peanuts or nuts OR that was produced in a facility that may process peanuts or nut containing products.  
NOTE: Any clothing that is unmarked and/or unclaimed at week's end will be added to The CMC's lost and found. Lost & Found items are periodically distributed to local donation centers.

### **Discipline Procedures**

The Children's Movement Center PROHIBITS the use of abusive, neglectful or humiliating punishment of any kind when dealing with disciplinary issues. Additionally, no corporal punishment is ever accepted. Approved ways of dealing with behavioral or disciplinary issues include; positive redirection, positive reinforcement, modeling appropriate behaviors, and establishing clear limits.

If a child has a disciplinary problem, jeopardizing the safety of other children and/or CMC staff, that child may be removed from the classroom with an appointed staff member. Parents will be notified so that an appropriate course of action to rectify the problem may be devised.

The State of Connecticut is very careful/vigilant with regard to disciplinary procedures. It is essential that behavior management issues and discipline procedures are reviewed with each parent. Please initial here to verify that you discussed these procedures with a CMC teacher.

\_\_\_\_\_ **My initials serve to verify I have discussed the disciplinary procedures with a CMC teacher.**

**NOTE:** The Children's Movement Center is required to provide written notification to parents/guardian, of any accidents, incidents or significant irregular behaviors occurring during the day. Copies of all reports are to be signed by parents and kept in the child's history folder.

### Daily Procedural Matters

- Parents will call before scheduled time of arrival/pick-up if they are late or not coming that day. (NOTE: Notification of late arrival/pick-up does NOT eliminate late fees).  
**\_\_\_\_\_ My initials verify recognition that notification of lateness does not waive late fees.**
- Only designated persons will be allowed to pick up their child/children. Parents must give notice if alternative pick-up persons are to be utilized.
- Parents dropping off their child for camp must check-in on the Maggey computer system at the front desk, as well as with their child's teacher.
- Access to the CMC is restricted and parents must NOT permit others to enter the facility without using a key fob. Please DO NOT permit access to any unknown person attempting to enter The Children's Movement Center.
- Parents must sign-out their children in two places at the end of each day. Parents must notify the supervising teacher and they must check-out on the Maggey attendance software.

### Field Trips/In-house Presenters

The Children's Movement Center schedules in-house presenters as well as outside field trips on a regular basis during Summer Camp. Children always have the option of staying on-site at The CMC on days when field trips are occurring, (or on site in different locations when in-house presenters are visiting), however, they may be placed in different or non-age group specific classes for that day/time.

Field trips are attended **AT ADDITIONAL COST** to regular tuition. Each trip is individually priced and requires payment with tuition on the Friday preceding that field trip. Failure to pre-pay for field trips with the tuition will incur an additional \$2 late sign-up fee. There will be NO REFUNDS for late cancellations or missed field trips.

NOTE 1: Some field trips require an early departure from The CMC due to extended travel time. It is the parents' responsibility to be on-site at the departure time designated on the summer calendar and/or any specific trip notices. Buses will leave on time for all trips and no refunds will be made to families of children missing the bus due to late arrival or tardiness.

NOTE 2: Most field trips are designated as requiring "Brown Bag Lunches". When a brown bag lunch is required, please DO NOT SEND LUNCH IN A LUNCHBOX. Brown bag lunches are packed and transported in a cooler and are meant to be disposable so that camp counselors do not need to keep track of lunchboxes for the balance of the day. Water bottles should ALSO BE DISPOSABLE!

By signing below, you acknowledge that you have read the above listed policies and procedures thoroughly, that you have discussed any concerns you may have, and that they have been adequately addressed. Your signature indicates that you agree to abide by these policies and procedures and that your failure to do so may result in the termination of this contract, forfeiture of your deposit, or both. The Children's Movement Center retains the right to amend these policies and/or procedures if two weeks written notice is provided to the Signees listed below.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
The Children's Movement Center	Date

## Child Information Form

Child's name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Chronic illnesses: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Pre-existing conditions that could impact activities in the classroom, activity center or playground.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's nickname: \_\_\_\_\_

Medications given regularly: \_\_\_\_\_

Siblings: \_\_\_\_\_

Favorite toys, activities: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Briefly describe your child's behavior: \_\_\_\_\_

What makes your child mad or upset? \_\_\_\_\_

How does your child show feelings? \_\_\_\_\_

Any special needs required for your child? \_\_\_\_\_

Special family situations? (Such as custody specifications) \_\_\_\_\_

\_\_\_\_\_

Note: Any custody agreements should be copied and submitted.

# Emergency Transportation Authorization

## Part I. Permission to Secure Transport

This form only authorizes The Children's Movement Center to secure emergency transportation for your child. This form does not authorize or guarantee treatment upon arrival at the hospital/clinic of emergency medical or dental treatment. You are required to fill out an "Authorization for Emergency Care" form to guarantee treatment.

Name of Child:		Name Mother/Guardian:		Name Father/Guardian:	
Street Address:					
City:		State:		Zip:	
				Phone:	
Father/Guardian's Employer:				Department:	
City:		State:		Zip:	
				Phone:	
Mother/Guardian's Employer:				Department:	
City:		State:		Zip:	
				Phone:	

Permission to transport my child \_\_\_\_\_ (Name of provider)

\_\_\_\_\_ to \_\_\_\_\_

(Name of child)

or to the nearest available source of assistance. This also allows The Children's Movement Center to Transport child/children in case of an emergency at The CMC.

Father/Guardian's Signature:		Date of Signature:	
Mother/Guardian's Signature:		Date of Signature:	
The Children Movement Center		Date of Signature:	

# Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for:

**The Children's Movement Center** to obtain whatever treatment may be deemed necessary for:  
**17 Pickett District Road**  
**New Milford CT, 06776**  
**Phone: 860-799-6602**

_____	_____
Name of Child #1	(D.O.B)
_____	_____
Name of Child #2	(D.O.B)
_____	_____
Name of Child #3	(D.O.B)

## Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment, The Children's Movement Center will take all reasonable steps to see that the children in their care receive adequate medical care.

If the parent(s) cannot be reached, The Children's Movement Center will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If the parent(s) and the authorized person(s) cannot be reached, The Children's Movement Center will call the child's doctor, identified on page 12 below. If the child must be taken for emergency care, The Children's Movement Center will take the child to the nearest hospital. In the situation where the parent(s) and the person(s) authorized to give permission for medical treatment cannot be reached, the parent authorizes the child's doctor to provide the appropriate medical treatment for the child.

I agree to promptly notify The Children's Movement Center of any changes of the above information. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False information may result in termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature	Date:
Mother/Guardian's Signature:	Date:
The Children's Movement Center	Date:

# Emergency Contact Information

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

Mother's Name /Guardian: \_\_\_\_\_  
 Home# \_\_\_\_\_  
 Work# \_\_\_\_\_  
 Cell# \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Work Address \_\_\_\_\_

Father's Name /Guardian: \_\_\_\_\_  
 Home# \_\_\_\_\_  
 Work# \_\_\_\_\_  
 Cell# \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Work Address \_\_\_\_\_

Child's Doctor: \_\_\_\_\_  
 Home# \_\_\_\_\_  
 Work# \_\_\_\_\_  
 Cell# \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Work Address \_\_\_\_\_

Child's Dentist: \_\_\_\_\_  
 Home# \_\_\_\_\_  
 Work# \_\_\_\_\_  
 Cell# \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Work Address \_\_\_\_\_

This is a legally binding form. By signing below, you state that all of the information contained on this form is correct to the best of your knowledge. Giving false information would be grounds for termination of services

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
The Children's Movement Center	Date

# Child Pick-Up Form

A. The following people HAVE permission to pick-up the child/children named below from The Children's Movement Center:

Child's Name	DOB	Age	Sex
Child's Name	DOB	Age	Sex

Child's Name	DOB	Age	Sex
Child's Name	DOB	Age	Sex

1. Name: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**NOTE:** Any person authorized to pick up child/children will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

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

\_\_\_\_\_  
CMC Staff Signature



## Sick Child Policies

While The CMC recognizes that keeping a child home may present an inconvenience to any parent that otherwise utilizes our childcare services, parents should NOT send their child to The CMC if they present with any of the below listed symptoms:

- Signs of a newly developing cold or severe coughing/sneezing
- Vomiting
- Fever of 101° under the arm
- Diarrhea (3 bouts in 1 hour)
- Conjunctivitis ("pink eye")
- Consistent complaints of ear or stomach pain
- A communicable disease (measles, mumps, chicken pox, etc.)
- Excessive colored discharge from eyes, ears or nose, indicating possible infection
- Head lice
- Unexplainable rash

In general, if your child is too sick to go outside and play, then your child is too sick to attend school. If your child becomes ill during school, you will be phoned at work and asked to pick your child up immediately.

Please dispense all medications at home whenever possible. For times when this is not possible, an **Administration of Medication Form** must be filled out in order for The Children's Movement Center to dispense any medications. **All** prescription *and* over-the-counter medications must be in their original container(s), and prescriptions must display the pharmacist's label with the doctor's name. You will also need the state appointed authorization form for the administration of medication provided by The Children's Movement Center. (Any medications prescription or over the counter need a doctors authorization)

Signatures below indicate acknowledgement of receipt of this form and agreement to adhere to these policies. Failure to abide by these policies could be grounds for termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
The Children's Movement Center	Date

## Activity Authorization Form

I hereby grant permission for my child/children named below to use all of the play equipment and participate in all of the activities at The Children's Movement Center.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

I will not hold The Children's Movement Center, its employees or representatives responsible for any injury that may occur while my child is using equipment in any part of The Children's Movement Center's activity center, preschool rooms, camp classrooms or exercise rooms. I further acknowledge that I have signed and returned A Children's Movement Activity center waiver and agree to the terms listed therein.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
The Children's Movement Center	Date

## Permission to Apply Sunscreen

I, \_\_\_\_\_ (parent/guardian) due hereby grant permission for my provider, The Children's Movement Center to apply sunscreen to the following children:

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Beginning on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending on: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
The Children's movement Center	Date

**Permissions for Travel, Transport & Use of CMC Facilities**

By initialing next to each of the below listed items, I hereby give permission for my child:

\_\_\_\_\_ to use, travel to, or be transported as specified in each item below.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_ I hereby give permission for the staff at the Children’s Movement Center to walk with my child across Pickett District Road to the playground. At the discretion of the CMC staff, I also give permission for my child to use all equipment at the playground.

\_\_\_\_\_ I hereby give permission for the Children’s Movement Center staff to transport my child in the event of an emergency at The Children’s Movement Center.

\_\_\_\_\_ I hereby give permission for my child to attend all The Children’s Movement Center field trips that involve transportation. Parents will be notified in a timely manner of any off site field trips.

\_\_\_\_\_ I hereby give permission for my child to attend all on site field trips to The Children’s Movement Center activity floor. I understand this is at the discretion of the CMC staff.

\_\_\_\_\_ I hereby give permission for the Children’s Movement Center to transport my child via ambulance or staff vehicle to obtain medical care for my child.

**STATE OF CONNECTICUT**



DEPARTMENT OF PUBLIC HEALTH

Community Based Regulations Section

**EMERGENCY MEDICAL CARE**

**Family Day Care Licensing**

**Attention Provider: This information must be kept current at all times. Carry a copy of this form and the Child Health Record during any off-premises child care activity. Please verify with the emergency medical care facility to assure that tis form is acceptable.**

Child’s name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent’s name: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_

Parent’s name: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ Last Tetanus: \_\_\_\_\_

Medical Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier and \_\_\_\_\_

Insurance ID: \_\_\_\_\_

Physician to be called in an emergency:

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip code: \_\_\_\_\_

I give my consent for the day care provider named \_\_\_\_\_, to contact the above named physician if my child has a medical emergency. I understand that if my child’s physician is not available, another physician may be contacted on an emergency basis. I also give my consent for the child care provider to seek medical attention in an emergency at \_\_\_\_\_. I will be responsible for all medical charges.  
**(hospital or walk-in clinic)**

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Phone: (860) 509-8045, Fax: (860) 509-7541  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue – MS #12CBR  
P. O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer



## Discipline Policy

The Children's Movement Center Discipline Policy: The goal of discipline is to maintain a happy, healthy relationship between all children and staff members. This is encouraged by:

- Positive reinforcement/Redirection
- Setting clear limits
- Behavior log

Abusive, neglectful corporal humiliating or frightening punishment is prohibited. Techniques will be based on developmentally appropriate practice.

When a problem arises among children or a child that is not responding to set limits, a teacher will respond in a positive manner talking each child through how they are feeling. Encouraging the children involved to speak to each other. Teachers will facilitate children in problem solving. Children will be supervised by teacher to aid in conflict resolution. Redirection of child/children will be the goal of the teacher.

For a child who is aggressive or destructive:

Safety of all children will be first priority. When all children are safe the teacher will in a positive manner, try to help child gain and maintain self-control. When the child has regained control the child will be redirected to a different interest area. If this is ongoing with a child, a behavior log and a conference with parents, director, and teachers will take place to figure out the best steps to take, to help the child through this difficult time.

A staff member will never under any circumstance be abusive, neglectful or use physical, corporal punishment. No child will be physically restrained unless the safety of the child, other children or staff is in jeopardy.

If, despite the use of all procedures detailed above, behavioral issues persist and a child continues to exhibit behavior that is inappropriate and/or potentially harmful to fellow students and/or teachers, parents may be contacted and required to pick-up their child and remove him/her from the CMC for the remainder of any given day.

\* My signature below, verifies that this discipline policy was discussed with CMC staff and all questions were answered\*

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Parent/ Guardian Signature                      Date

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CMC Staff Signature                      Date

## Policy Checklist

It is my desire to have my child/children enrolled at the Children's Movement Center. I have read, understand, and agree to abide by the policies contained on this form. I further understand that if the policies outlined are not adhered to, it would be sufficient cause for the removal of my child/children from the Children's Movement Center. I do further agree to give a minimum of 2 weeks (10 working days) notice of my intent to withdraw my child/children from the Children's Movement Center. My initials in each space below indicate my agreement to each of the specified policies.

- \_\_\_\_ \_\_\_\_ I understand that we must provide a completed medical form to The Children's Movement Center before services may begin.
- \_\_\_\_ \_\_\_\_ I understand the medical requirements, and that The Children's Movement center must have a copy of my child's immunization records on approved forms before attending The Children's Movement Center.
- \_\_\_\_ \_\_\_\_ I understand that payments are due on Friday for the upcoming week. A fifteen dollar late charge will be automatically billed to my account if not paid by the close of business on Friday evening.
- \_\_\_\_ \_\_\_\_ I understand that changes in contracted hours require two week's written notice.
- \_\_\_\_ \_\_\_\_ I understand the late pick-up policy.
- \_\_\_\_ \_\_\_\_ I understand the illness policy
- \_\_\_\_ \_\_\_\_ I am contracting for services during the summer of 2017. I understand that this contract does not include subsequent school year services.
- \_\_\_\_ \_\_\_\_ I understand the pick-up policy for anyone other than parents.
- \_\_\_\_ \_\_\_\_ I understand the attendance calendar policy.
- \_\_\_\_ \_\_\_\_ I understand that I will be responsible for finding back-up care in the event that the children's movement Center is unable to care for my child.
- \_\_\_\_ \_\_\_\_ I understand the policy for registration and a security deposit.
- \_\_\_\_ \_\_\_\_ I understand and have discussed the CMC discipline policy with a staff member, and have received a copy for personal records.
- \_\_\_\_ \_\_\_\_ I understand the returned check policy.
- \_\_\_\_ \_\_\_\_ I understand the termination policy.

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

\_\_\_\_\_  
CMC Staff Signature      Date

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