

LOVE IN ARMS INFANT CARE

PARENT HANDBOOK

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Welcome to Love In Arms Infant Care! We are so excited to welcome you into our family! It is an honor for us to have a pivotal role in your infant’s life. We do not take this opportunity lightly. We recognize the importance of a quality childcare program and we have made it our priority to continuously exceed your expectations.

Your baby can explore, develop motor skills and engage their natural curiosity which will cause them to gain independence. We offer an active learning environment, full of language development, age-appropriate learning activities and multi-sensory learning through STEM activities. Thank you for choosing our childcare. We look forward to a fruitful partnership.

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TUITION POLICY

* Payments are due on Monday morning of each week.
* A late payment fee of $20 per child will be added to your account if payment is not received on time.
* Attendance will be suspended after 2 weeks of no payment until all fees are paid in full.
* Non – payment after 2 weeks will result in withdrawal of enrollment.
* Parents who get paid on a bi-weekly schedule MUST pay ahead 2 two weeks to avoid carrying a balance.
* Any bounced checks will incur a fee of $35 (and that form of payment will no longer be accepted).
* Accepted forms of payment are debit/credit card via Bright Wheel app. Checks will be accepted at the center. **Cash accepted**

VACATION

* Every family is allotted a full week (5 consecutive days) for vacation which can be used within the current calendar year (Jan. – Dec.)
* You are not required to pay for this week.
* You can use your week for whatever reason (e.g. Illness, vacation, staycation etc.)
* Notify the center director and a note will be made in your file at least 2 weeks in advance.

ABSENCES

* **We understand that absences are sometimes necessary. However, you are still required to pay even if your child is not present. This is industry standard and there will be no EXCEPTIONS.**
* If a child is ill for longer than 2 weeks, they will be withdrawn from the program to avoid any additional charges.
* Weeks are not pro-rated for holiday days, pandemic or natural disasters which includes hurricanes, tornadoes etc.
* LIAIC or the parent may terminate enrollment at any time. A one-week written notice must be provided by the parent to the center.

ELC PARENTS

* Parent co-payments are due every Monday.
* If your child is absent due to illness, they must return with a doctor’s note excusing their absence. Or, a note written and signed by you, the parent explaining their absence.
* In addition to parent copays, each parent is also responsible for paying the difference between what ELC pays for your child vs our actual rate.

**Please sign below acknowledging that you have read the above policy.**

**Parent/ Legal Guardian Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/ Legal Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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PICK UP/DROP OFF

We require all children to be dropped off by 8:30 AM and no later than 9:00 AM. If the child(ren) has an appointment, please notify the director. Unless prior arrangements have been made, children will not be admitted after 9AM.

Our hours of operation are 5:30am – 6:00pm; you are late at 6:01pm and the late fee is $50 per child with an additional $15 for every 15 minutes thereafter. This MUST be paid in CASH the morning of return to school. NO EXCEPTIONS

Siblings are not allowed to sign students in/out unless they are 18 years or older. Only authorized persons are allowed to pick up children from the center. If you want to add a name, please notify the school's director (in person) so they can be added to your profile. We will require proper identification before the child is released.

MEDICATION POLICY

All medication must be submitted to the director or current supervisor. A parent/guardian must fill out an Authorization for Medication form giving the staff permission to administer the medication. We will only administer medication prescribed by a doctor. NO OVER THE COUNTER MEDICATION. All medication must be in its original container, labeled with the child’s full name, name of drug, dosage, directions for administration, date and physician’s name. It is the responsibility of the parent/guardian to communicate with the staff any medication given at home prior to dropping the child off. This information is important in the event of a reaction or emergency occurring at the center.



Sickness Policy

Love In Arms Infant Care strives for healthy minds as well as healthy bodies. Your child's health is a matter of major importance to us. If your child becomes ill during the day, they will be excluded from all activities and you will be notified to pick them up. For the comfort of your child(ren) and to reduce the risk of contagion, we ask that your child is picked up within an hour and a half of notification.

Children must remain home 24 hours from the time of being sent home. This time includes the remainder of the day they were sent home and the entire day after. They must return with a doctor’s note.

**\*\*\*Please note that if your child is still exhibiting symptoms of a contagious illness, (eg. Excessive cough, fever, yellow/green snot) they will not be allowed to return to school, even with a doctor’s note, until symptoms have lessened or have disappeared. \*\*\***

The following is a list of common illnesses but not limited to the following:

• Nausea or vomiting /Fever

• Diarrhea (more than one abnormally loose stool within a 24-hour period)

• Bloody stool

• Unusually dark urine and/or gray or white stool

• Sore throat with fever

• Loss of voice

• Hacking or continuous severe coughing which causes child to become red or blue in the face or make a whooping sound

• Difficult or rapid breathing

• Stiff neck

• Swollen glands

• Runny nose (other than clear)

• Eye or ear discharge

• Body rash with fever

• Yellow skin or eyes

• Exposed, open skin lesions

• Lice

• Any other unusual sign or symptom of illness

**LIAIC reserves the right to determine whether or not a child must go home due to illness.**

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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