

Happy Days Haggerty

Preschool

13770 Haggerty Road

Belleville, MI 48111

734-697-1182

Parent Handbook & Contract

Happy Days Haggerty Preschool Program

Parent Handbook

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Philosophy

It is our belief, at Happy Days Daycare & Preschool, that all children are unique individuals. We believe that children learn by seeing, imitating and experiencing a variety of activities.

We focus on the development of our child's self-confidence, self-worth, self-discipline and independence. Each day's activities provide a balance of quiet and active play as well as both teacher and child initiated activities.

Creative Play: music, dramatic play, cooking, rhythmic instruments, sensory play and arts and crafts.

Academic skills: colors, numbers, letters, shapes, communication skills, and kindergarten readiness.

Physical Development: age oriented games and exercises (indoor and outdoor) to develop large muscles, plus the use of small, manipulative toys to develop eye-hand coordination and fine motor skills.

We have an open-door policy and encourage parents to visit the classes anytime as well as offer advice for dealing with their child.

Enrollment procedures

Registration Fee: Upon enrollment, parent is required to submit a nonrefundable, annual registration fee of \$35.00 per family. This is due every August.

Enrollment Fee: An enrollment fee equal to the amount of your child's first week of care is due upon admission to the program. This enrollment fee is used to secure the child's placement in the program and is applied to the first week of childcare. Each child enrolled must have a child information card, a physical and copy of immunizations, a parent handbook contract and a medical permission slip on file by the first day of attendance.

Withdrawing policy: Termination of enrollment must have a two week prior written notice of your intent. The director reserves the right to dis-enroll any child that she deems is inappropriate for attendance at the daycare. Parents will be notified and will have the opportunity to rectify the problem.

*Parents should be aware that Happy Days Daycare & Preschool simply cannot guarantee that he or she will be able to fully contain or prevent the spread of all illnesses. Parents need to be put on notice that their child may be exposed to a number of illnesses or diseases while at the program.

Operations

Happy Days Preschool is open Monday through Friday, with the hours of 7:00 a.m. until 4:00 p.m. We will be running on Van Buren's school schedule so if they are closed so is the preschool.

Late pick up: There will be a late fee of \$1.00 per minute per child when pick up happens after 4:00 p.m.

Check return fee: A \$25.00 check return fee will automatically be charged to your account for any returned checks.

Food Program: Morning and afternoon snack will be provided with milk, juice or water. Water will be available at all times throughout the day. Children must bring breakfast and lunch from home. We do provide milk with these meals.

Nap Time: A rest period is provided for all children. We will provide each child with a cot for their nap period. Children may bring small a blanket and pillow from home. These items will go home every Friday for parents to wash and return clean on Monday.

Discipline: Happy Days Preschool uses positive methods of discipline which help children develop self-control, self-direction, self-esteem and cooperation. We use re-direction to help children stay in control of their emotions. We use positive reinforcements and we talk to the children and we use problem solving to come up with different ideas for a solution.

Price list for Happy Days Haggerty Preschool:

Registration fee: \$35.00/family

Full time Mon.-Fri.: \$145.00/weekly

Per day: \$30.00/daily

Per half day: \$20.00/half day

***Please make checks or money orders out to Happy Days; we cannot accept any cash payment.**

***2 Weeks past due tuition results in suspended care until account is paid in full.**

Staff Screening Procedure:

Resume

Interview

Reference checks

Background checks by DHS and criminal by Michigan State Police

Trained/ certified in CPR/ First Aide

*parent or any other volunteer will need a ICHAT background check before volunteering

Injury or illness: In case of a child being injured or ill, a staff member will immediately contact a parent or legal guardian by telephone. Parents must pick up within one hour of being called. If your child has a fever over 101.0, is vomiting, has diarrhea or has any other communicable illness, they will not be permitted to attend school that day. **They may return after being on antibiotics or fever free for 24 hours.**

Department of Human Services Assistance:

Parent who receive assistance from DHS are responsible for payment of all fees not paid by DHS.

Happy Days has the responsibility to report all suspected child abuse and neglect.

Inclusion Policy:

Happy Days supports integration of children with and without disabilities. Having an inclusive classroom increases the opportunity for all children to learn and accept individual differences.

Playground equipment may not comply with the 1997 edition of the Handbook for Public Playground Safety.

Happy Days will be using the schools playground

Parent Contract:

1. All Children must be signed in by an adult
2. No Child shall be released to anyone not listed as an authorized pick-up person on the application
3. Parents should notify staff ahead of time if someone new will be picking up the child. That person must present a valid driver's license or photo ID and must be on the information card.
4. A non-refundable enrollment fee of \$35 per family is due upon registration.
5. Tuition is due every Monday, or the first day of the week your child attends. A \$5.00 late payment fee will be added to all late payments. If you have an overdue payment, your child may not attend until payment is made and may lose his/her spot in the program.
6. If your child is picked up later than 4:00p.m., a \$1.00/minute late fee will be assessed and due at the time of pick-up.
7. Happy Days and Haggerty School are not responsible for lost or damaged articles.
8. Any damage to the premises incurred by the student is the responsibility of the parent
9. A student may be dis-enrolled from the program for any reason, at the sole discretion of the Director.
10. Sick children may not attend. Examples may include fever, vomiting, diarrhea, undiagnosed rash, discharge from eyes or ears or any other contagious illness.
11. A \$25 returned check fee will be assessed for all returned checks. Remittance must be made with a money order before child may return to the program. After two returned checks, all payments must be made by certified check or money order.
12. **We cannot accept cash payments.** Tuition should be paid by check or money orders.

I choose to enroll my child for the following days and times:

Mon. _____ Tues _____ Wed _____ Thurs _____ Fri _____

Student's name _____

Starting date: _____

***We must have a copy of up to date shot records for your child**

Please list any allergies or special needs your child has that we should be aware of:

Who will typically be picking up your child from Preschool?

Please list everyone you would like to authorize to pick up your child:

Additional contract provisions by our facility:

Happy Days has a written screening policy for all staff and volunteers, including parents who have contact with children.

Happy Days provides a program of daily activities and relationships that offers opportunities for the developmental growth of each child in all of the following areas: Physical development, social development, emotional development, and Intellectual development.

Happy Days welcomes parents to visit the program for the purpose of observing their children at all times.

When operating for 3 or more continuous hours, a center shall provide for daily outdoor play, unless prevented by inclement weather.

Total enrollment fees due today: registration fee \$35.00

First week's tuition \$ _____

Total due \$ _____

Upon signing this agreement, the parent, legal guardian or responsible adult and Happy Days Haggerty Preschool agrees to abide by all of the provisions contained in this enrollment contract.

Parent, legal guardian or responsible adult

Happy Days Haggerty

Signature

Signature

Printed name

Printed name

Social Security # / Driver's license #

Title

Relationship to child

Parent Handbook Contract

I/We have received and read through the Happy Days Day Care & Preschool Parent Handbook. I understand and agree to all the terms, including enrollment procedures, services, health and safety, discipline, payment, daily schedule, vacation days, and parent responsibilities.

I understand that when I turn in this contract it needs to be accompanied by my child's immunization records, emergency card, Physical form, and medical permission slip.

My Child _____ will be in the care of
Happy days Day Care from _____ to _____.

I acknowledge that I have read and fully understand the parent handbook provided to me.

(Parent Signature)

(Parent Signature)

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

I have read the above statement issued by _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	()	()			
2.	()	()			
3.	()	()			
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	()	2.	()		
3.	()	4.	()		

I give permission to _____, licensed by the Department of Human Services <div style="text-align: center; font-size: small;">(Provider's Name)</div>	
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
 COMPLETION: Required
 PENALTY: Rule Violation Citation.

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