

SPRINKLE STARS TWINKLE INCORPORATED

Welcome Letter

Congratulations, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been accepted into Sprinkle Stars Twinkle Incorporated.

I want to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ first day of care will start on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If this is not correct, please contact us at 914-413-1041.

Please enclose $50.00 for the registration fee and $\_\_\_\_\_\_\_\_\_\_\_ for the first week’s deposit to hold your child’s place.

Thank you and welcome to the Sprinkle Stars Twinkle Family.

Please note the enrollment fee is non-refundable and does not apply to Universal Pre-K. Deposits are refundable only if you cancel the contract two weeks prior to the start date.

SPRINKLE STARS TWINKLE INCORPORATED

100 Erskine Place

Bronx, New York 10475

Universal Pre-Kindergarten/Daycare Contract

2018

This is a legal and binding contract between Sprinkle Stars Incorporated and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Parent or legal guardian)

1. Childcare services will be provided for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on  
    (Child’s name)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *(Circle days Universal Pre-Kindergarten/Daycare is needed)* | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday/  Saturday  (UPK Only) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *(Please specify time of day)* | | | | |
| From: | AM / PM |  | Until: | AM / PM |

1. The facility will be closed for all major holidays. We will follow the same schedule as New York City Public Schools. Universal Pre-Kindergarten services will not be provided during these times. Due to the late start we will extend UPK days on Saturdays. There will be no after school programs provided on these days. All payments must continue as scheduled.
2. The fee for childcare will be $\_\_\_\_\_\_\_\_\_\_\_\_ per week. Payments are due on each Friday for the week to come. If your child is part-time, payment is due on the last day they attend. Universal Pre-Kindergarten fees are due regardless of attendance. Parents who receive subsidies and pay a Parent Fee must make weekly payments every Friday.
3. A registration fee of $50.00 per child $\_\_\_\_\_\_\_\_\_\_\_ is due upon enrollment of your child. This money is non-refundable and applies to all (subsidized and non-subsidized families).
4. You agree to pay $37.00 for any check that is returned. If a check is returned for a second time, payments must be made in cash for the next 12 months.
5. You agree to pay all costs that result from unpaid debts. This includes any money paid out to a collection agency, legal fees, and court fees.
6. Both parents and the Universal Pre-Kindergarten program will agree to provide a two-week written notice to terminate the contract. Billing will continue each week until a two-week written notice is received to terminate the contract. PARENTS WHO FAIL TO MEET THIS POLICY WILL BE RESPONSIBLE FOR ALL WEEKLY FEES AS WELL AS COURT FEES.

*(The owner has the right to terminate this contract immediately if it is not being followed and if statements are made to defame the integrity of Sprinkle Stars Twinkle Incorporated.) Billing will continue until the two week written notice is received to terminate services. Parents will be responsible for all attorney and court fees to recover monies. If the Department of Social Services or other entities do not provide payment for services rendered, then the parents are fully responsible for outstanding costs.*

1. All forms need to be filled out before your child can start daycare at Sprinkle Stars Twinkle Incorporated. Forms will be updated yearly or when any changes occur. The proper forms must b
2. e completed before your child is able to attend.

9. Parent agrees not to drop child off before agreed upon operating hours. The late fee for pick-up is $30.00 per occurrence. This fee will be assessed for ALL students. Arrangements must be made 24 hours in advance when there is a change in drop off or pick up times. These arrangements will only be honored based on availability of space and staff.

10. Employees of Sprinkle Stars Twinkle, Incorporated are not allowed to privately babysit for any families enrolled at Sprinkle Stars Twinkle, Incorporated.

11. The confidentiality of Sprinkle Stars Twinkle, Incorporated must be respected at all times.

12. The weekly rate for transporting children to and from school is $\_\_\_\_\_\_\_ per week. This rate only includes drop off and pick up.

13. Rates are subject to change at any time.

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

*Parent Signature Date*

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

*Copy of Parent Handbook Received Date*

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

*Provider Signature Date*

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

*CO-SIGNER’S SIGNATURE (REQUIRED IF PARENT/LEGAL Date*

*GUARDIAN IS UNDER 18 YEARS OF AGE. CO-SIGNER MUST*

*BE 18 OR OLDER AND BY SIGNING ASSUMES FINANCIAL*

*RESPONSIBILITY IN CASE THE PARENT/GUARDIAN FAILS*

*TO PAY FOR CARE PROVIDED.)*



Sprinkle Stars Twinkle Incorporated Daycare

Holiday Questionnaire

Dear Parents:

It is brought to our attention that there are several holidays that some businesses observe and close. Please indicate at the bottom, by checking the dates that are applicable (check either yes or no), to the attendance of your child(ren), so we may make the necessary preparations:

Yes No

|  |  |  |
| --- | --- | --- |
| November – Friday after Thanksgiving | \_\_\_\_\_ | \_\_\_\_\_ |
| December – Hanukkah | \_\_\_\_\_ | \_\_\_\_\_ |
| December – day after Christmas | \_\_\_\_\_ | \_\_\_\_\_ |
| January – day after New Years | \_\_\_\_\_ | \_\_\_\_\_ |
| January – Martin Luther King Birthday | \_\_\_\_\_ | \_\_\_\_\_ |
| February – President’s Day | \_\_\_\_\_ | \_\_\_\_\_ |

Thank you for your cooperation!

Name(s) of Child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sprinkle Stars Twinkle Incorporated

Pre-School

Transportation Form

I give my permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be

(Child’s Name)

transported by Sprinkle Stars Twinkle Incorporated for rides to: *(Please place a check in the box for each event you give permission)*

☐ Playground ☐ Parks ☐ Field Trips ☐ Grocery Store

☐ Museums/Other ☐ Library ☐ School ☐ Pick up from home/other

I understand that my Pre-School provider may make announced field trips to the library, beach, playground, etc. and take my child on these trips.

I understand that my transportation driver will have their seatbelt on while driving in a responsible manner at all times.

I understand that my transportation driver or assistant will not talk on a cellphone while driving. They will only talk on the cell phone if the vehicle is stopped and the engine is turned off.

I understand my child will be in a seat belt, car seat, or booster seat while in the vehicle at all times. I understand my child will not be left alone in the vehicle for any reason.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Parent’s Signature) (Date)

Sprinkle Stars Twinkle Incorporated

Daycare/Pre-School

Parent Information

Mother

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

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Hours \_\_\_\_\_\_\_\_\_\_\_\_

Father

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

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Hours \_\_\_\_\_\_\_\_\_\_\_\_

Parents are ☐ Married ☐ Divorced ☐ Live Apart ☐ Live Together ☐ Single

If separated, do you have: ☐ Full Custody ☐ Shared Custody

If you have legal documents preventing your spouse from picking up your child, you will need to bring me a copy; otherwise, I have no legal right to stop a parent from taking their child from the daycare. All I can do is call you to contact the local authorities.

Sprinkle Stars Twinkle Incorporated  
Universal Pre-Kindergarten

Permission to Use Topical Ointment

Children should arrive to Sprinkle Stars Twinkle Incorporated with topical ointment already on. If your child arrives to the Universal Pre-Kindergarten not wearing topical ointment, would you like for us to apply topical ointment?

☐ Yes, please apply topical ointment to my child as needed.

You have my permission to apply topical ointment on my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will provide the topical ointment to be used in my child’s bag and I will label it with their name. If there is no topical ointment in my child’s bag, they may use the topical ointment provided at the daycare. Please circle one or more below as your preference:

A&D Original Ointment Other

☐ No, do not apply topical ointment on my child.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_



SPRINKLE STARS TWINKLE INCORPORATED

MEDICAL EMERGENCY RELEASE

|  |  |
| --- | --- |
| Child’s Information | |
| First Name | Last Name |
|  |  |
| Nick Name | Date of Birth |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Parent | or |  | | Guardian Information | | |
| First Name | | | | | | Last Name | |
|  | | | | | |  | |
| Home Address | | | | | | | |
|  | | | | | | | |
| Home Phone | | | | Work Phone | | | Cell Phone |
|  | | | |  | | |  |

|  |  |  |
| --- | --- | --- |
| Alternate Person Contact Information | | |
| First Name | Last Name | Phone |
|  |  |  |

|  |  |
| --- | --- |
| Insurance and Doctor Information | |
| Insurance Carrier | |
|  | |
| Policy Number |  |

|  |  |
| --- | --- |
| Doctor’s Name | Phone Number |
|  |  |

|  |  |
| --- | --- |
| Dentist’s Name | Phone Number |
|  |  |

Does your child have any medical conditions that the emergency room would need to know about (such as asthma, diabetes, epilepsy, **ALLERGIES**)? ☐ Yes ☐ No

If YES, please indicate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child on any medication? ☐ Yes ☐ No

If yes, what is the name of the medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Sprinkle Stars Twinkle Incorporated or any of its employees to call a physician to secure necessary medical care in the event of an emergency. I give consent for all medical and/or surgical treatment that may be required for our child during my absence. I hereby authorize Sprinkle Stars Twinkle Incorporated to have my child as listed above treated by any medical personnel that Sprinkle Stars Twinkle Incorporated thinks is necessary (including the administration of anesthesia if surgery is advised by a physician) and to otherwise act on my behalf in order to protect my child when I cannot be reached and/or when delay would be dangerous in case of illness or accident. I also give my consent to have my child transported by ambulance to a medical facility. I understand that I will be responsible for all costs related to such treatment.



Sprinkle Stars Twinkle Incorporated

Child Pick Up Authorization

I am giving Sprinkle Stars Twinkle Incorporated written notice that I cannot pick

up my child from UPK/Daycare today and I am consenting for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to pick up my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s Name)

on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Password \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sprinkle Stars Twinkle Incorporated

Daycare/Pre-School

Nap/Sleep Arrangement

|  |  |
| --- | --- |
| Child’s Name (Please Print Below) | Age |
|  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The following bedding will be used for napping/sleeping: (select one from below)** | | | | | | | | | |
|  | COT  With  Padding |  |  |  |  |  |  |  | Other |
|  | Child does not require a nap/sleep time—space will be provided for quiet play during appropriate rest / quiet periods. | | | | | | | | |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Bedding will be supplied by the: (choose one)** | | | |
|  | Parent/Guardian |  | Provider |
| **Bedding will be washed weekly and/or when soiled by the: (choose one)** | | | |
|  | Parent/Guardian |  | Provider |

|  |
| --- |
| **The child will nap/sleep in the following area(s) of the home:** |
|  |

|  |  |
| --- | --- |
| **Describe any special instructions:** | |
|  |  |
|  |
|  |  |

|  |
| --- |
| **Additional comments regarding the child’s nap/sleep arrangements and/or habits:** |
|  |

Signature of Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_



Sprinkle Stars Twinkle Incorporated

Pictures and Video

Sprinkle Stars Twinkle Incorporated will be taking a lot of pictures of the children throughout the year. This way the parents get to see their child’s experiences at daycare/pre-school. Plus the children love to see their friends and take the pictures home to look at later. We take candid pictures throughout the day of the children playing, eating, singing; making art projects, plus during parties and field trips. Some pictures will be placed into our daycare/pre-school photo album or hung on the doors and walls for the children to see.

Please fill out this form stating whether or not your child is allowed to be photographed.

(Circle one) I hereby give I do not give

Sprinkle Stars Twinkle Incorporated permission to take pictures of my child while at the daycare/preschool. We understand that these pictures are for fun and are done in a reasonable manner.

We also take videos of the children around the holidays. We do this so that each child can give gifts to mom and dad. We may videotape throughout the year, during parties, field trips, and other fun moments. We also try to tape new children during their first few days in daycare. Children can share their first day experience in daycare with their parents.

(Circle one) I hereby give I do not give

Sprinkle Stars Twinkle Incorporated permission to take videos of my child while at daycare/preschool. I understand that these videos are for fun and will be done in a reasonable manner.

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_