



Occasional care (2023-2024)

Nicole Loubert
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10 Calder crescent
867 873-2148

Rates and payments

Price to be determines once drop-in availabilities open.

A receipt for the year of services will be given to you.

Initials: _____

Late fee

40.00\$ late fees will apply as soon as you are late to pick up your child and for each additional period of 5 minutes. Please arrive at least 10 minutes before closing time to allow communication time between us.

Initials: _____

What to bring

- A back pack to carry his/her daily needs is required.
 - lunch and snacks (please prepare as your child is able to eat (reheating and refrigeration not provided). Insure cutting and packaging the food according to how your child will eat it, including utensils (similar to school practice) Cold menu are encouraged.)
 - Diapers and wet nap have if needed
 - labelled water bottle washed and refilled daily
 - A copy of the immunizations up to date
 - Long hair to be kept attached using hair ties for sanitary reasons
 - Outside clothing adapted to season and clean
- *Please note that occasional treats or snacks may be offered to the children in addition of the food provided by you.

Initials: _____

Daily arrival and pick up

- Please advise if your child will be absent or late for any reason.
- At pick up, please arrive at your chosen time to avoid your child having to wait too long.
- For safety purpose, doors will be lock at all time. Please use the bell at arrival time.

Initials: _____

Parent's involvement

-In addition of at pick up time, communication between us can be done by phone on weekday, between 1 and 3, at 873-2148. Email can be sent at any time and will be answered as soon as possible, usually on the same day. (nicoleloubert@hotmail.com)

- Parents will inform me of pertinent information about their child that may have an impact on his day, (change in routine, scheduled family holidays, absence, ...)
- If someone else is caring for your child for you in your absence, please ensure that the person gets familiar with the contract before your departure and provide me with signed consent for pick up and contacts numbers.
- In the case that your child damages the facility accessories or another child's belongings (i.e., eyeglasses or other personal item), you, as parents will be responsible to pay for replacement of that item.
- Parents will practice healthy hygiene with their child including coughing in the elbow, proper hand cleaning, to avoid touching his/her face, mouth, and remind him/her to not put objects or toys into his/her mouth.
- For insurance and safety reasons, only children registered are permitted to play in the yard during the business hours. Therefore, when picking up your child, it is imperative that the child's sibling or friend (if applicable) is not left unattended playing in the yard.

Initials: _____

Illness

I promote a healthy environment so everyone has a chance to stay healthy. Therefore, this program welcome children who are healthy to avoid bringing any kind of illness to the other children in my care and to my own family. The intent is to reduce the risk of exposure as much as possible.

Parents will monitor general appearance, mood and for any symptoms and keep the child home when unsure about possibility of a developing illness.

This includes any communicable illnesses/diseases (ex.: pink eye, head lice, impetigo, strep throat, hand mouth foot disease, etc.), infection, fever over 37.4 under the arm, nausea, vomiting, diarrhea, abdominal pain, caused by any reason including, stress and food related, higher temperatures than normal, sneezing, coughing, fatigue, rashes, skin changes, shortness of breath, general malaise, sore throat, muscle aches, loss of taste, smell or appetite, chills, headache. These symptoms indicate that your child needs time at home to rest and get well in the comfort, love and care they need from their parents.

Your child must be out of the program for 24 hours after the last sign of sickness/symptoms. At least 48 hours is required to be out of day home in case of vomiting/diarrhea after which time the child can return if bowel movement has return to normal and if the child is well enough.

In case the child develops any of the above symptoms during my care, parents/emergency contact needs to be easily reachable and immediate pick up will be required while the child will be kept away from other children to avoid spreading any illness.

I reserve the right to decide if your child is well enough to attend my program regardless of whether a doctor's or public health care note is provided stating otherwise.

A doctor note is necessary if your child needs an EpiPen at day home or if he/she has any other needs. In the case another of your family member has a transmitted illness, the child will not attend the program to keep others safe.

In case of caregiver's illness, daycare will temporarily close to protect the children and payment will be returned to you if you have made an occasional care request. In the case of full month registered children, payment will remain the same up to 12 sick days per year.

In case of pandemic/epidemic, extra procedures will be provided and must be followed.

Initials: _____

Medication

-If using an EpiPen, one must remain at the facility in a locked container and be accompanied with a letter from parents that states briefly how and when to use it.
-No medication will be administrated during my care unless prescribed by a doctor for medical reason.

Initials: _____

Emergency Care

In normal cases, the caregiver will contact the parent/guardian before taking any major decision regarding the child's health. In the case of an injury or sudden illness, parents authorize the caregiver to take the necessary measures for the protection of their child while in their care. They understand this may involve calling a physician or nurse, carrying out the instructions given and/or transporting their child to a hospital, including the possible use of an emergency vehicle. They understand that this may be done prior to contacting them and that any expense incurred for treatment, including emergency transportation is their responsibility. They will be informed of such case as soon as possible.

Initials: _____

Transportation

I will not be transporting children with any motor vehicle.

Initials: _____

Confidentiality

It is often necessary for me to know about situations in your family, which involves the well-being of your child. If this is the case, that information will be kept confidential.

Initials: _____

Use of images

Parents give their consent to the caregiver to take photographic images of their child. These individual and small group images of their child may be used in newsletters or other educational purposes.

Initials: _____

Supervision

I supervise your child daily in what I believe to be a safe environment. In the occasion that I would have to leave for a short period of time, someone will be assigned to replace me, and parents will be advised prior to this change when possible.

Initials: _____

Guidance

- I believe in positive reinforcement.
- My expectations include respect of self, others & environment, including friendly words, polite speaking, inside voice, listening, sharing, being helpful and kind.
- To reinforce the expectation, I will use 5 steps:

- 1-Friendly reminder of the expectation
- 2-Give them 2 choices related to the current issue
- 3- If the child continues the behavior, I provide thinking/calming down time.
- 4- Discuss with the child afterwards
- 5- Advise parents so that we can work together on a positive solution

Initials: _____

Outdoors play.

- We try our best to go outside play in our yard daily to enjoy fresh air and sunshine.
- In winter, when colder than -20C including windshield, we usually stay inside.
- I ask that you dress your child appropriately for the weather.

Initials: _____

Daily schedule

I am flexible and want to respect the needs of each child the best that I can. I believe that a child should be allowed to choose his activity when not at school. A lot of ideas will be available, which will not include screen time beside during rest time.

- At all time, they are well supervised and offered a variety of materials that support creative play, exploration and interactions with peers. These can consist of songs, arts, sciences, puzzles, games, crafts, stories, music, dancing, etc. Every child can participate in its own interest.

-- I encourage responsibility and ask the children to help cleaning up after each activity. **Initials:___**
As parent,

Vaccination

Vaccinations has to be up to date.

Initials:_____

I will reserve and pay in advance when needing to reserve care for my child, using the form provided.

In the event that I cancel the reserved childcare space for my child, I understand that the fee for that reserved time will not be reimbursed unless 3 months advance notice is being given by the parent in the case of full months reserved childcare. If the day home would need to close for any reason, full reimbursement would apply to occasional reservations but full-time children won't be reimbursed up to 12 days per year.

*I have read and initialed each page of the contract and agreed with the procedures.

*In case of pandemic or epidemic, I will have to sign the extra procedures to be taken.

*I will keep a copy of this contract to refer when needed.

Parent/guardian signature

Date

Parent/guardian signature

Date

Caregiver Signature

Date

Child Information Form

Child's name: _____

DOB: _____ Health Ins #: _____

Mailing address:

Allergies: _____

Medication: _____

Record of medical, physical, developmental or emotional condition:

Parent/guardian: _____ Email: _____

Home number: _____ Work number: _____ Cell: _____

Emergency contact: _____
(Someone who would know where to find you)

Employer: _____ Work hours: _____

Parent/guardian: _____ Email: _____

Home number: _____ Work number: _____ Cell: _____

Emergency contact: _____
(Someone who would know where to find you)

Employer: _____ Work hours: _____

Back up childcare contact: _____
(Someone who could come and pick up your child in the event that I cannot contact you)

Name of any person restricted by court order: _____