



All Nestled Inn Family Childcare Home Enrollment Information & Record of Contact Form

142 Township Road 158, Chesapeake, OH, 45619

Email: allnestledinn2020@gmail.com

Flight Line: 304.416.3387

www.AllNestledInnFCC.com

Hours of Operation

6 AM – 6 PM

Scheduled based on family need & provider availability.

Child Information

Child Name: _____ DOB: _____

Parent Information

Please check the item(s) that best reflect your family dynamic:

☐ Single Parent ☐ Married ☐ Divorced* ☐ Live-in Parenting arrangement ☐ Guardian

* - If divorced, please provide legal child custody agreement.

Parent Name: _____

Address: _____
Street Address City State Zip

Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

Employer Name: _____

Employer Address: _____
Street Address Suite # City State Zip

Employer Phone: (_____) _____ - _____

Personal Email: _____

Parent Name: _____

Address: _____
Street Address City State Zip

Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

Employer Name: _____

Employer Address: _____
Street Address Suite # City State Zip

Employer Phone: (_____) _____ - _____

Personal Email: _____



Emergency Contact *(cannot be yourself, or your significant other; must also be local)*

Emergency Contact Name: _____

Phone Number: (_____) _____ - _____

Cell Number: (_____) _____ - _____

Backup Emergency Contact Name: _____

Phone Number: (_____) _____ - _____

Cell Number: (_____) _____ - _____

Multi-Sibling Account

☐ Yes ☐ No

Military Family

☐ Yes ☐ No

Does your child have any health and/or learning issues that will require medication, and/or supportive care resources such as rehabilitation, therapy, psychological counseling, an aide, or other medical care needs?

☐ Yes ☐ No

If yes, please provide a detailed explanation and how the staff can be supportive of those needs. Please complete a series of state required Medical Plans and the ODJFS Medication Disbursement Form.

Do you feel your child needs an IDP (Individualized Development Plan)?

☐ Yes ☐ No

How about an IEP (Individualized Education Plan)?

☐ Yes ☐ NoIf yes to either IDP or IEP, do they already have one? *And if so, please supply it do us so we may follow it.*☐ Yes ☐ No

What school district are you in? _____

Pediatrician

Name: _____

Address: _____

Street Address
Suite #
City
State
Zip

Phone: (_____) _____ - _____



Hospital Preference

- ☐ Cabell Huntington Hospital
☐ Kings Daughter's Medical Center
☐ St. Mary's Medical Center
☐ Other: _____

Insurance

Person Responsible for Medical Coverage: _____

Insurance Carrier: _____

Policy Number: _____

Phone Number: _____

Medical Home Plan

In the event of an accident or injury during childcare, please list the order in which you want staff to respond:

Using numbers 1 through 5, with 1 being top priority, and 5 being final priority

- _____ Contact Mother
 _____ Contact Father
 _____ Contact Emergency back up
 _____ Call 911
 _____ Call Pediatrician/Physician/Poison Control

All parents are required to sign the Child Care Liability information form and Emergency Transportation forms, and return them with this packet. All accidents and/or injuries are reported to the licensing agency. You may contact the agency with any concerns at:

Ohio Department of Job & Family Services
 1100 South Seventh St.
 Ironton, Ohio
 Request to speak with Childcare Licensing Specialist
 Phone: (740) 867-3304 Ext. 324



Child Care Fees

Please place your initials by the type of care you are requesting. Any changes requested must be done in writing and require two-week written notice and all fees paid in full.

Our public fees are charged at the county rate of reimbursement.

Our private cash price childcare fees are charged at current market rates as follows:

- _____ Registration Fee at \$50 per child, no family discounts applicable to this fee. This fee is charged at initial registration and then annually on August 1st.
- _____ Full Time: (5 days, M-F) \$200 per child
- _____ Part Time: (3-4 days, any day M-Th) \$160 per child. Days must be consistent, be maintained on a regular basis, and be written in the contract.
- _____ Drop-In Care: \$50 per day, per child. Payment due at time of service, daily. Must be pre-scheduled in writing in advance of service. Typically, scheduling is asked for on a weekly basis, every Sunday evening.

A Note about Drop-in Care

Drop-in Care – Should drop-in care be needed after Sunday scheduling has been concluded, please note it may be declined should it be requested without at least 24hr notice as we must have this time to ensure space is initially available during the time you're requesting, staffing is secured, supplies, materials, and food are prevalent prior to agreeing to care for your child. ***If we decline to care for your child due to late notice, please know it is nothing personal, it is a quality-of-care concern or a state regulatory issue.*** Please see our policy clarification handouts on the next few pages of the contract for further elaboration.

Late Pick up is \$1.00 per minute up to 15 minutes and is due for any time past 6PM **without prior written notice and/or text message in the event of an emergency issue.** Fee is due at pick up (\$15). If you get 3 late pick-ups, you are in danger of losing your childcare spot. These are scheduled slots and your timing is important to another client's availability. Please be mindful of others.

Fee applicable to both Public & Private accounts. If this is abused three (3) times, your contract will immediately be terminated in writing with documented evidence of late fees. We take time management **seriously.**

Food Program

We actively participate in USDA nationally certified food programs. We follow a standard schedule with a well thought out rotating menu in which your children will be fed a full breakfast, AM snack, and full lunch with healthy, age-appropriate portions including a meat, bread, fruit, vegetable, and milk (1%, 2% or almond) at or around the time periods of **9AM, 11AM, and 1PM.** * *Please note, that during the summer, we do shift our meal times up by one hour.*

Rest assured, *your child will be fed.*

Infants are fed every two hours according to parent's feeding schedule with their chosen feed.



Payment Schedule

Please choose below the payment option that best fits your family's budget needs for making timely childcare Payments.

I will make my childcare payments:

☐ Full or partial payments made through subsidy ODJFS program
In the event that you have received notification through ODJFS that co-payments are required for your case, please proceed to mark a secondary preference for payment frequency.

- ☐ Weekly
☐ Bi-Weekly
☐ Monthly
☐ Daily

In the event that **you need to change the time you pay your account** from the options give, **you must put your request in writing**. Changes will not be accepted in a mid-payment week, but will be effective the next pay period. At termination of services by the parent, the parent must provide a **written two week notice** with payment via the Exit Interview Form.

**** All fees must be paid on the date the written termination is given. If you choose to not use the two weeks of care during the written termination period, you are still liable for the payment of that timeslot. ****

If childcare is terminated by the provider, the provider reserves the right to terminate without notice. Any outstanding accounts from the parent must be paid up to the date the provider gives termination and may extend additional fees if legal fees in the collection of any unpaid debt are incurred. As a professional courtesy always keep us notified of any changes. Our goal is to be a helpmate.

Child Care Bonus

Date night is provided **free** of charge, once per month, so that parents have an opportunity to reconnect and build a positive relationship that support a positive developing family. Please provide a one week written notice of the date night and time you will be requesting for availability. All children must be picked up by 10PM. Additional date nights are available, for additional fees.



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Child Care Schedule

In the boxes below, please list the childcare hours you are requesting with this enrollment that correspond to your Payment Protection Plan agreement.


Please note each time your schedule changes, you will need to request and complete a revised PPP schedule, before changes will be reviewed for approval(s). You are required to provide **seven (7) days written notice prior to making any new changes to add, drop, or revise care hours on an addendum contract PPP form.** If you are using ODJFS assistance, your childcare reimbursement will only cover your education training study release and or employment dates and travel time. If you are using county services, your family fee is due every Friday. You are entitled to make payments in a manner that best assists your family. You may make payments daily, weekly, bi-weekly, or monthly, but you cannot exceed payments due into a new billing month cycle. Any additional fees incurred including: late fees due to travel and or account balance, Mommy's Day Out, Employment searches, and/or other appointments will be billed at our private rate of \$5 per hour, per child. Any fees not paid in full will be billed a late fee of \$40 per day, not to exceed one week of fees (for a total of \$200). Services will be terminated in seven (7) days in accordance with contract definitions and revisions of UNPAID accounts. All unpaid account balances will be placed in legal collections and are subject to professional fees incurred in addition to the one-week fee charge. **Checks are not accepted.**

Due to tax purposes, we ask that all payments be made via the Zelle payment service, or cash. Please ask for more details, or see our Parent Handbook for more information.

**** Please note, Friday care is only available to children contractually opted into Full Time benefits. ****

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM Hours Requested							
PM Hours Requested							

All parents are required to **sign your child in and out on our daily sheets (see example below)**. Please be sure and tell alternate pick-ups to sign in/out daily with their signature, not yours. Photo ID is required for back up contacts and must be provided at the time of pick up. You must send a written note on days an alternate will be used. I will accept an email or text message in place of a written note. In the event of an unplanned pick up by someone other than the parent, you must call/text provider allowing permission for child to be released. If you are using the ODJFS system, you are required to enter your coding in and out daily. You are required to complete photo recognition and hit all applicable instructions to document your child's daily in/out entries. You are responsible for keeping your pin numbers in your possession at all times. It is a **government violation** for your CCIDS information to be used by anyone other than the parent and his/her assignee. **As your provider, I cannot enter your information.** Any fees not covered by participants' using ODJFS will be your responsibility. Failure to complete transactions daily will make the cost of childcare your responsibility.



EXAMPLE

Daily Attendance Record

Today's Date: Tuesday August XX, 2022

Child Name	Date of Birth	AM Temp Check	Time In	AM Parent Signature	PM Temp Check	Time Out	PM Parent Signature
Agatha Allalong <small>Notes: M-Th 8a – 5p</small>	1.05.2019	98.7	7:43am	Your signature goes here!	97.8	4:46pm	Your signature goes here!
Black Panther <small>Notes: M-F 9a – 4:30p</small>	2.12.2018	97.7	6:36am	Your signature goes here!	97.6	3:02pm	Your signature goes here!
Captain America <small>Notes: M-TH 6:15a-230p</small>	01.04.2022	96.9	8:51am	Your signature goes here!	97.3	5:13pm	Your signature goes here!
Doctor Strange <small>Notes: T-W-TH 7a-530p</small>	8.3.2018	98.9	9:10am	Your signature goes here!	98.7	5:32pm	Your signature goes here!

Supply List

The following items are needed as applicable to age, specifically at intake, but also on a recurring basis:

Don't worry, we'll send a reminder tag home with ya at your interview, so you don't have to right all of this down, nor memorize it 😊

- **Toddler & Preschool Cubby**

- Two (2) changes of clothing suitable to weather conditions (this will frequently be recurring as outfits are sent home)
- Toothbrush, toothpaste,
- wash cloth, cleanser, lotion
- Diaper rash cream, ointment as applicable and preferred
- Tissues/wipes

tissues are shared amongst the classroom; wipes are shared unless noted otherwise. Accommodations for wipes not to be shared include a need for your child to use a specific type of wipe due to sensitivity; in that case, wipes you supply for your child will be labeled and stored in your child's cubby, for their use only.

- Sunscreen of choice (must be **non-aerosol**)
- Brush/comb
- Thermometer (digital)
- Diapers/pull ups/underwear

- **Infant Cubby**

- Diapers
- Diaper rash cream, ointment as preferred
- Tissues/wipes

tissues are shared amongst the classroom; wipes are shared unless noted otherwise. Accommodations for wipes not to be shared include a need for your child to use a specific type of wipe due to sensitivity; in that case, wipes you supply for your child will be labeled and stored in your child's cubby, for their use only.

- Lotion, cleanser, wash cloth
- Bottles, formula, food (first 12 months), sippy cup, spoons, bib
- Two (2) changes of clothing suitable to weather conditions (this will frequently be recurring as outfits are sent home)
- Sunscreen of choice (must be **non-aerosol**)
- Teethers
- Hairbrush

A Note About Diapers

All Nestled Inn, FCC requires families to provide their own diapers and/or pull ups, and wipes in their child's current size to the center for their child's use on a regular basis. These *diapers* will be labeled, stored, and used specifically by your child and your child only. Should your child begin to run low on their diapers here at



ANI, FCC, please expect a small 'Diaper Receipt' to be sent home as a reminder to send more in. Please know we try to remember to send these receipts when we notice there is at or less than two days left of a supply to allow you time to bring in more, but sometimes we may run out sooner. You know, nature calls. We do keep a small reserve of several sizes in stock at ANI, FCC to be used in an emergency, but they are not to be used on a regular basis otherwise they will be depleted quickly. We welcome families who grow out of sizes who have left over supply the opportunity to donate to the reserve at their will.

A Note About Diaper Bags

All Nestled Inn, FCC does not accept diaper bags inside the center for any reason. Please pack intake cubby supplies including extra clothing, etc., in Ziplock bags and if you are bringing in a large number of supplies please make use of disposable bags. Please note that if a family does choose to bring a diaper bag, the bag will be stored outdoors under shelter. Diaper bags *should not be needed* as we maintain cubbies for your child's supplies to be kept here, as well as an inventory list signed by both parties upon intake and separation. Apologies, as this is policy.

Please see the following pull away page for the full August 2023-2024 ANI FCC planned closure notification page, so you may have the opportunity to be adequately prepared for any and all planned closures.

In regard to planned closures, please do not forget that according to Ohio regulations, ANI FCC is allotted the following in addition to the planned closures:

- **Three (3) unscheduled, paid sick days annually**

While we will attempt to notify you of these days in as much notice as possible, you know as much as we do how abruptly illness hits. Between our staff, however, we will work together to ensure we are able to offer coverage if at all possible as well as communicate as quickly as possible.

- **Three (3) paid professional training days**

These we notify attempt to notify you as soon as we become aware of the dates/times. Much of the time, we are able to give at least a month's notice, then a week's notice, verbal notice again, and then a postcard reminder the day prior. This we have found is our best practice.

- **Three (3) paid personal days**

These are also attempted to be well scheduled in advance following the same best practice when if at all possible.

Federal holidays are paid closures and are included on the planned list of ANI FCC closures.







January 1st 2023 - Jan 1st 2024 Anticipated Closures

DON'T FORGET

Provider is allotted 3 unscheduled sick days annually, 3 professional training days that we try to plan well in advance, and three personal days that we also attempt to schedule well in advance if at all possible. One week of paid vacation is allotted to the provider and is scheduled. Federal holidays are all paid closures. All further detailed and disclosed within your contract.

Date Closed

January 1st and 2nd

January 16th

February 20th

March 8th

April 7th

April 19th through 21st

May 29th

June 19th

July 4th

July 10th through 16th

September 4th

September 15th

October 9th

November 11th

November 23rd through 24th

December 25th through



December 29th

January 1st and 2nd

Reason Closed

 New Year's Break
 Martin Luther King Jr Day

 Presidents Day

  Prof. TRN - Advocacy Day

 Good Friday

 Prof. TRN dates

 Memorial Day

 Juneteenth

 Independence Day

 ANI FCC Vacation

 Labor Day

 Prof. TRN Day

 Columbus Day

 Veterans Day

 Thanksgiving Break

 Christmas Break

 New Year's Break

2023

2024



Schedule of Fees

Reason for Fee	Fee Amount & Particulars
Full Time Care (5 days per week M-F)	\$200.00, per child, weekly
Part Time (3-4 days per week, any contract scheduled days between M-TH)	\$160, per child, weekly
Late Fees	\$1.00, per every 15 minutes late, due at pickup
Drop-in—Weekday	\$50.00, per child *must be prepaid
Registration Fee	\$50.00, per child, due annually
Curriculum Fee	\$25.00, per child, due annually
2 Week Notice	\$300, per child. Same for everyone, due at time of cancellation.
Additional Date Night Fees	\$30.00, per 4 hours
Collection Fees	Court Costs + Balance Due
Scholastic Fee	\$5.50 due annually

I understand the applicable fees to the care of my child(ren) on a regular and annual basis and agree to pay them as they apply. Should I have questions, I agree to respectfully raise my questions to Stephanie Geneseo, Owner/Director of ANI, FCC as appropriate, within a timely manner. I further understand that the fees as above noted are non-negotiable and subject to change with notification.

Parent/Guardian

Date

ANI, FCC Representative

Date



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ANI, FCC Initial and Annual Contract Signature Page

Initial

☐

I do not have any questions currently

☐

I have read and reviewed this handbook with Stephanie Geneseo and/or designee. Currently, I have the following questions:

☐

I have received a copy of the Parent Contract, Payment Protection Plan, and my rights and responsibilities in entering a contractual agreement with this childcare program.

☐

I agree to the terms and conditions of this contract.

☐

I agree to pay my account in accordance to this agreement and the PPP, and accept all contractual fees listed.

☐

I agree to give a written two week notice and pay all fees at the time of terminating this contract.

☐

I agree to a professional relationship with this daycare. I will resolve differences by using the Incident and Exit Forms to seek positive resolutions.

☐

I will refrain from adult related conversations in front of other children and families.

☐

I will not use profanity of any kind while on the property of ANI, FCC as I recognize I am setting a positive example not only for my own children, but for other families children as well.

☐

I will not smoke on the premises.

☐

I will not bring a firearm or weapon onto daycare property. Conceal Carry Rules Apply with written documentation. Weapon must not enter Geneseo home, must be left in **locked** car.

☐

I will not harm my child in any way on daycare premises. This includes physical forms of corporal punishment including, but not limited to spanking, hitting, and/or slapping. In addition, I will not verbally degrade/or diminish my child's emotional wellness on the premises. I understand this daycare and all licensed staff are mandated court reporters and have the best interest of my child and my family in mind. Any suggested appearances of abuse and or neglect will be reported for investigation.

This contract was completed on this _____ day of _____ month of _____ year,
between Stephanie Geneseo, licensed (#2200022001) Family Child Care Provider of All Nestled Inn
Family Child Care home and:

Parent/Guardian

Parent/Guardian

Provider | Stephanie Geneseo

This contract has been notarized by: _____



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