



**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 DCY Medication Disbursement Form.

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

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

Yes  No

How about an IEP (Individualized Education Plan)?

Yes  No

If 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 Children & Youth  
 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 current Step Up to Quality Rating required percentage. We are currently awarded the Gold quality rating, previously recognized as 5 star.

\_\_\_\_\_ Registration Fee at \$50 per child, no family discounts applicable to this fee.

\*\* This fee is charged at initial interview to be placed on the waitlist and/or gain initial placement, is waived for the first year thereafter, and then is charged on the August invoice thereafter for each re-enrolled school year.

### Weekly Rates:

Rate change effective 6/01/2025 for new enrollments

\_\_\_\_\_ Full Time: (5 days, M-F) \$250 per child

\_\_\_\_\_ Part Time: (3-4 days, any day M-Th) \$200 per child. Days must be consistent, be maintained on a regular basis, and be written in the contract.

\_\_\_\_\_ Double Day: (2 days, any two days, scheduled within the contract) \$120

\_\_\_\_\_ Single Day: \$60 per day, per child. Scheduled within the contract, and will never exceed **two** scheduled days per week.

\_\_\_\_\_ Hourly: \$10 (**Note:** we do not charge hourly at this time)

\_\_\_\_\_ Private Rate / Community Based: (Must be preapproved) \$175

\*\* Grandfathered rates effective to start date prior to 06/01/2025.

### 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.

### 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.



Intellectual Property of Stephanie Geneseo, Owner/Administrator  
License #2200022001 | 1.2026.a

### 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 DCY that co-payments are required for your case, please proceed to mark a secondary preference for payment frequency.*

- 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.

#### Late Fees

- Late Pick up: \$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.
- Late Account Payments: You will be invoiced for your account through Brightwheel approximately three days before your account is due; however, we give you the entire month to pay your bill, respectively. That being said, within this contract, you are agreeing to a frequency of invoicing and payment, we ask that if you are selecting a weekly payment schedule, please pay your bill weekly. Likewise biweekly, and monthly. Our late payment fee is set at a hefty **\$150 if a bill is left unpaid for 31 days, passed its due date**. *If you are having trouble paying your bill, please communicate with us at the earliest convenience that you have.*

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.**

*We ask that all payments be made via the Brightwheel payment portal, or cash. Please ask for more details, or see our Parent Handbook for more information.*

**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.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>AM Hours Requested</b>							
<b>PM Hours Requested</b>							

Please note each time your schedule changes, you will need to request and complete a Contractual Schedule Change Request, before changes will be reviewed for approval(s). Once you receive notification of approval from ANI FCC, it will be filed in your child’s contract as an addendum to their contract and PPP. 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.**

**\*\*While you are encouraged to seek assistance via DCY should you need it, you are required to notify ANI FCC of your intentions to do so. We will provide you a consent so that we may follow your journey and be allowed to access your approval/denial. You will be required to pay your service through the approval/denial.**

If you are using DCY assistance, be it regular subsidy or Choice Program, 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 copay fee is due every Friday.

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 DCY 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 DCY 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 Notes: M-TH 8a - 5p	1.05.2019	98.7	7:43am	Your signature goes here!	97.8	4:46pm	Your signature goes here!
Black Panther Notes: M-F 9a - 4:30p	2.12.2018	97.7	6:36am	Your signature goes here!	97.6	3:02pm	Your signature goes here!
Captain America Notes: M-TH 6:15a-2:30p	01.04.2022	96.9	8:51am	Your signature goes here!	97.3	5:13pm	Your signature goes here!
Doctor Strange Notes: T-W-TH 7a-5:30p	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, School-Age
  - 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, or we'll shoot ya a message through Brightwheel 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 2025-2026 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.*



# Annual Anticipated Closures

## 2026 through start of 2027

### Date Closed

### Reason

#### 2026

January 1 <sup>st</sup> - 4 <sup>th</sup>	New Year’s Break
January 19 <sup>th</sup>	Martin Luther King Jr. Day
February 16 <sup>th</sup>	Presidents’ Day
April 3 <sup>rd</sup>	Good Friday
May 25 <sup>th</sup>	Memorial Day
June 19 <sup>th</sup>	Juneteenth
July 4 <sup>th</sup> - 12 <sup>th</sup>	Summer Break
September 7 <sup>th</sup>	Labor Day
October 12 <sup>th</sup>	Indigenous Peoples’ Day
November 25 <sup>th</sup> - 26 <sup>th</sup>	Thanksgiving Break
December 24 <sup>th</sup> - 31 <sup>st</sup>	Winter Break

#### 2027

January 1 <sup>st</sup> - 3 <sup>rd</sup>	Conclusion of Winter Break
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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.



### Schedule of Fees

*These are anticipated fees that are possible, and/or that have been reviewed within the full Contract including the Parent Handbook extension.*

Reason for Fee	Fee Amount & Particulars
Full Time Care (5 days per week M-F)	\$250.00, per child, weekly
Part Time (3-4 days per week, any contract scheduled days between M-TH)	\$200, per child, weekly
Late Fees	\$1.00, per every 15 minutes late, due at pickup; \$150 due at discretion of provider, after account is 31 days passed due, additional fees every 31 days applicable up to and including eligible for termination.
Drop-in—Weekday	\$60.00, per child *must be prepaid
Registration Fee	\$50.00, per child, due annually
Curriculum & Tech Fee	\$5 per child, due weekly
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

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



### 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:

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- 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:* \_\_\_\_\_

