



WHERE LEARNING
AND FUN
BECOME ONE



FORMS
MANUAL

Provide your child with a positive, gentle and safe environment
conducive to learning at all levels of development.

Our caring staff strives to prepare a variety of well-organized, enriching activities
to fit your child's individual cognitive, physical and social-emotional needs.

815-625-6000

1813 Second Ave. ■ Sterling, IL 61081 ■ www.cghmc.com/daycare

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CGH Helping Hands Daycare

1813 Second Ave.
Sterling, IL 61081-1279
(815) 625-6000
Fax (815) 632-5959

Hours of Operation

Monday-Friday 6:30 a.m. - 5:30 p.m.

Mimi Hicks, Director
mimi.hicks@cghmc.com

A community child care service licensed
by Illinois Department of Children and Family Services.
Regularly inspected by DCFS, Whiteside County Health Department,
State and City Fire Marshals.

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■ RATES

Registration Fee - \$40 at enrollment (non-refundable)

(Closed Holidays - No Charge)

	Public	Hospital
Infants 6wks-15mos		
5 Days	258.00	227.00
Additional Child	239.00	209.00

(Provide Enfamil Newborn Formula, baby wipes, baby cereal, jar food, table food, breakfast, lunch and snacks)

Toddlers 15mos-24mos

5 Days	251.00	221.00
Additional Child	234.00	204.00

(Provide Enfamil Newborn Formula, baby wipes, baby cereal, jar food, table food, breakfast, lunch, Creative Curriculum and snacks)

Two Years

5 Days	212.00	183.00
Additional Child	196.00	167.00

(Provide baby wipes, breakfast, lunch, potty training, Creative Curriculum and snack)

3 years-6 years

5 Days	202.00	172.00
Additional Child	183.00	153.00

(Provide breakfast, lunch, Creative Curriculum and snack)

(Rates effective 8/2/21)

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■ TUITION FEE POLICY

Fees are due at the end of the week on Friday for the preceding week. CGH Helping Hands Daycare reserves the right to process any past due unpaid accounts to collection.

NOTE: A \$25.00 FEE WILL BE ASSESSED ON ANY CHECK RETURNED BY THE BANK.

Tuition is based on actual cost of operation. Staff salaries, food bills, insurance coverage, supplies, equipment, furnishings, etc. depend on income generated through weekly fees. The Friday following your child's enrollment date, this weekly fee will be implemented. The only reason this fee will be pro-rated is when the daycare is closed due to CGH Helping Hands Daycare closed holidays or on closed snow days for our public customers.

I have read the above policy and fully understand my responsibilities as a customer to CGH Helping Hands Daycare.

Signature of Parent

Signature of Parent

Date



■ CGH HELPING HANDS DAYCARE REGISTRATION FORM

_____ M F
Child's Name Sex (Circle One)

Nickname

_____ Date of Birth
Address

_____ Home Phone
Mother's Name

Address

_____ Work Phone
Place of Employment

_____ Working Hours
Work Address

_____ Home Phone
Father's Name

Address

_____ Work Phone
Place of Employment

_____ Working Hours
Work Address

Marital Status of parents (please check one):

_____ Single _____ Married _____ Separated _____ Divorced

If child comes from a single parent, or parents are separated or divorced, how is custody handled?

Days to Attend (please circle):

Monday Tuesday Wednesday Thursday Friday

Hours: _____

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■ **REGISTRATION FORM** (Continued)

Other children in the home:

_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age

CHILD'S PERSONAL HISTORY

1. Briefly describe your child's temperament.
2. Does your child have any fears? If yes, please describe them.
3. How does your child deal with anger/frustration?
4. How is discipline handled at home?
5. Is this your child's first daycare experience? Yes No
6. Were you referred to our program? Yes No
By Whom? _____

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■ REGISTRATION FORM *(Continued)*

CHILD'S HEALTH HISTORY

1. Name of Child's Physician _____
Physician's Phone _____
 2. Were there any complications at birth that would affect your child's development? Yes No (If Yes, please explain)
 3. Does your child wear glasses? Yes No
 4. Does your child have problems with ears/hearing? Yes No
(If Yes, please explain)
 5. Is your child handicapped? Yes No (If Yes, please explain)
- Diagnosed by _____ Date _____
6. Do you suspect a handicapping problem? Yes No
(If Yes, please explain)
 7. Has your child ever been hospitalized, had an operation, or ever had a serious accident (such as broken bones, head injuries, falls, burns, poisoning, etc.)? Yes No (If Yes, please explain)

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■ **REGISTRATION FORM** (Continued)

8. Has your child ever had any of the following?

Chicken Pox	Yes	No	Date	_____
Whooping Cough	Yes	No	Date	_____
Measles	Yes	No	Date	_____
Scarlet Fever	Yes	No	Date	_____
Mumps	Yes	No	Date	_____
Pneumonia	Yes	No	Date	_____
Influenza	Yes	No	Date	_____
Asthma	Yes	No	Date	_____
Susceptible to Colds?	Yes	No		
Other _____			Date	_____

9. Does your child have any known allergies? Yes No
(If Yes, please explain)

CHILD'S EATING HABITS

1. Does your child take a bottle? Yes No
Type of formula used at home _____
Frequency _____

2. Is your child eating: Baby Food or Table Food
(Please circle one)

3. Does your child have any known food allergies? Yes No
(If Yes, please explain)

4. Do you have any other concerns about your child's eating habits?



■ REGISTRATION FORM (Continued)

CHILD'S NAP AND TOLIET NEEDS

1. Does your child nap? Yes No
If Yes, how long _____
2. Does your child use a pacifier? Yes No
3. What is your child's usual bedtime? _____
4. Is your child successfully potty trained? Yes No

OTHER INFORMATION

Please circle the adjectives below that best describe your child and his/her behavior (Circle all that apply):

For Infants - 2 years old:

Active	Colicky	Fearless	Independent
Aggressive	Cooperative	Fussy	Patient
Alert	Curious	Good-Natured	Resistant ("No!")
Biter	Dependent	Helpful	Shy
Calm	Energetic	Imaginative	Throws Tantrums

For Children 2 years - 6 years old:

Active	Cooperative	Energetic	Imaginative
Aggressive	Courageous	Fearful	Independent
Anxious	Courteous	Forceful	Patient
Articulate	Creative	Friendly	Respectful
Calm	Curious	Helpful	Shy
Considerate	Decisive	Honest	Talkative

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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■ **REGISTRATION FORM** *(Continued)*

ADDITIONAL PARENT NOTES/COMMENTS

(Special Words, Family Info, Other Special Needs, etc.)



■ EMERGENCY FORM

In case of an emergency, I, _____ (parent), give permission to Helping Hands Daycare to take my child to CGH Medical Center or _____ and let their staff institute any necessary treatment, which can include possible surgery. **I understand that I will be responsible for all costs incurred for medical emergencies.**

Child's Name

Date of Birth

Allergies

Mother's Name

Place of Employment

Work Address

Work Phone

Father's Name

Place of Employment

Work Address

Work Phone

Insurance Yes No

Insurance Company Name

Insurance Number

Mother's Signature

Date

Father's Signature

Date

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■ TEXT ALERT SYSTEM

The text alert system will notify parents of any closures due to weather and other important information. In order for us to complete the system set-up, we will need to know your current cell phone number and your cell phone provider. When you have an update on any cell phone numbers, please be sure to let us know so we can adjust our information. If you have an email that you would like to share as well, we can take that and get information to you that way as well.

Our current snow policy is if Unit 5 Sterling School District is closed by 6:30 a.m. due to weather conditions, **DAY CARE WILL BE CLOSED TO THE PUBLIC.** (Teacher/child ratio is a must for DCFS compliance.) If day care is already in session, we will be open until 5:30 p.m. or until the last child exits. **Listen to local radio station AM 1240 or FM 94.3 for information on closings. We will house CGH employee children so CGH patient care will not be jeopardized.**

If Unit 5 closes due to the cold, we plan to be open as the cold typically does not affect us, therefore the text alert system will be beneficial for everyone to avoid confusion.

Child's Name

Parent #1 Cell

Cell Phone Provider

Parent #2 Cell

Cell Phone Provider

Adult #3 Cell

Cell Phone Provider

Email (please print)

Parent Signature

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■ PARENT AUTHORIZATION AND CONSENT FORM

WE, the undersigned, as parents of _____ ,
enrolled in CGH Helping Hands Daycare Center hereby authorize the
director and staff of CGH HH Daycare Center to take the following action.
We further release the directors and staff from any and all liability arising
from the following activities concerning my child while said child is
enrolled in CGH HH Daycare Center.

1. We, the undersigned, release CGH HH Daycare Center, its directors and staff from any liability arising out of accidents incurred by your child while in our care, as well as during or while traveling to or from any authorized school trip.

Parents/Guardians

Date

2. We, the undersigned, authorize CGH HH Daycare Center to provide emergency medical care for our child if it is needed while our child is participating in any function of the Daycare Center.

Parents/Guardians

Date

3. We, the undersigned, authorize CGH HH Daycare Center to use our child's name, picture, or work products for publicity purposes of the Daycare Center.

Parents/Guardians

Date

4. We, as parents or guardians, give permission for our child to go on field trips away from CGH HH Daycare Center with the staff of the Daycare Center.

Parents/Guardians

Date

Note: If someone other than the biological or adoptive parent of the child signs this document, such parent must establish his or her legal guardianship of the child. CGH HH Daycare Center must retain copies of such documents.

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■ RELEASE FORM (TO PERSON OTHER THAN PARENT/GUARDIAN)

Child's Name

Date of Birth

Address

Phone

Mother's Name

Address

Father's Name

Address

The following person(s) may pick up my child(ren) from CGH Helping Hands Daycare. (They must bring a valid license at time of pick-up.)

Name

Relation

Address

Home Phone

Work Phone

Driver's License Number

Name

Relation

Address

Home Phone

Work Phone

Driver's License Number

Name

Relation

Address

Home Phone

Work Phone

Driver's License Number

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■ HEAD LICE POLICY

EXCLUSION FROM DAYCARE IS REQUIRED

Helping Hands Daycare has an addition to the DCFS LICENSING STANDARD section 407.310 2) L PAGE(77) which states:

Children need not be excluded for minor illness unless any of the following exist, in which case exclusion from the day care center is required:

L) Head lice, until the morning after the first treatment;

The Helping Hands Daycare addition to this policy states:

The diagnosis is established by the identification of nits on hairs or clothing or actual lice on skin, hair, or clothing. The child is infectious as long as live lice or viable ova (nits) are present on the child.

Exclusion from CGH Helping Hands Daycare is required until the child is lice and nit free.

I/We have received a copy of the addition to the DCFS head lice policy and I/We have read and understand the policy and fully understand my responsibilities as a customer to CGH Helping Hands Daycare.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

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■ DCFS LATE PICK-UP POLICY

DCFS changes to the 407 Licensing Standards for Daycare Centers involves having a written policy explaining to parents/guardians the actions the center will take if someone does not pick up the child at the designated time. This being 5:30 p.m. Monday through Friday. The new policy must be signed and dated by the parents/guardians per DCFS instruction.

If a child is not picked up by the designated time, 5:30 p.m., the following steps will be followed.

1. The Late Fee starts at 5:31 p.m. and is \$25 every 10 minutes.
2. The center will call the parents/guardians work and home phone numbers. It is the responsibility of the parents/guardians to have these numbers up to date.
3. If the parents guardians cannot be reached, the center will call the contact phone numbers. It is the responsibility of the parents/guardians to have contact numbers up to date.
4. If no contact is made with parents/guardian/or contact persons, at 5:45 p.m. the local police/DCFS abuse hotline will be called.
5. HHDC will continue to provide quality care until DCFS or police arrive at the center and step in.
6. HHDC will not hold the child responsible for the situation. Discussion of the issue will only be with the parents/guardians and never with the child.

This policy is effective January 1, 2005.

Per DCFS instruction one copy will be retained in the child file and one copy is to be given to the parents/guardians.

I/We have read and understand CGH HHDC Late Pick Up Policy:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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■ TRANSITION POLICY

When your child is developmentally and emotionally ready, they will graduate to the next older room. Prior to this move, your child will visit the classroom at least twice a week for two weeks prior to the move in order to help your child make the adjustment a smooth process.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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■ CHILD WITHDRAW POLICY

It is CGH Helping Hands Daycare Policy to receive a two-week written notice prior to exiting your child from daycare. Once this notice is received, our customer will be given a copy of this document signed by the Director with your exit date. The customer will be responsible for their child's daycare fee until the exit date. CGH Helping Hands Daycare works very hard with parents and children to help make transitions as easy as possible.

I have read the above policy and fully understand my responsibilities as a customer to CGH Helping Hands Daycare.

Parent Signature

Date

Parent Signature

Date

HELPING HANDS DAYCARE EXIT AUTHORIZATION

Director Signature

Date Signed

Child's Exit Date

(You will be responsible for child's daycare fee until this date.)



■ DEVELOPMENTAL SCREENING

Child's Name _____

Date of Birth _____

Because your child's first five years of life are so important, we want to help you provide the best start for your child. As part of this service, we provide the Ages & Stages Questionnaires, Third Edition (ASQ-3), to help you keep track of your child's development. A questionnaire will be provided every 2-, 4-, or 6-month period. There will be a conference twice a year to go over the results. You will be asked to answer questions about some things your child can or cannot do. The questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, and personal social skills. If the questionnaire shows that your child is developing without concerns, we will provide some activities designed for use with ASQ-3 to encourage your child's development and will provide the next questionnaire at the appropriate time.

If the questionnaire shows some possible concerns, we will contact you about getting a more involved assessment of your child. Information will only be shared with other agencies with your written consent.

Please check one below:

I have read the directions of the developmental screening program and I understand the purpose of this project. **I wish to participate and I am willing to fill out questionnaires about my child's development and bring them back promptly to CGH Helping Hands Drop Box.**

I have read the description of the development screening program. **I understand the purpose and do not wish to participate.** I understand that Part C of **Individuals with Disabilities Education Act (IDEA)** mandates that primary referral sources, which include early care and education practitioners, refer to Child and Family Connections (CFC)

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■ **DEVELOPMENTAL SCREENING** *(Continued)*

within two working days from the identification of a possible delay. I also understand that Part B of IDEA also mandates that a referral be made to the local public school system. This written refusal for consent releases the Early Care and Early Practitioner, the Early Intervention Services System, or the local public school system from providing services for my child and for future claims.

Parent/Guardian Signature

Date

Child's Name

Date of Birth

Child's Primary Physician



■ CGH PAYROLL DEDUCTION POLICY

Payroll Deduction is required for **all** CGH children as of January 1, 2006. The current childcare rate will be deducted for two weeks of care from your check each pay period.

CGH Employees Signature

Date

AUTHORIZATION FOR PAYROLL DEDUCTION

Employee #: _____

Employee Name: _____

Deduction: **DAYCARE**

Please withhold \$ _____ from my check each pay period for daycare at CGH Helping Hands Daycare.

CGH Employee Signature

Date

Received in Accounting Department: _____

Date

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■ VERIFICATION OF RECEIPT

I/We, _____ parents of _____, hereby certify that I/we have received a copy of the Parent Handbook printed by the CGH Helping Hands Daycare. Furthermore, I/we have read the following policies and fully understand my responsibilities as a customer to CGH Helping Hands Daycare.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

- Rates/Tuition Fee Policy/\$35 Registration Fee
- Arrival & Departure Policy
- Ban on Latex & Rubber Balloons
- Child Dismissal Policy
- Holiday Closing Policy
- Medical Procedure Policy
- Snow Day Policy
- 10 Min. Parking Policy
- Registration Form
- Emergency Form
- Parent Authorization & Consent
- Child Release Form
- DCFS Late Pick-Up & Fee Policy
- Transition Policy
- Child Withdraw Policy
- Developmental Screening
- CGH Payroll Deduction Policy
- Food Program Form
- Physical Examination
- Immunization Record
- Certified Birth Certificate
- DCFS Signed Verification Receipt
- HHDC Signed Verification Receipt

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

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