



# Puddle Jumpers

## In-Home Daycare/ Preschool

### HANDBOOK

#### **Mission:**

My mission is to bring the features of a typical large daycare center into a small, home environment by providing your child(ren) with:

- Individualized love and care
- Arts and crafts
- Age-appropriate educational play and activities
- Social and emotional development
- Indoor/Outdoor play
- Natural home (clean food and chemical free cleaning)
- Preschool curriculum

#### **Accidents:**

All children are watched carefully, however accidents do occasionally occur. I will notify you via text or phone call of any accidents. If there is an emergency the following will be done:

1. Attempt to contact parent(s)
2. Attempt to contact emergency contact(s)
3. Attempt to contact child's physician

If an ambulance is needed, 911 will be dialed first, then all the above. All expenses incurred will be the responsibility of the parent(s). Please understand, if an ambulance is called, your child will be riding in the ambulance alone and will be at the hospital alone until you arrive.

#### **Communication:**

I do not keep my phone on me throughout the day, as I strive to keep my focus on the children. However, you are always welcome to text, call, or HiMama message anytime. HiMama is the daycare app that I use to communicate throughout the day. Pictures, meals, potty breaks. You may also locate our calendar and menu on the HiMama app.

Phone- 417-234-7266

Email [lanacook2009@yahoo.com](mailto:lanacook2009@yahoo.com)

**Meals and Snacks:**

Breakfast, lunch, and afternoon snack are provided daily.. No outside food or drink is allowed unless needed with a Doctor note.

**Discipline:**

I will strive to offer praise for good behavior. Should negative behavior occur, I will deal with it in one of three ways:

- Redirection: Toddlers will be told 'no' and redirected to another activity or area.
- Talking: Once a child turns two they can be talked to. They will be told in easy to understand terms why the behavior should not be continued. Typically, this is highly effective.
- Time-out: Should the behavior continue the child will be placed in a time-out chair. I use the one minute per age of the child rule (a three-year-old would get three minutes). Should the behavior continue after a few time-outs, I will talk with the parent(s).

**Nap time:**

Nap time is a part of our daily routine and each child will be encouraged to sleep/rest during this time. All children will participate in our nap/quiet time.

**Rules:**

- Drop off/pick up times are schedule for a reason. It allows me to make sure all children are in a safe area when you drop off/pick up
- No outside food is allowed unless for dietary reasons and you have provided a doctor's note.
- If you need someone other than yourself or your approved contacts to pick up your child, I will need approval from the parent via email/text along with proof of identity upon arrival. Safety is extremely important.
  - Proof of identity will be needed for the emergency contact if they are picking up the child(ren), first time only.

**Illness/sick policy:**

Puddle Jumpers follows the AAP/CDC child care recommendations for exclusions. The primary reasons for exclusion form child care or school are that the condition:

- Prevents the child from participating comfortably in activities.
- Results in a need for care that is greater that staff members can provide without compromising the health and safety of other children.
- Poses a risk of spread of harmful disease to others

Any child with vomiting, diarrhea, respiratory symptoms (cough, runny nose, or sore throat) and a fever shall be excluded from Puddle Jumpers child care program. The child may return once symptoms has resolved after 24 hours (without the use of fever-reducing medicine).

**Payment:**

\$60 per day; per child. Weekly invoices will be sent on Thursdays via Kidkare and are due on Friday for the following week. A \$10 late fee will be assessed for each day payment is late. Consistent payments plans are available. Please see the calendar page.

Payment is due for all scheduled days, there will be no sick or vacation credits.

In the event that I need to close for a family emergency, illness, pandemic, or weather- families will receive a 50% credit on the next invoice.

**Termination:**

In the event you would like to terminate care, you must provide a two weeks' notice. If no notice is given, two weeks' tuition will still be due.

If the guidance and discipline that I usually use with the children is not working with the individual child, I will notify the parent and create a behavioral support plan. If the goals on the behavioral support plan are not met provider may revise plan or move to transition the child out of the program.

**Items Needed**

Extra set of clothing

Blanket and nap time stuffy to stay here

Snow gear that stays here- Snow suit, snow boots, snow gloves, and a hat.

*\*No items from home are allowed to be brought in for the daycare day, unless a transition item has been approved.*



# **Puddle Jumpers**

## **In-Home Daycare/ Preschool**

### **CONTRACT**

**Please initial below**

\_\_\_\_\_ **agree to termination policy**

\_\_\_\_\_ **agree to payment policy**

\_\_\_\_\_ **agree to sick child policy**

\_\_\_\_\_ **\$300 per child, deposit (non-refundable)**

\_\_\_\_\_ **\$250 per child, enrollment fee (non-refundable)**

*The deposit will be used for the first weeks' payment when our fall session begins*

By signing this contract, I agree to follow all the rules set forth in the Puddle Jumpers Daycare handbook.

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Child (ren)

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Parent

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date

---

Parent

---

date



# **Puddle Jumpers**

## **In-Home Daycare/ Preschool**

### **CALENDAR**

#### **2024-2025 PUDDLE JUMPERS CLOSED DAYS**

AUGUST	19- FIRST DAY OF SCHOOL
SEPTEMBER	2– LABOR DAY/CLOSED
OCTOBER	14 – COLUMBUS DAY/ CLOSED 24-25- CLOSED
NOVEMBER	4-5 FALL BREAK/CLOSED 25-29 THANKSGIVING BREAK/CLOSED
DECEMBER	23-31- CHRISTMAS BREAK/ CLOSED
JANUARY	1-3 CHRISTMAS BREAK/ CLOSED 20 MARTIN LUTHER KING DAY/ CLOSED
FEBURARY	17 PRESIDENTS DAY/CLOSED
MARCH	24-28 SPRING BREAK/CLOSED
APRIL	18-21 EASTER BREAK/CLOSED
MAY	26 MEMORIAL DAY/CLOSED 30 LAST DAY OF SCHOOL.



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## In-Home Daycare/ Preschool

### TUITION

174 SCHEDULED DAYS

TOTAL TUITION **\$10,440**

EQUAL SET PAYMENT PLAN OPTIONS

WEEKLY \$261      DUE ON FRIDAY PRIOR TO CARE FOR FOLLOWING WEEK

BIWEEKLY \$522      DUE 1<sup>ST</sup> AND 15<sup>TH</sup>

MONTHLY \$1044      DUE 1<sup>ST</sup> OF THE MONTH

OR PER MONTH

AUGUST, 10 DAYS, MONTHLY \$600

SEPTEMBER, 20 DAYS, MONTHLY \$1,200

OCTOBER, 20 DAYS, MONTHLY \$1,200

NOVEMBER, 14 DAYS, MONTHLY \$840

DECEMBER, 15 DAYS, MONTHLY \$900

JANUARY, 20 DAYS, MONTHLY \$1,200

FEBRUARY, 19 DAYS, MONTHLY \$1,140

MARCH, 15 DAYS, MONTHLY \$900

APRIL, 20 DAYS, MONTHLY \$1,200

MAY, 21 DAYS, MONTHLY \$1,260

*The equal set payment plans is a great option to help with monthly budgeting. As each month has different days of attendance.*



# Puddle Jumpers

## In-Home Daycare/ Preschool

### PERMISSION TO PHOTOGRAPH

I, \_\_\_\_\_ give permission for Puddle

Jumpers Daycare to photograph my child, \_\_\_\_\_  
for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in provider’s personal scrapbook		
Give photographs to current clients		
Display in facility’s scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility’s website including Daycares facebook page*		
Use still photos in promotional materials		
<b>Videos:</b>		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
<b>Other (please list):</b>		
Survelience cameras		

\* only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

*I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child’s enrollment.*



# Puddle Jumpers

## In-Home Daycare/ Preschool

### LATE PICK-UP POLICY

- Parents/Guardians will be charged **\$5** for the first **15** minutes they are late to pick up their child past the scheduled pick up time. After the first 15 minutes, the Parents/Guardians will be charged **\$1** a minute until the child is picked up.
- After the first 15 minutes, the daycare provider will attempt to call the Parents/Guardians **THREE** times. After the 3<sup>RD</sup> attempt, I will begin calling each of the names provided on the Emergency Contact List **THREE** times each. If after 30 minutes, I can't reach Parents/Guardians, or someone listed on the Emergency Contacts List, I will call either the police and/or DCFS child abuse/neglect hotline.
- It is imperative that parents/guardians keep the Emergency Contact List up-to-date.
- I am responsible for the protection and well-being of the child until the parent/guardian, police and/or DCFS has picked up the child.
- I, Lana Cook, understand that the child is not responsible for the situation. Therefore, any conversations related to the situation will only be discussed with Parent/Guardian, never the child.

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(Parent/Guardian Signature)

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(Date)

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(Parent/Guardian Signature)

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(Date)





# Puddle Jumpers

## In-Home Daycare/ Preschool

### APPLICATION

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Sex \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

\_\_\_\_\_  
parent/guardian parent/guardian

\_\_\_\_\_  
relation to child relation to child

\_\_\_\_\_  
home address home address

\_\_\_\_\_  
phone number phone number

\_\_\_\_\_  
place of employment place of employment

\_\_\_\_\_  
address address

\_\_\_\_\_  
phone number phone number

\_\_\_\_\_  
working hours working hours

**OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED**

Name \_\_\_\_\_

Address \_\_\_\_\_

PhoneNumber \_\_\_\_\_

Relationship \_\_\_\_\_

**PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Hospital or Clinic \_\_\_\_\_

Medical problems \_\_\_\_\_

Physical handicaps \_\_\_\_\_

Restrictions for play—outdoors \_\_\_\_\_

Restrictions for play—indoors \_\_\_\_\_

Allergies \_\_\_\_\_

Food dislikes/likes \_\_\_\_\_

Fears \_\_\_\_\_

Does the child take a nap? \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

Does the child have special names for objects? (potty, cookies, drinks, etc.) \_\_\_\_\_

Does the child regularly take medication? \_\_\_\_\_ If so, what kind and directions \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver signature

\_\_\_\_\_  
Date

**ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY**



# Puddle Jumpers

## In-Home Daycare/ Preschool

### CONSENTS

Name of child \_\_\_\_\_ Date \_\_\_\_\_

Name/relationship of person filling out this form \_\_\_\_\_

These consents are for the NON-DCFS wards only and may only be used for daycare services.

Please INITIAL next to each that you give Lana Cook, Puddle Jumpers Daycare authorization for.

\_\_\_\_ This authorizes Lana Cook to secure EMERGENCY medical care for my/child when I/WE cannot be immediately reached at the time of emergency. I/WE will be responsible for the emergency medical charges upon receipt of the statement.

\_\_\_\_ I/WE authorize Lana Cook to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

\_\_\_\_ I/WE authorized Lana Cook to administer over-the-counter medicine to my/our child as specified in written instructions.

\_\_\_\_ I/WE authorize Lana Cook to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/WE also authorize the child to ride as a passenger in the vehicle owned or leased by Lana. I/WE understand all such trips are under the supervision of Lana and that health and safety precautions are taken in compliance with DCFS standards for licensure.

\_\_\_\_ I/WE give consent to my/our child in using the swimming pool/blow up pool of Lana Cook at 4129 Hoffman ST, Plano, IL.

\_\_\_\_ I/WE give permission for my/our child to participate in the music program provided by Lana and YPAC.

\_\_\_\_ I/WE give permission for my/our child to participate in yoga

\_\_\_\_ I/WE give permission for my/our child to participate in any/all in-home field trips

\_\_\_\_ I/WE give permission for my/our child to participate in media such as movie days/and daily shows during meal prep.



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### CHILD PICK UP

Name of child \_\_\_\_\_ Date \_\_\_\_\_

Name/relationship of person filling out this form \_\_\_\_\_

I give consent for the following individuals to pick up my child from Puddle Jumpers Daycare.  
Please provide a minimum of three individuals that you authorize to pick up your child.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number