

# Safari Childcare



## Specialized Infant & Toddler Care

**Our healthy, clean, safe, literacy-enriched environment, which emphasizes character education, manners, & strong parental involvement, ensures students successfully meet & exceed a plentitude of developmental milestones, with the help & support of our loving & caring staff.**



**www.  
safari  
childcare  
.com**



# Letter to the Family

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Dear Prospective Family,

We would like to thank you for considering Safari Childcare, Inc. as your family's childcare and development partner. At Safari Childcare, we pride ourselves in our ability to offer parent's peace of mind and confidence that each of our students is loved and is receiving the knowledge and tools necessary to prepare them for elementary school and beyond.

Our pillars for success include a strong emphasis on: literacy-enrichment, character education, manners, and parent involvement/ active participation in our program. As parents and educators, we need to work together to ensure we are maintaining literacy-enriched, manner-filled environments both at home and at school, so that each child's potential can be truly maximized. Consistency in values between home and school also ensures students can thrive both socially and academically, as well as develop a lifelong love for learning.

Our tuition and policies sheet and enrollment forms are enclosed in this packet. If, after reviewing the information, you have any questions, please do not hesitate to call.

Once again, we thank you for considering Safari Childcare, and we look forward to working with your family.

Sincerely,

James Ourth  
President/ Owner  
[jamesourth@safarichildcare.com](mailto:jamesourth@safarichildcare.com)

## Contact Info

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1970 Army Trail Rd.  
(corner of County Farm and Army Trail)  
Hanover Park, IL 60133  
630-855-3434 (phone)  
630-855-3672 (fax)

1630 Algonquin Rd.  
(corner of Algonquin & Busse)  
Mount Prospect, IL 60056  
847-981-0691 (phone)  
847-258-4100 (fax)

1738 E. Kensington  
(corner of Wolf and Kensington)  
Mount Prospect, IL 60056  
847-375-0355 (phone)  
224-257-4718 (fax)

Corporate Mailing Address:  
126 E. Wing Street #336  
Arlington Heights, IL 60004

# Child Enrollment Form

## Child Information

Gender (Please circle):    Male       Female       Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Date: \_\_\_\_\_ End Date: \_\_\_\_\_

School Schedule (Please circle)

M T W Th F    Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

## Parent Information

Mother or Guardian #1

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Information

Employer Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Pager #: \_\_\_\_\_

Father or Guardian #2

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Information

Employer Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Pager #: \_\_\_\_\_

Persons Authorized to Pick Up Child

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to Parent/Guardian: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to Parent/Guardian: \_\_\_\_\_

3. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to Parent/Guardian: \_\_\_\_\_

Emergency Persons Who May Also Pick-Up My Child

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Pager #: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Pager #: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Pager #: \_\_\_\_\_

Please List the Person(s) Responsible for Paying the Day Care Costs

Signature One: \_\_\_\_\_ SSN #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Two: \_\_\_\_\_ SSN #: \_\_\_\_\_ Date: \_\_\_\_\_

# Child History Form- Infants & Toddlers

Child Name: \_\_\_\_\_

## Medical Background:

Doctor Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. Has your child had or does your child currently have any serious illness, if so please describe:
  
  
  
  
  
2. Has your child been hospitalized in the last 12 months, if yes, please describe:
  
  
  
  
  
3. Does your child have any medications prescribed for long term use, if yes, please describe:
  
  
  
  
  
4. Does your child have allergic reactions to any medications, foods, insect bites, plants, etc., if so, please describe below:
  
  
  
  
  
5. Does your child have or have they been tested for any of the following:
  - ☐ vision impairment
  - ☐ hearing impairment
  - ☐ speech impairment
  - ☐ learning disability
  - ☐ other \_\_\_\_\_
  
6. Has your child ever been suspended or asked not to return to a program or activity? Yes No

## General Personality/Social Information

1. Does your child have any security items, if yes please name below:
2. Please list your child's daily schedule below: include feedings, naps, walks, etc.
3. How does your child prefer to sleep in their crib. (ex. on their side, on their back etc.)
4. Do you have any concerns about your child's physical, cognitive, sensory, or language development?
5. Do you have any concerns about your child's mental health?

# Behavior Guidance Policy

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Safari Childcare, Inc. uses discipline measures designed and carried out in such a way to help individual children develop self-control and to assume responsibility for their own actions.

## Methods of Discipline

**Distraction** – A changing of a child’s focus from an activity that is unacceptable to one that is acceptable without confronting inappropriate behavior.

**Redirection**- Involves anticipating problems and intervening, before they occur, with a solution.

**Ignoring**- When the behavior is not harming the child, another child, or destroying the environment or materials.

**Time Out**– Time out interrupts inappropriate behavior by removing the child from the scene of action. Time-out is a calming period, which helps the child stop the misbehavior and prepare itself to return to the scene to make choices about future behavior. Short periods of time are used ranging from 10 seconds to a few minutes. After the child has been able to calm down, the teacher will discuss the situation with the child. The child then will have the opportunity to try again. The maximum amount of time sitting should never exceed the child’s age.

## Persistent Inappropriate Behavior Procedures

1. We will observe and record the child’s inappropriate behavior.
2. We will document what we have done to try and change the behavior.
3. If the inappropriate behavior continues the teacher will make contact with the parent and child to discuss the plans to change this behavior. They will also discuss all steps toward disenrollment, if the behavior persists.
4. The director will provide outside resources to the parent.
5. If the inappropriate behavior continues, the parents will be asked to keep the child home for 1-2 days.
6. If the inappropriate behavior still exists after the child is kept home, we will request that the parents disenroll their child. Persistent inappropriate behavior is when a child does not conform to the rules and guidelines of our program and/ or when their behavior has caused harm to someone else. In the case of immediate disenrollment, Safari Childcare will provide an alternative referral for care.

## Guidelines for Immediate Disenrollment

Safari Childcare, Inc. may disenroll any child whose behavior creates a significant risk of harm to the safety of the other children and staff, without following the guidance steps outlined above. A couple of examples are substantial damage to real or personal property, attempt to physically assault a child or staff member, which would result in serious bodily injury. In the case of immediate disenrollment, Safari Childcare will provide an alternative referral for care.

Continue to the next page to sign!



# Acknowledgement of Behavior Guidance Policy

I acknowledge that I have received and read the Safari Childcare, Inc. Behavior Guidance Policy and that I understand its terms and conditions.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Acknowledgement of Parent Handbook

I acknowledge that I have received and read the Safari Childcare, Inc. Parent Handbook and that I understand its terms and conditions.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_







State of Illinois  
Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES  
CFS 600  
Rev 2/2013



Student's Name				Birth Date		Sex	Race/Ethnicity		School /Grade Level/ID#						
Last		First		Middle		Month/Day/Year									
Address				Street		City		Zip Code		Parent/Guardian		Telephone # Home		Work	
<b>IMMUNIZATIONS:</b> To be completed by health care provider. Note the mo/da/yr for <i>every</i> dose administered. The day and month is required if you cannot determine if the vaccine was given <i>after</i> the minimum interval or age. <b>If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.</b>															
Vaccine / Dose		1 MO DA YR		2 MO DA YR		3 MO DA YR		4 MO DA YR		5 MO DA YR		6 MO DA YR			
DTP or DTaP															
Tdap; Td or Pediatric DT (Check specific type)		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			
Polio (Check specific type)		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV			
Hib Haemophilus influenza type b															
Hepatitis B (HB)															
Varicella (Chickenpox)															
MMR Combined Measles Mumps. Rubella															
Single Antigen Vaccines		Measles		Rubella		Mumps									
Pneumococcal Conjugate															
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza															
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)															
Signature				Title				Date							
Signature				Title				Date							
<b>ALTERNATIVE PROOF OF IMMUNITY</b>															
1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)															
*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature															
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.															
Date of Disease				Signature				Title				Date			
3. Laboratory confirmation (check one)				<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella				(Attach copy of lab result)							
Lab Results				Date MO DA YR											

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN														
Date														
Age/Grade														
	R	L	R	L	R	L	R	L	R	L	R	L	R	
Vision														
Hearing														
Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts														

Last First Middle			Birth Date Month/Day/ Year		Sex	School	Grade Level/ ID
<b>HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER</b>							
<b>ALLERGIES</b> (Food, drug, insect, other)				<b>MEDICATION</b> (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma?	Yes	No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No	
Child wakes during night coughing?	Yes	No		Hospitalizations? When? What for?	Yes	No	
Birth defects?	Yes	No		Surgery? (List all.) When? What for?	Yes	No	
Developmental delay?	Yes	No		Serious injury or illness?	Yes	No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
Diabetes?	Yes	No		TB disease (past or present)?	Yes*	No	
Head injury/Concussion/Passed out?	Yes	No		Tobacco use (type, frequency)?	Yes	No	
Seizures? What are they like?	Yes	No		Alcohol/Drug use?	Yes	No	
Heart problem/Shortness of breath?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No	
Heart murmur/High blood pressure?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other			
Dizziness or chest pain with exercise?	Yes	No		Information may be shared with appropriate personnel for health and educational purposes.			
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				<b>Parent/Guardian Signature</b>			
Ear/Hearing problems?	Yes	No		<b>Date</b>			
Bone/Joint problem/injury/scoliosis?	Yes	No					
<b>PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA</b>							
HEAD CIRCUMFERENCE if < 2-3 years old		HEIGHT		WEIGHT		BMI B/P	
<b>DIABETES SCREENING (NOT REQUIRED FOR DAY CARE)</b> BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>LEAD RISK QUESTIONNAIRE</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)							
<b>Questionnaire Administered ?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Blood Test Date</b>		<b>Result</b>	
<b>TB SKIN OR BLOOD TEST</b> Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. <b>No test needed</b> <input type="checkbox"/> <b>Test performed</b> <input type="checkbox"/> <b>Skin Test:</b> Date Read / / <b>Result:</b> Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ <b>Blood Test:</b> Date Reported / / <b>Result:</b> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____							
<b>LAB TESTS (Recommended)</b>	Date	Results			Date	Results	
Hemoglobin or Hematocrit				Sickle Cell (when indicated)			
Urinalysis				Developmental Screening Tool			
<b>SYSTEM REVIEW</b>	Normal	<b>Comments/Follow-up/Needs</b>			Normal	<b>Comments/Follow-up/Needs</b>	
<b>Skin</b>				<b>Endocrine</b>			
<b>Ears</b>				<b>Gastrointestinal</b>			
<b>Eyes</b>		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Genito-Urinary</b>		LMP	
<b>Nose</b>				<b>Neurological</b>			
<b>Throat</b>				<b>Musculoskeletal</b>			
<b>Mouth/Dental</b>				<b>Spinal Exam</b>			
<b>Cardiovascular/HTN</b>				<b>Nutritional status</b>			
<b>Respiratory</b>		<input type="checkbox"/> Diagnosis of Asthma		<b>Mental Health</b>			
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)				<b>Other</b>			
<b>NEEDS/MODIFICATIONS</b> required in the school setting				<b>DIETARY</b> Needs/Restrictions			
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup							
<b>MENTAL HEALTH/OTHER</b> Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal							
<b>EMERGENCY ACTION</b> needed while at school due to child's health condition (e.g. ,seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If yes, please describe.							
On the basis of the examination on this day, I approve this child's participation in				(If No or Modified please attach explanation.)			
<b>PHYSICAL EDUCATION</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>				<b>INTERSCHOLASTIC SPORTS</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>			
Print Name		(MD,DO, APN, PA)		Signature		Date	
Address				Phone			

(Complete Both Sides)

# Emergency Form

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I hereby grant permission for my child...

- ✓ to use all of the play equipment and participate in all of the activities of the school
- ✓ to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in authorized vehicles (chartered bus)
- ✓ to be included in child evaluations
- ✓ to have photographs taken to be used in various mediums connected to school programs (i.e. classroom bulletin boards, newsletters, etc.)

I hereby grant permission for Safari Childcare, Inc...

- ✓ to take whatever steps may be necessary to obtain emergency medical care, if warranted.

While at the school, in the event of an emergency, the paramedics would be called and would take the child to one of the following hospitals:

LOCATION	HOSPITAL
1970 Army Trail Rd. Hanover Park, IL 60133	Central DuPage Hospital
1738 E. Kensington Mt. Prospect, IL 60056	Northwest Community Hospital

*If applicable, the parent will create a plan for the school to obtain medical services from a medical practitioner based upon the family's medical car exemptions due to religious grounds.*

If on a field trip, in the event of an emergency, the paramedics or the Safari Childcare Inc. staff would take the child to the nearest medical care facility. Other steps may include, but not be limited to:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician.
3. Attempt to contact parent (s) through any of the persons listed on the emergency form.
4. If we cannot contact you or your child's physician, we will do any or all of the following: call an ambulance, the paramedics, have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred as a result of #4 above, will be the responsibility of the family. Ensuring Safari has updated contact information on file at all times is a parent's responsibility.
6. The school will not be responsible for anything that may happen as a result of false or inaccurate information provided to Safari as part of the child's ongoing enrollment requirements.
7. The school will not assume responsibility for a child who has not been signed in upon arrival to the facility. Parents are responsible for signing their child in and out daily in both the computer and on the sign in sheet.

I have read and understand the policies outlined above, and agree to abide by them:

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

CFS 581  
Rev. 12/2000

State of Illinois  
Illinois Department of Children and Family Services

**VERIFICATION OF RECEIPT**

I/WE, \_\_\_\_\_  
Please Print Name(s)

parent(s) of \_\_\_\_\_, hereby certify that I/we have  
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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

# Infant & Toddler Supply Lists

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## **Infant Supply List (Supplied by Parents)**

- Diapers
- Wipes
- Pacifiers
- Bottles
- Baby Food
- Formula
- Blanket
- Extra Clothes
- Diaper Ointment
- Diaper Ointment ConsentForm

## **Toddler Supply List (Supplied by Parents)**

- Diapers
- Wipes
- Pacifiers
- Bottles
- Blanket
- Extra Clothes
- Diaper Ointment
- Diaper Ointment ConsentForm

**Please make sure your child's belongings are clearly labeled each day in accordance with DCFS standards.**

**Thank you in advance for your cooperation!**

Safari Childcare, Inc. is not responsible for lost or stolen items.

## Our class is using ClassDojo!

Hi parents,

This year I'm using ClassDojo to encourage important skills, like working hard and participating. I'll also use it to communicate with you: we can instantly share messages, updates and photos from class. It's the easiest way for you to see how your child is doing at school and to get in touch with me.

I'd like all families to join me and sign up for ClassDojo! You can use it on any device: it is a **simple, free mobile app** for iOS and Android, and can also be used from a computer at: [www.classdojo.com](http://www.classdojo.com).

I will need your cell number or email to invite you to ClassDojo. Our class goal is for every family to **fill out and return the slip below by tomorrow!** Feel free to ask me any questions.

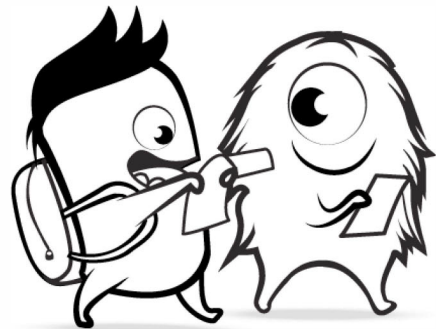
Thank you so much!

### Learn more about ClassDojo!

Used by teachers in 1 in every 2 schools, ClassDojo is the most popular classroom management app in the U.S. Find out more about why we're excited to use ClassDojo, and how it is safe and simple for everyone:

[www.classdojo.com/LearnMore](http://www.classdojo.com/LearnMore)

[www.classdojo.com/PrivacyCenter](http://www.classdojo.com/PrivacyCenter)



## Please send me my invitation to ClassDojo

Student name: \_\_\_\_\_

Your name: \_\_\_\_\_

Your cell number  
and email: \_\_\_\_\_

Grandparent's Emails \_\_\_\_\_

Aunt's, Uncle's other Emails of Friends or Family who would want to see pictures of your child or view important classroom updates and learning experiences:

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# **Photo & Video Consent Form**

The purpose of this parental consent form is to obtain consent for your child's photo and video image to be shared. Photographs and video images of students at Safari Childcare are routinely taken for the purpose of celebrating student achievement and sharing educational programs with the community.

Photographs may be submitted to area newspapers, used in direct publications, and/or posted on web or social media sites associated with Safari Childcare.

Video footage may be submitted to television stations for local viewing and area news outlets occasionally covering special events within the schools, and/or to advertise our programs. Under no circumstances will Safari Childcare release personally identifiable information with such images.

By initialing below, you consent for your child to remain with their classmates for photos or videos, as opposed to being temporarily placed in an alternate classroom to ensure they do not appear in photo or video.

## **Television/ Newspapers Consent (Please Initial Below):**

I grant permission for photo/video images to be shared with media outlets including but not limited to newspapers and televisions stations. \_\_\_\_\_

## **Website Consent (Please Initial Below):**

I grant permission for photo/video images to be published on websites and social media sites associated with Safari Childcare. \_\_\_\_\_

## **Class DoJo (Please Initial Below):**

I grant permission for a photo/video image to be shared with other Class Dojo members that are affiliated with Safari Childcare. \_\_\_\_\_

Student's Name (Please Print): \_\_\_\_\_

Name of Parent/ Guardian (Please Print): \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_

Today's Date: \_\_\_\_\_

# SAFARI CHILDCARE TUITION AND POLICIES

## Section 1: Policies

1. **Tuition must be paid each week regardless of the number of days of attendance. This includes time missed due to: illness, weather, vacations, and national holidays (when Safari is closed), as well as for any other reason.**
2. Program rates allow up to 9.5 hours per child per day or 5.5 hours per day, depending on selection. Extended care rates apply after the indicated schedule is exceeded per child per day at **\$8 (Infants/toddlers) \$7 (2 year olds) \$4 (3 years and older) per hour per child.**
3. Tuition calculations will be rounded to the nearest dollar.
4. Cash, Money Order, or Tuition Express from Credit/Debit Card must be used to pay all tuition.
5. A \$20 NSF Fee will be charged if the automatic withdrawal is declined (in addition to late fees).
6. Failure to maintain an updated card on file and/or repeated credit card declines may result in all future payments for tuition being required to be paid in cash.
7. In the event of disenrollment, any over payments and/or security deposit will be refunded within (30) thirty business days **upon your written request** at [www.safarichildcare.com](http://www.safarichildcare.com) (see: contact us/reimbursement form or tax statement).
8. Public assistance accounts are only eligible for a refund once the state payment is received for **all** months of attendance.
9. All students must adhere to a weekly attendance schedule. Child schedules can only be modified in writing, by completing an updated tuition and policies sheet. Schedule changes are subject to availability and Director approval.

## Section 2: Pre-Enrollment

1. Registration Fee & Security Deposit must be paid in full by cash, money order or Tuition Express automatic withdrawal **at least 48 hours** prior to your child's first day of attendance.
2. Registration Fee: \$100 per child or \$150 per family, **Registration Fees are Non-Refundable.**
3. Security Deposit per child: 1-Week of tuition. Security Deposit may be raised if tuition is not paid on time. Security deposits cannot be used to cover weekly tuition shortages.
4. All families must provide an email address.

**Parent/Guardian #1 Email:** \_\_\_\_\_

**Parent/Guardian #2 Email:** \_\_\_\_\_

*Persons responsible for tuition and other fees must sign below verifying they have read and understand Safari Childcare's tuition policies and agree to abide by them. Revised July 2019*

# SAFARI CHILDCARE TUITION AND POLICIES

## **Section 3: Payment Procedure**

A "Safari Week" is from Monday to Friday. At the end of each "Safari Week" Safari will email an invoice on Saturday by 1pm (and place a paper copy in each student's cubby on Monday morning) which outlines tuition accrued during previous Safari week. **All tuition must be paid on Monday by 5:30pm.** Children will not be permitted to attend without full payment prior to Tuesday's drop off. If payment is not received by Monday at 5:30pm a 20% late fee will be charged for all outstanding tuition and immediate dis-enrollment may occur.

## **Section 4: Public Assistance Customers – (Only Accepting Full Time Approvals)**

1. Weekly Co-Pay's and flat rates must be paid each week regardless of attendance.
2. 80% attendance is required at all times in order to avoid immediate disenrollment.

## **Section 5: Other Fees**

1. \$10.00 no sign-in fee per child/per occurrence is charged for any family that does not clock their child in and/or out on the time clock.
2. \$1.00 per minute/per child is charged for pick-ups after the school's official closing time.
3. Additional charges may occur for special events/field trips. Advance notice will be provided.

## **Section 6: Disclaimer**

We reserve the right to make any changes to these policies or tuition with (1) week notice. We also reserve the right to make any decision when a particular situation does not clearly fall into one of the policies. Enrollment is contingent upon each family's ability to abide by Safari Childcare's policies and procedures. This includes demonstrating reasonable behavior within the center and an adherence to the laws and regulations that guide us. Failure to abide by Safari Childcare tuition and policies may result in immediate disenrollment. Safari Childcare will provide referrals to other agencies or facilities to the children who are disenrolled. Thank you for taking the time to read Safari Childcare's tuition and policies.

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## SAFARI CHILDCARE TUITION AND POLICIES



Please complete one program registration and child schedule for each Safari student.

**Account Name:** \_\_\_\_\_ **Child Name:** \_\_\_\_\_

**Registration Fee Total:** \_\_\_\_\_ **Security Deposit Total:** \_\_\_\_\_

### Program Selection:

- ☐ Infants/ Toddlers   ☐ 2's   ☐ 3-5 years   ☐ 6-12 years Before/After School & Summer Camp  
☐ Preschool 3-5 years 9:15am – 11:45am  
☐ Public Assistance: ☐ Copay of \_\_\_\_\_ + \_\_\_\_\_ for indicated schedule below

### Weekly Schedule:

\_\_\_\_\_ to \_\_\_\_\_   \_\_\_\_\_ to \_\_\_\_\_   \_\_\_\_\_ to \_\_\_\_\_   \_\_\_\_\_ to \_\_\_\_\_   \_\_\_\_\_ to \_\_\_\_\_  
Monday                      Tuesday                      Wednesday                      Thursday                      Friday

Total Days per Week: 1 2 3 4 5

Effective Date= \_\_\_\_\_

0 day rate \_\_\_\_\_

1 day rate \_\_\_\_\_

2 day rate \_\_\_\_\_

3 day rate \_\_\_\_\_

4 day rate \_\_\_\_\_

5 day rate \_\_\_\_\_

### Pillars of Success:

Character Education, Manners, Literacy, Shared Values



### Internal Use Only:

Director Name (Print): \_\_\_\_\_ Date \_\_\_\_\_

Accounting Signature: \_\_\_\_\_ Date \_\_\_\_\_

Safari Location: \_\_\_\_\_ Enrollment Approved? Yes No

Child Schedule Approved? Yes No

Parent/Guardian Email Addresses Provided (required) ☐

Parent/Guardian #1 Email \_\_\_\_\_

Parent/Guardian #2 Email \_\_\_\_\_

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## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **CREDIT CARD** AUTHORIZATION

I (we) hereby authorize \_\_\_\_\_ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

### PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Check if you wish to make online payments

#### For Official Use Only

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_

A service of

