Rhythm & Rhymes

Child's Application

Pre-Admission Tour: __/__/___

Requested Date of Admission: ___/___/___

Start of Care Date: ____/___/___

Full Name of Child: _____ DOB: ___/_____/____

What Name does your child like to be called? _____ (No Nicknames Please)

Social Security #:_____

Parents or Legal Guardians

Mother's Name_____ SSN: _____

Address: _____City/State/Zip code_____

Home Phone: _____ Cell phone: _____

Employer / College: _____ Work Phone: _____

Email Address: _____

DOB:_____ Driver's License #:_____(please provide copy of Driver's License)

Father's Name: _____ SSN: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer / College: _____ Work Phone: _____

Email Address: _____

DOB:_____ Driver's License #:_____(please provide copy of Driver's License)

Are there any custody arrangements for your child? _____

Emergency Contact: Name of person, other than center director, authorized to act for parent in case of emergency. (Must be a local person)

Name: _____ Relationship to Child: _____

Address_____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

How did you learn about our facility?

_____Drive by _____Referral (who)_____

_____Internet Browser Search Engine _____Google Ad _____Other (explain)_____

_____Yellow Book _____ DHS Childcare Website

Background Information:

Other Children in Family:	Birthday	School
1._____	_____ /_____ /_____	_____
2._____	_____ /____ /_____	_____
3._____	_____ /____ /_____	_____

If additional space is needed for the following items, please turn to page 4 and indicate which item by using the number (1 – 36).

Social Relationships/Play

1. What group setting experiences has your child had? _____
2. What are some of the ways in which your child plays at home? _____
3. Does your child play well alone? Does he/she play with children from other families? How often? _ ____Often _____Sometimes _____Never Note:_____
4. What ages are your child's most frequent playmates? _____
5. Does he/she usually get his/her way with other children? _____If not how does he /she react? _____
6. Is your child: Friendly? _____ Aggressive? _____Shy? _ _____Withdrawn? _____
7. Is your child frightened by (circle all that apply) Animals? Rough children? Loud noises? The dark? Storms? Other? _____
8. What is your child's favorite toy? _____
9. Does your child use a special comforting item such as a blanket, stuffed animal, etc?_____
10. Who does most of the disciplining? _____
11. What is the most effective way to discipline your child, EXCLUDING physical punishment? _____
12. With which adults does your child have frequent contact? _____
13. What is your child's favorite song? _____
14. Does your child enjoy dancing? _____

15. Would you say that your child is creative/imaginative?_(example)_____
    _____

Daily Living

16. At what time does your child eat breakfast? _____Lunch? _____
    Supper? _____ Between meal snacks? _____
17. Does he/she feed his/herself? _____
18. What is his/her general attitude toward eating? _____
19. If he/she refuses to eat, how is this handled and by whom? _____
20. What food does your child like? _____ Dislike? _____
21. How does your child indicate bathroom needs? _____
22. Words for urination? _____Words for bowel movement? _ _____
23. Special words for body parts _____
24. Please explain any current potty training plan you may have _____
25. What are your child's regular sleeping patterns? _____Awakes at? _____ Naps at? _____
    Goes to bed at? _____
26. What help does your child need to get dressed? _____

Development/Challenges

27. Does your child struggle with talking or making sounds? Please explain. _____
28. Does your child struggle with walking, running, or moving? Please explain. _____
29. Does your child struggle with seeing? Please explain. _____
30. Does your child struggle with hearing? Please explain. _____
31. Does your child struggle with fine motor skills? Please explain. _____

Health

32. What health problems has your child had in the past? _____
33. What health problems does your child have now? _____
34. Does your child take medicine regularly? If so, what? _____
35. Does your child have any allergies? If so, what? _____
36. Do you have any other concerns about your child's health? _____

Name of Child's Doctor: _____Phone_____

Physician Address: _____

Name of Hospital_____

Insurance Info Provider & #:_____

Additional Comments_____

If there is any additional information that is critical to your child's well-being while in our care, please write it in the space below. If you did not have room to answer any above question, complete your answer below. Please reference the page # and item #. If you are enrolling an infant please attach a copy of their daily schedule and birth certificate.

Family Initiated Goals

Please choose 5 initial goals you feet are most important for your child. We will review these at future parent conferences to evaluate progress or select new goals.

I. Cognitive Skills

_____a. Identify Shapes, Sizes, Numbers, Alphabet, Colors
_____b. Engage in early math concepts (Counting. Matching)
_____c. Learn self-help skills
_____ d. Investigate science activities
_____e. Display listening/attention skills
_____f. Exhibit decision making skills

2. Positive Self Image

_____a. Promote/enhance feelings of self-worth
_____h. Display feelings of acceptance and genuine, liking of others
_____c. Engage in leadership/team spirit

3. Relating to Others Individually and in a Group Situation

_____ a. Participate in sharing
_____b. Identify and express feelings
_____c. Engage in group time/individual activities

4. Creativity and Imagination

_____a. Enjoy using crayons, markers, paint, etc.
_____b. Participate in dramatic play
_____c. Uses imagination

5. Body Mastery

_____a. Participates in running hopping, jumping skipping
_____ b. Participates in small muscle activities
_____c. Self Help
_____d. Feed/Dresses Self
_____ e. Takes care of personal needs (toileting, hand washing, etc)

Z. Behavior

_____a. Interact cooperatively with others
_____h. Change behavior when asked to do so
_____c. Follow Rules

8. Health / Nutrition

_____a. Eat a variety of foods
_____b. Practice good dental/personal hygiene

Getting To Know You

Child's name _____Birth Date _____

1. Family Information

A. What are some of your child's favorite activities?

B. What does your family like to do for fun?

C. Tell us something special about your child.

D. Does your family celebrate holidays?

E. What would you like to see your child accomplish this year?

Family Initiated Goals

Develop goals through partnership with family and school derived from attached sheet with chosen goals.

1. _____

2. _____

3. _____

4. _____

5. _____

_____ _____

Parent signature/Date Teacher signature/Date

Parent/Family Interest Questionnaire

Parent and Family involvement is very important to us. We believe that parents are the child's first and most important teachers. The more individualized attention we give our children and their learning experiences, the greater their success will be. We appreciate all parental involvement in the classroom. Below are listed some classroom activities. Take a moment to look at them and check the ones that you would like to help with. Add your favorite activity if you do not see it listed.

Child's Name: _____

Parent/Guardian's Name: _____

Telephone Number: _____

Please check any of the activities you would be willing to do:

_____Have lunch with your child between 11:30-12:00
_____ Visit the classroom during the school year?
_____ Share your profession with the classes
_____ Assist with children's plays and other events
_____ Read to a child?
_____ Read to a group of children?
_____ Make a learning game for the class?
_____ Supervise a classroom center (woodworking, cooking, art, etc.) _____
_____ Help to assemble toys
_____ Assist with a class celebration
_____ Help with creative food activities
_____ Organize a class event
_____ Help with lesson plan ideas
_____ Serve on Fundraiser committee
_____ Serve on Parent Advisory Council

Special Interests: Please list any hobbies, abilities, or items that you or a family member are willing to share with the children, for example, playing a musical instrument, preparing a simple recipe, learning how to use basic woodworking tools, telling a story, or sharing items you have collected that children could pass around and observe, such as seashells or postcards.

_____
_____
_____
_____

ADDENDUM TO ENROLLMENT FORM FOR CHILD CARE

RHYTHM & RHYMES CHILDCARE

Instructions: This Addendum may be used to meet the enrollment data requirements of the Child and Adult Care Food Program as mandated by the Interim Rule issued by the U.S. Department of Agriculture on September 1, 2004. The Addendum will be valid for one calendar year following the date of the parent's or guardian's signature.

Participant Name: _____
Last First Middle Initial

Date of Birth: _____
mm/dd/yyyy

Normal Days of Care (Circle as Appropriate):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Normal Hours of Care during School Year: _____ to _____
_____ to _____

Normal Hours of Care during Summer: _____ to _____
_____ to _____

Participant Meals (Circle as Appropriate):

Breakfast AM Supplement Lunch

PM Supplement Supper Evening Supplement

Parent/Guardian Name: _____
Last First Middle Initial

Parent/Guardian Daytime Telephone Number: Area Code: ____ Number: _____

_____ _____
Signature of Parent/Guardian **Date of Signature**

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Children in Foster Care and children who meet the definition of **homeless, migrant** or **runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 **IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Total Household Gross Income

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The **"Sources of Income for Children"** chart will help you with the Child Income section. The **"Sources of Income for Adults"** chart will help you with All Adult Household Members section.

Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often? Weekly	Bi-Weekly	Monthly	Bi-Monthly
$	○	○	○	○

B. All Adult Household Members (Including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult and Child(ren) Household Members (first and last)	Earnings from Work	How often? Weekly	Bi-Weekly	Monthly	2x Month	Welfare/Child Support/Alimony	How often? Weekly	Bi-Weekly	Monthly	2x Month	Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often? Weekly	Bi-Weekly	Monthly	2x Month
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member X X X - X X - _ _ _ _

Check if no SSN ☐

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT: Insert child care center or home address here.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form | Signature of Adult | Today's Date

Address | City | State | Zip | Phone/Email

Source of Income for Children	
Sources of Child Income	**Examples**
Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	• A friend or extended family member reguarly gives a child spending money
Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Household Income

How often? Weekly ○ Bi-Weekly ○ Monthly ○ 2x Month ○

Household size

Categorial Eligibility ☐

Eligibility: Free ○ Reduced ○ Paid ○

Determining Official's Signature | Date | Confirming Official's Signature | Date | Follow-up Official's Signature | Date

ALLERGY SHEET

Child's name: _____				Date of Birth:		Date Completed:	
	MAY Be exposed	**MAY NOT** be exposed	**IS** allergic	Is **NOT** allergic	**NOT** Sure	Parent(s) / Other family members	What is the REACTION?
Place a check mark in the appropriate column							
FOODS							
Peanuts							
Other nuts & seeds							
Citrus fruits							
other fruits							
Cow's milk							
Yogurt							
Other dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg yolks							
Egg whites							
Soy foods							
Fish							
Shell fish							
ENVIRONMENTAL							
Dust							
Mold spores							
Cats							
dogs							
other animals							
Pollen							
Bee stings							
MEDICAL							
Penicillin							
Latex							
OTHER (please list)							
Do any allergies require medication to be administered?			Circle	Yes	No		
Please circle which allergy and provide a detailed physician plan of treatment in the event of an emergency.							

Rhythm & Rhymes Childcare, LLC

PARENT PAYMENT CONTRACT

We at Rhythm & Rhymes Childcare, LLC are pleased that you have chosen our facility to care for your child. In order to maintain our quality of care, which includes experienced staff, programs, food, equipment, and educational materials, we depend upon you paying your contracted rate in a timely manner. Our rates are as follows:

- An enrollment fee of $50 must be paid for the first child, and $25 for each additional child per year
- Infant room: **$_____/week**
- 1 & 2-years old: **$_____/week**
- 3-5 years old: **$_____/week**

Below are Rhythm & Rhymes Policies. Parents are to initial statements beside the asterisk. One (*) is for the mother's initials. Two (**) asterisks are for the father's initials

Days and Hours.

By DHS guidelines, your child cannot be at our facility more than 10 hours per day. Please indicate your planned schedule.

( )Monday……Hours _____ to _____

( )Tuesday……Hours _____ to _____

( )Wednesday……Hours _____ to _____

( )Thursday……Hours _____ to _____

( )Friday……Hours _____ to _____

*_____ Our **hours of operation** are 6:30 am to 6:00pm. The parent will be required **to pay**

_____ **$1/minute for each minute after 6:00pm for late pickups. It is due and payable when you arrive after 6:00 to pick up your child.

*_____ The **weekly rate** will be $ _____ and is due and payable each Friday the week

**_____ prior to service. Payments are considered late if paid after the close of business on Tuesday within the week of service. A $25 late fee will be assessed. If your child should miss a day of care, the normal weekly rate is still due and payable. Please see policy section of parent handbook. Please notify your center of absences.

Policy Acceptance

*_____ I have read and understand the policies and procedures of Rhythm & Rhymes, LLC as outlined

**_____ in the Parent Handbook. I have received a pre-placement orientation in which I received a copy of the parent handbook and have been given access to a copy of the Department of Human Services Childcare Center Licensing Requirements. I am aware that I may review employee credentials upon request.

*_____ I understand that if I am enrolled in a government child care assistance plan and do not fulfill

**_____ my obligations to secure payment to Rhythm & Rhymes, LLC, I will be liable for the outstanding debt not paid by the government agency. The government will only pay for 5 absences per month.

Collection Policy

*_____I understand that my childcare payment is due each week on Friday prior to the upcoming

**_____ week. (Payments are due in advance.) The payment is considered late after close of business on Tuesday. If my account must be turned over for collection, any and all fees including but not limited to collection fees, attorney fees, court costs, etc. will be at the expense of the parent(s).

Website Photo Release Form

Rhythm & Rhymes Childcare, LLC periodically updates its website. We like to add pictures of currently enrolled children to the site. Of course, we never use children's last names or other personal information. It is also a secure website.

Please initial this form to indicate if we have permission to post your child's photo on the website or within the facility. Pictures maybe used for teaching, arts and crafts, and other educational purposes.

_____Yes, my child's photo / video may be used.

_____No, my child's photo/video may NOT.

I have read and understand the policies as set forth by Rhythm & Rhymes Childcare, LLC.

_____ _____

Mother Signature **Date**

_____ _____

Father Signature **Date**

_____ _____

Director Signature **Date**

Rhythm & Rhymes Childcare

Early Childhood Expulsion and Suspension Policy

Parent Signature Sheet

Communication

The agency's expulsion and suspension policy will be clearly communicated to all staff and parents of enrolled children.

Parents/ guardians- the expulsion suspension policy will be incorporated into the parent handbook. A copy of the policy will be disseminated and reviewed with newly enrolled children upon enrollment period. All parents/ guardians will sign a statement acknowledging they have received and read the agency's expulsion and suspension policy.

Parent Acknowledgement

I, the parents/ guardian of _____

(Child/ Children's Name(s))

acknowledge that the Expulsion and suspension policy was explained to me and I have read and received a copy of the expulsion and suspension policy.

---------- _____

Parent Signature Date

Rhythm & Rhymes Childcare, LLC
Acceptance Form

This is to confirm that:

Child 1: _____ DOB ____/___/____ Age: ____ Sex: ____

Child 2: _____ DOB ____/___/____ Age: ____ Sex: ____

Child 3: _____ DOB ____/___/____ Age: ____ Sex: ____

Child 4: _____ DOB ____/___/____ Age: ____ Sex: ____

Has/have been accepted for care by Rhythm & Rhymes Childcare, LLC. I have requested a start of care date of _____. The first available spot available on this date or thereafter will be made available to my child/children.

A registration fee of $50 for the first child and $25 for any additional children will be paid at the time of securing a position. These fees will not be returned in the event that the above-named child/children is/are not placed in care of Rhythm & Rhymes by the above agreed upon date. If a spot is being retained for more than a month in the future, the security deposit (weekly rate for child's age) will be required to hold the spot. Should the spot not be available at the time the family requires service, a full refund will be provided should the family wish to have their child removed from our wait list. A request for an extension of a start of care time will not be promised.

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature:_____ Date_____

Mother/Guardian's Signature: _____ Date _____

Rhythm & Rhymes Representative: _____ Date _____

Revised 6-8-17

Rhythm & Rhymes Childcare, LLC

Acknowledgement of Receipt

Form Title:	Received	Did NOT Receive
Parent Payment Contract		
Parent Handbook		
DHS Rules & Regulations		
Sick Child Policy		
State Law Kindergarten 5 YO		
Child Supply Needs		
Pre-Enrollment visit		
Disaster Plans/ Evacuation		
Collection Policy		
Others		
ALL OF THE ABOVE ITEMS ARE FOUND WITHIN THE PARENT PACK		

I have read and understand the policies and procedures of Rhythm & Rhymes, LLC as outlined in the Parent Handbook. I have had a pre-placement orientation in which I received a copy of the parent handbook and have been given access to a copy of the Department of Human Services Childcare Center Licensing Requirements. I am aware that I may review employee credentials upon request.

_____ _____

Mother's Signature/ Date Father's Signature/ Date

_____

Administration Signature / Date

Revised 6-8-17

Consent to Release Immunization Records

Rhythm & Rhymes Childcare, LLC

Date: _____

I authorize the release of my child's, _____ (DOB:_____)_; most current immunization record to Rhythm & Rhymes Childcare, LLC. This release is good until my child reaches six years of age. Please fax the most recent immunization record on the **new State Day Care Immunization Form** to 615.883.6405. Thank you for your assistance in this matter. Should you have questions please call 615.883.6436.

Sincerely,

Parent Signature

Print name

Revised 6-8-17

Rhythm & Rhymes Childcare, LLC

Authorization for Medical Treatment

I, _____, parent/custodian of

_____ do hereby give permission for the caregivers of Rhythm & Rhymes Childcare, LLC to administer medications as directed by the prescription or recommended dose for the over the counter medication (or by my instructions) and or administer first aid as necessary. I agree that Rhythm & Rhymes Childcare, LLC or its employees shall not be held liable for any injury resulting from the administration of said medications or first aid interventions.

In the event of an emergency that requires immediate transportation to the nearest hospital. I authorize the staff of Rhythm & Rhymes Childcare, LLC to call for an ambulance and present this consent for treatment to the hospital's attending physician. I hereby authorize the physician to perform interventions on my child if the condition is life threatening or there is a need to eliminate severe pain.

Parent Signature: _____ Date: _____

Rhythm & Rhymes Childcare

Early Childhood Expulsion and Suspension Policy

High quality childcare and early learning programs are important to prevent suspensions and expulsions in the early learning setting. Early childhood education programs are responsible for creating positive learning environments that focus on preventing expulsions and suspensions, encouraging partnerships between programs and families to support healthy development, and ensuring fairness, equity, and continuous improvement to support children's social, emotional, and behavioral health.

It is recommended that early childhood programs focus on fostering social emotional development and responding to challenging behaviors by incorporating positive discipline practices and policies before ever considering expulsion or suspension from early childhood programs.

Guidance for prevention of expulsion and suspension:

In an effort to prevent expulsion and suspension of children this agency shall adopt the following, in policy and practice and in a consistent and non-discriminatory manner:

- Use developmentally appropriate practices that provide for stimulating and interactive learning environments, diversity, age-appropriate expectations, small group activities, teachable moments, and knowledge of research-based evidence and best practices in child development, early learning, and education.
- Invest in professional development, training, and education to ensure educators have the competencies to support children's social and emotional health.
- Develop and implement classroom schedules that meet the needs of the children.
- Adapt learning environments to promote healthy social interactions with others.
- Develop healthy and nurturing relationships with children.
- Develop strong partnerships and relationships with parents.
- Develop and implement classroom expectations that are developmentally appropriate, clear, and consistent.
- Provide family engagement opportunities.
- Ensure fairness and equity.

Other options prior to expulsion

Prior to the expulsion of any child from this program, the staff and director will follow these guidelines:

- Identify and engage mental and behavioral health consultants and community resources after obtaining parent permission.
- Reduce the number of days or amount of time and care for a specified amount of time.
- Conference with parents to discuss positive behavior interventions and development of goals.
- Document efforts to prevent and reduce expulsion.
- Provide reasonable accommodation.

Transition Procedures

If an expulsion must occur, the childcare agency will assist the family and child in transitioning to another program by identifying and engaging mental behavioral health consultants and community resources to assist in determining the most appropriate placement for the child.

Communication

The agency's expulsion and suspension policy will be clearly communicated to all staff and parents of enrolled children.

Parents/ guardians- the expulsion suspension policy will be incorporated into the parent handbook. A copy of the policy will be disseminated and reviewed with newly enrolled children upon enrollment period. All parents/ guardians will sign a statement acknowledging they have received and read the agency's expulsion and suspension policy.

Parent Acknowledgement

I, the parents/ guardian of _____

(Child/ Children's Name(s))

acknowledge that the Expulsion and suspension policy was explained to me and I have read and received a copy of the expulsion and suspension policy.

---------- _____

Parent Signature Date

Rhythm & Rhymes Childcare

Early Childhood Expulsion and Suspension Policy

Expulsion and Suspension Policy

Resources

The following list will assist childcare agency staff and families and locating services and resources.

1. Centerstone 615-460-4100 or 888-291-4357 https://centerstone.org/
2. Regional Intervention Program 615-963-1177 httpa://www.tn.gov/behavioral-health/support-for- families.HTML
3. Tennessee Early Intervention System 1-800-852-7157 www.teis.org
4. Tennessee Voices for Children 615-269-7751 www.tnvoices.org
5. Step, Inc. 423-639-0125 or 800-280-STEP www.tnstep.org
6. Association of Infant Mental Health 931-561-3209 https://aimhitn.org

Additional Resources

1. Center for Parent Information and Resources WWW.parentcenterhub.org

1. Individuals with Disabilities Education Act (IDEA) https://sites.ed.gov/idea
2. Centers for Disease Control and Prevention - Parent Information www.cdc.gov/parents
3. The Pyramid Model Consortium Supporting Early Childhood PBIS www.pyramidmodel.org
4. NCPMI National Center for Pyramid Model INNOVATIONS www.challengingbehavior.org
5. department of mental health and Substance Abuse Support for Families HTTPS://www.tn.gov/behavioral-health/support-for-families.HTML
6. Parent Toolkit www.parenttoolkit.com
7. Vanderbilt Kennedy Center https://vkc.mc.vanderbilt.edu

Transition Procedures

Expulsion and Suspension Policy

If an expulsion must occur, the childcare agency will assist the family and child in transitioning to another program by identifying and engaging mental behavioral health consultants and community resources to assist in determining the most appropriate placement for the child.

Communication

The agency's expulsion and suspension policy will be clearly communicated to all staff and parents of enrolled children.

Employees-The expulsion and suspension policy will be incorporated into employee / staff handbook and training practices. The administration will explain suspension and expulsion policies to all current staff and all new staff. All existing staff and any new staff are required to be knowledgeable of the policy and will sign a statement acknowledging they have received and read the agency's expulsion and suspension policy.

Employee Acknowledgement

I, _____employee of Rhythm & Rhymes

(Employee Name)

Childcare, acknowledge that the Expulsion and suspension policy was explained to me and I have read and received a copy of the expulsion and suspension policy.

---------- _____

Employee Signature Date

Rhythm & Rhymes Childcare

Early Childhood Expulsion and Suspension Policy

Expulsion and Suspension Policy

Employee Signature Sheet

Communication

The agency's expulsion and suspension policy will be clearly communicated to all staff.

Employees-The expulsion and suspension policy will be incorporated into employee / staff handbook and training practices. The administration will explain suspension and expulsion policies to all current staff and all new staff. All existing staff and any new staff are required to be knowledgeable of the policy and will sign a statement acknowledging they have received and read the agency's expulsion and suspension policy.

Employee Acknowledgement

I, _____employee of Rhythm & Rhymes

(Employee Name)

Childcare, acknowledge that the Expulsion and suspension policy was explained to me and I have read and received a copy of the expulsion and suspension policy.

---------- _____

Employee Signature Date

Rhythm & Rhymes Childcare

Expulsion and Suspension Policy

Early Childhood Expulsion and Suspension Policy

Parent Signature Sheet

Communication

The agency's expulsion and suspension policy will be clearly communicated to all staff and parents of enrolled children.

Parents/ guardians- the expulsion suspension policy will be incorporated into the parent handbook. A copy of the policy will be disseminated and reviewed with newly enrolled children upon enrollment period. All parents/ guardians will sign a statement acknowledging they have received and read the agency's expulsion and suspension policy.

Parent Acknowledgement

I, the parents/ guardian of _____

(Child/ Children's Name(s))

acknowledge that the Expulsion and suspension policy was explained to me and I have read and received a copy of the expulsion and suspension policy.

---------- _____

Parent Signature Date

Transportation Plan

To ensure the safety of the children in our care, please list all authorized adults to whom we may release your child, including authorized parents. We MUST have the signature of everyone listed on this form. Please remember these individuals must show a valid I.D. and be at least 18 years of age. You must notify the center in advance if someone else is picking up your child.

Name	relationship to child	phone number	Signature
Name	relationship to child	phone number	Signature
Name	relationship to child	phone number	Signature
Name	relationship to child	phone number	Signature
Name	relationship to child	phone number	Signature
Name	relationship to child	phone number	Signature
Name	relationship to child	phone number	Signature
Name	relationship to child	phone number	Signature

Please be aware that all information must be provided, including signatures, and will be verified by staff before your child will be released.

Should there be someone picking up your child who is not on this list, you must notify us in advance and their information and signature will need to be added to this transportation plan.

Permission Form

Child's Name:_____

I give Rhythm & Rhymes' staff permission to apply the identified items to my child as needed throughout the school day. The item(s) should be applied as indicated on the product.

Initial approved items:

_____ Suncreen

_____ Insect Repellent

_____ Diaper Ointment

_____ Lotion

_____ Other

I understand that I am responsible for supplying items. Without the item present, your child will not have access to any other items. I understand that I am responsible for labeling my child's items.

Parent Signature: _____ Date: _____