

The Childcare Center of the Hamptons
Backup Care Program

How it works:

In order to be accepted into the Backup Care Program, forms listed below must be completed and submitted to CCH in order to receive service. (forms can be found on our website www.cchamptons.com)

1. Backup Care is based on first come, first serve. The more notice we have the better chance we will have to schedule care, as we follow New York State mandated ratios for childcare.
2. Cancellation Policy: 24 hours, if you cancel in the 24 hour period full payment is due.

Arrival: When your child arrives at the center, he or she must be accompanied by you or another authorized adult. Please allow sufficient time to have a conversation with the teacher regarding your child's care for the day, including child's schedule and anything that may help your child's transition into our facility. If you have not visited the center previously, be sure to ask staff for assistance in storing your child's belongings.

Meals: CCH does not provide meals. If the children are expected to be here for a full day please provide your child with the proper amount of meals. I.E. breakfast, lunch, morning and afternoon snack. If your child has any food allergies, additional forms may be required.

Departure: At pick-up time, children will only be released to a parent, guardian, or other adult previously authorized in writing. Please allow sufficient time to speak

with the teacher about your child's day, pack up your belongings, and sign your child out by the close of center business hours.

Hours of Operation: 7:00 A.M. – 5:30 P.M.

Registration & Material Fee \$150

One day \$120

Payment is due to reserve spot in classroom.

*Cancellation policy: 24 hours in advance. If cancellation is not confirmed with CCH director 24 hours before date of reservation there will be no refund.

1. Agreement will be for specific days.
2. All fees and tuition are on a prepay basis.
3. LATE FEE (After 5:30 PM) & EARLY (before 7:00 AM) will be \$5.00 per minute.
4. If a child does not attend, fees are still due. Unless proper cancelation notice is given.
5. I reviewed the Parent Handbook from the CCH website, www.cchamptons.com.

By signing below I am stating that I understand and agree to the terms of the above Backup Care Program. I further agree to pay the wages mentioned above.

Child Name: _____ D.O.B. _____

Child Name: _____ D.O.B. _____

Parent Name: _____

Parent Signature: _____ Date: _____

Parent/Guardian Information

Parent/Guardian First Name: _____ Last Name: _____
Address: _____
Occupation: _____ Home Phone: () _____
Employed By: _____ Office Phone: () _____
Work Address: _____ Cell Phone: () _____
Email: _____
Marital Status: Married Single Divorced Separated Widowed
Other _____

Parent/Guardian First Name: _____ Last Name: _____
Address: _____
Occupation: _____ Home Phone: () _____
Employed By: _____ Office Phone: () _____
Work Address: _____ Cell Phone: () _____
Email: _____
Marital Status: Married Single Divorced Separated Widowed
Other _____

Child Information

1st Child First Name: _____ Last Name: _____
Name child prefers to be called: _____ Grade/Class: _____
Child's Address: _____
Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

2nd Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____

Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

2nd Contact/Pick Up Name: _____

Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

3rd Contact/Pick Up Name: _____

Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

4th Contact/Pick Up Name: _____

Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

NAP AGREEMENT

AT CCH all children are provided time and space to nap in their classroom. Ratio is maintained during nap time. All children are supervised during naptime, including children who are unable to sleep. Children who are unable to fall asleep in an appropriate amount of time will be provided with a quiet activity or toy. No child is confined to a sleep space if they are unable to fall asleep in an appropriate amount of time.

Children under the age of 18 months are provided a crib and children over 18 months are provided a cot with his/her name. We ask parents to provide clean bedding weekly. Sleeping areas are sanitized daily after each use.

Children under the age of 1 are not able to have any comfort items in the crib with them, due to risk of SIDS. Children under the age of 1 are always placed on their back to sleep. CCH always follows the AAP recommendations and guidelines.

If you would like your child to sleep with a comfort item, please write specifically what the item is. This item is to be approved or denied by the director, at their discretion.

Comfort Item Request: _____

Approval/Denial: _____

Signature:

Parent's Signature: _____ Date: _____

PHOTO RELEASE AND SURVEILLANCE FORM

I understand that CCH may take pictures of the children throughout their day and display the picture in the classroom, on their cubby or elsewhere. I understand that pictures are sometimes used to help show parents what their children are doing during the day. I also realize that my child might be in a picture posted on the Brightwheel profile of another child, as CCH staff are encouraged to post group pictures of the children. I agree to give permission for CCH to take photographs or video of my child.

I understand that in order to promote the safety of the children, employees and center visitors, as well as the security of its facilities, CCH has surveillance on its premises. The only exception being private areas such as restrooms, and changing tables. The video cameras will be positioned in appropriate places within and around CCH. I hereby give my consent to such video surveillance.

[] I give permission for my child’s photograph to be posted in the classroom and on Brightwheel

[] I give permission for my child’s photograph to be posted on the CCH social media

[] I DO NOT give permission for my child to be posted on CCH social media

Child Name _____

Child Name _____

Parent Name _____

Parent Signature _____

