



Welcome!

Thank you for choosing St. Mary's Early Childhood Center to care for your child. Below is the list of items your child will need during care. Please ensure that your child's items are labeled.

Infants
<ul style="list-style-type: none">- Formula or Breast Milk until 12 months old (2% is provided at age 1)- Diapers, diaper cream and wipes- Extra clothing (3 sets) and outerwear to match the season- Four bottles (with appropriate nipple sizes and bottle caps)- Sippy Cup at age 1- Lunch (when eating solids)- Sprays and/or creams:<ul style="list-style-type: none">o Lotiono Bug Repellent (over 2 months old)o Sunscreen (over 6 months old)

Enrollment Requirements

North Dakota's Department of Human Services and St. Mary's ECC require the enrollment packet to its entirety and returned prior to the first day of care:

1. Complete the Enrollment Packet
 - ☐ Weekly Schedule & Tuition Agreement (2 pages)
 - ☐ Child Information Sheet (ND Department of Human Services)
 - ☐ Service Contract
 - ☐ Parent's Statement on Health of Child (ND Department of Human Services)
 - ☐ Notify Now Contract Form (unscheduled closings, weather delays, etc.)
 - ☐ Field Trip Permission Form (ample notice will be provided prior to field trip)
 - ☐ Infant Safe Sleep (if applicable)
 - ☐ Photo Permission Release
 - ☐ Product Permission Form
 - ☐ Procure Autopayment Processing (2 pages)
 - ☐ Water Activity Permission Form
2. Provide Copy of Current Immunization Records
3. Provide Copy of Birth Certificate
4. \$50 non-refundable **Registration Fee** (per child)
5. First Weeks Tuition



Weekly Schedule & Tuition Agreement

TUITION PRICING IS LOCATED ON THE NEXT PAGE

Child's Name: _____ DOB: ____/____/____

Please select type of care needed:

Full-Time Care: Your child attends 4-5 days per week between 7:15 AM and 5:30 PM.

Children between the ages of 6 weeks through 2 years old are offered full-time schedules only.

Est. drop off time: _____ Est. pick-up time: _____

Part-Time Care: Your child attends 2-3 days per week, M/W/F or T/TH

Toddler or Pre-K

M T W Th F

Est. drop off time: _____ Est. pick-up time: _____

School Age Care:

Est. drop off time: _____ Est. pick-up time: _____

M T W Th F

Military Discount: We offer a 10% discount that will be applied towards your child's tuition.

Current Parishioner Discount: We offer a 10% discount that will be applied towards your child's tuition.



Tuition Agreement

I agree to enroll my child at **St. Mary's Early Childhood Center** for the indicated schedule and agreed to pay the corresponding daily/hourly tuition rate beginning on (date)

____/____/____

I understand that payment is due in advance of care and agree to pay the monthly tuition on or before the first day of the month that care is provided.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Classroom	Full-Time Care	Part-Time Care
Infants (6 w/o-18 m/o)	\$338/week	N/A
Younger Toddlers (18 m/o-24m/o)	\$275/week	\$60/day
Older Toddlers (24 m/o to 36 m/o)	\$275/week	\$60/day
Pre-K (36 m/o to 48 m/o)	\$242/week	\$55/day
Pre-K 2 (48 m/o to 60 m/o)	\$242/week	\$55/day
School-Age Before/After School (Kindergarten +)	\$77/week	N/A
School-Age Summer (Kindergarten +)	\$202/week	\$45/day



Service Contract

By signing this contract, I/we are agreeing to the following:

1. I have received, read, understand and agree to accept the terms in the Parent Handbook as a condition of enrollment.
2. I understand that to be enrolled, the child's shot record and birth certificate must accompany the application.
3. I understand that to be enrolled, the \$50.00 registration fee must accompany the application. This fee is non-refundable.
4. I agree to pay the monthly tuition on or before the first day of the week that care is provided. In the event that the tuition is not paid on time, I/we agree to pay a \$5/day late fee (including weekends).
5. I agree to provide a written two week notice upon termination of care and agree to pay for two weeks of care should we terminate without prior notice.

Parent Signature_____Date_____

Parent Signature_____Date_____



Field Trip Permission Form

Field Trip form to go on neighborhood walks and to the local parks

Child's Name _____

Address _____

Parent: Name: _____ Work # _____ Cell # _____

Parent: Name: _____ Work # _____ Cell # _____

Emergency contact who may assume responsibility for your child if you cannot be reached:

Name _____ Phone # _____ Relationship to child _____

____ My child has permission to leave St. Mary's ECC (on foot) for the purpose of attending field trips or class walks.

____ My child does not have permission to leave St. Mary's ECC (on foot) for the purpose of attending field trips.

Parent Signature: _____ Date: _____

Please list any allergies or medical conditions: _____

I hereby authorize St. Mary's ECC to secure emergency medical treatment for my child under the following conditions:

- 1. An emergency or unanticipated condition necessitates action for the preservation of life or health of the child**
- 2. Reasonable attempts to contact me have failed**

Print Name: _____

Signature: _____ Date: _____

Infant Sleep Policies

Ensuring infants are safe while they sleep is very important to our program. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) to provide a safe sleep environment and reduce the risk of sudden infant death syndrome (SIDS). SIDS is the “sudden death of an infant under 1 year of age, which remains unexplained after a thorough investigation.” For this reason, St. Mary’s ECC has created a policy on safe sleep practices for infants under 12 months old to be followed by all staff, substitute staff, and volunteers at St. Mary’s ECC.

Sleep Position:

- All infants (under 12 months of age) will consistently be placed completely flat on their backs in a safety approved crib or playpen for sleep unless written permission from **both** parents is provided **AND** a written note is provided from the infant’s health care provider stating:
 - The medical reason/diagnosis
 - The specific time frame that an alternate sleep position and/or alternate sleep surface (ex. car seat) is to be followed.
- When an infant can easily turn from **both** front to back and back to front, they can remain in whatever position they prefer to sleep.

St. Mary’s ECC reserves the right to refuse care if St. Mary’s ECC does not feel comfortable following the order.

- All infants’ heads/faces will remain uncovered when sleeping.
- Infants will remain lightly clothed and will not be over-layered to prevent overheating.
- Headbands, bibs, necklaces (including teething necklaces), hooded clothing, and hats will be removed before laying an infant down for sleep.
- Positioning devices or wedges are not recommended and will not be used without a written order from a health care provider.

St. Mary’s ECC reserves the right to refuse care if St. Mary’s ECC does not feel comfortable following the order.

Blankets, Pacifiers, Sleep Sacks, or Security Items:

Written parental permission must be obtained to use one blanket, sleep sack, pacifier, or security item for sleep. A blanket and sleep sack **cannot** be used at the same time. A copy will be posted out of infants reach by each infant’s crib/playpen.

- Pacifiers will not be tied around an infant’s neck or clipped onto an infant’s clothing.
 - Pacifiers will be checked for cracks/tears before use.
 - No stuffed animals/toys will be attached to the pacifier.
- Blankets are not recommended. If used, only one thin blanket is allowed. Weighted blankets are not allowed.
- Swaddling is not recommended. If swaddled, only one thin blanket will be used at no higher than the infant’s shoulders. Once the infant shows signs of attempting to roll swaddling will be discontinued.
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Infant Sleep Policies (cont.)

- Sleep sacks are recommended instead of blankets. Sleeveless sleep sacks will be used. Once the infant shows signs of attempting to roll the swaddle sleep sacks can be used but **will not** be used.
 - Sleep sacks must fit properly so the infant's head cannot slip through the neck hole or cause excess material to cover or gather around the infant's face.
 - Weighted sleep sacks are not allowed.
 - Lightweight sleep sacks will be used to prevent overheating.
 - Sleep sacks will not be allowed once an infant no longer sleeps in a crib/playpen.

Sleep Environment:

- Our program will use CPSC guidelines for safety approved cribs and playpens.
- The temperature of the room where infants sleep will be maintained at 68-72 degrees F.
- Hardware will be checked weekly on cribs to make sure no pieces are loose, broken or missing.
- The mattress of the crib will be always in the lowest position and completely flat.
- None of the below items will be attached to or above, draped over, hung over the sides of the crib or playpen while occupied by an infant:
 - crib toys, mobiles, blankets
 - monitors/devices
- All items will be kept out of the reach of an infant in the crib or playpen.
- Infants will not sleep on/in the following:
 - water beds, sofas, soft mattresses, car seats, swings, bouncy seats, Boppys, or other soft surfaces.
- Soft materials such as the following will not be placed in infants' sleep environments:
 - pillows, stuffed toys, loose bedding, bumper pads, quilts, (including breathable/mesh bumper pads) and comforters.
- If a crib is used, infants will only sleep on a firm tight-fitting mattress with a properly fitted crib sheet.
- If a playpen is used, infants will only sleep on the pad provided by the manufacturer with a properly fitted playpen sheet. The pad will maintain shape when a fitted sheet is used; lay flat and meet all four corners of the frame. No sheet will be used if an ill fitted sheet is the only option. No extra padding or mattresses will be added. Velcro/snap straps provided by the manufacturer will be used to keep pad in place.
- The pad (floor of playpen) will be checked frequently to make sure wood panels are not broken or haven't shifted. The area under the pad will be kept clean and free from rips/tears.
- Playpen mesh will be less than 1/4" and free from tears/holes.
- The playpen frame will be structurally intact and checked often to make sure the frame is sturdy.
- Bassinets will not be used; nor will the bassinet or changing pad inserts for playpens.
- Infants will not share cribs/playpens at the same time.
- Smoking will not be allowed within 20 feet of St. Mary's ECC. Staff will not be permitted to smoke on their breaks during work hours.

Infant Sleep Policies (cont.)

Supervision:

- A staff member will visually check on the sleeping infants regularly (every 10-15 minutes) to view the color of infant's skin, to check on infant's breathing, to monitor for signs of overheating, to re-adjust blanket/clothing if needed, and to make sure the head/face is uncovered. The lighting in the room will be bright enough to see the infant's skin color and breathing.
- Sleeping infants will be within hearing of staff at all times. Monitor will be used if staff is not always present in the room. Music/sound machines will be placed at a low volume to ensure infants' noises can be heard.
- When infants are awake, they will have supervised "tummy time".
- Infants will spend limited time (maximum of 15 minutes x 2 times a day) in restrictive equipment (ex. swings, bouncer/infant seats, etc.) when they are awake and supervised.

Arrival/Departure:

- All infants must be removed from their car seats (and have outer clothing removed) by their parents and given to the staff upon arrival.
- Staff, substitute staff, and volunteers are **not allowed** to place infants in their car seats unless the St. Mary's ECC is transporting the infants.

Training:

- All staff, substitute staff, and volunteers at the St. Mary's ECC will be trained in safe sleep policies and practices before any individual is allowed to care for infants and reviewed annually. Signed documentation that staff, substitutes, and volunteers have read and understand these policies will be kept in each individual's file.
- All staff, substitutes, and volunteers at St. Mary's ECC will be trained on emergency procedures for unresponsive infants as well as what to do when they have a question or need assistance before they are allowed to care for infants.

When the Policy Applies:

This policy applies to all staff, substitute staff, parents, and volunteers when they are caring for infants at St. Mary's ECC.

Communication Plan for Staff and Parents:

Parents will review and sign this policy when they enroll their infant in the St. Mary's ECC and a copy will be given to the parents. Parents are asked to follow this same policy when the infant is at home to prepare their infant to sleep at child care. Information regarding safe sleep practices, safe sleep environments, reducing the risk of SIDS in child care as well as other program health and safety practices will be shared if any changes are made. A copy will also be provided in the staff handbook.

North Dakota Licensing requires written parental permission to use a blanket, sleep sack, pacifier or security item for sleep. A copy of the permission form will be posted by the infant's crib/playpen out of the infant's reach for staff to reference.



Infant Sleep Permission Form

Effective January 1, 2013, ND Child Care Licensing Regulations state:

With written parental permission, the provider may place one individual infant blanket or sleep sack, a pacifier, and a security item that does not pose a risk of suffocation to the infant in the crib or portable crib while the infant is sleeping or preparing to sleep.

*** Blanket and sleep sack cannot be used at same time**

*** Providers are not required to allow these items.**

Parent/Guardian Authorization

I have read the information on this form and give St. Mary's ECC permission to use the following checked item(s) when my infant _____ is sleeping or preparing to sleep:

☐ One infant blanket (a thin blanket is recommended)

- Weighted blankets are not recommended by the AAP.
- A written order from a health care provider stating a medical reason/diagnosis and time frame is required by licensing to use more than one blanket or use a weighted blanket.

I request my infant to be swaddled:

☐ Yes

☐ No

- Swaddling is required by licensing and recommended by the AAP to be discontinued once an infant shows signs of attempting to roll.
- If the infant is being swaddled, the blanket should not come higher than to the shoulders of the infant; the blanket should be loose enough for a hand to fit between the blanket and the infant's chest; the blanket should be kept loose around the infant's hips.
- A written order stating a medical reason/diagnosis and time frame from a health care provider is required to continue swaddling after an infant shows signs of attempting to roll.

☐ Sleep sack

- Sleeveless sleep sacks are recommended to use. The sleep sack is recommended to fit properly so the infant's head cannot slip through the neck hole or cause excess material to cover or gather around the infant's face.
- Lightweight sleep sacks are recommended to prevent overheating.
- Weighted sleep sacks are not recommended by the AAP.
- Swaddle sleep sacks (with arm panels) can be used but are recommended to be discontinued once an infant shows signs of attempting to roll.
- A written order stating a medical reason/diagnosis and time frame from a health care provider is required to use a weighted sleep sack or to continue to use a swaddle sleep sack after an infant shows signs of attempting to roll.

☐ Pacifier - not recommended by the AAP to be attached to a clip/strap or to a stuffed animal/ toy

☐ Security item (specify item) _____ * security items are not recommended by the AAP

- *Necklaces (including teething necklaces), bibs, headbands, hooded clothing, hats are recommended to be removed for sleep.

Name of Parent/Guardian (please print) _____

Parent/Guardian Signature _____ Date: _____



Infant Sleep Permission Form (cont.)

Regarding questions please ask:

Program Contact: Victoria Smythe (Director | St. Mary's ECC) Date: _____

Health Professional Contact: (if applicable) _____

Infant's Name: _____ DOB _____

Signed by:

Director/Owner: _____ Date: _____

Victoria Smythe (Director | St. Mary's ECC)

Parent (s):

_____ Date: _____

AND

_____ Date: _____

Effective Date and Review: This policy is effective ____/____/____ and will be reviewed annually by ____/____/____ or sooner if needed. **Parents and staff will be notified of any upcoming policy review.**



Notify Now Contact Form

Please provide your contact information below. St. Mary's ECC utilizes Notify Now to send notifications to announce weather closings, delays and further information as needed. *We typically follow the same winter storm schedule as the Grand Forks Public School system.*

Child(ren)'s Name(s): _____

Parent Names(s): _____

Cell #: _____ Work #: _____

Would you like to receive text messages as well? ☐ Yes ☐ No

E-mail: _____

Child(ren)'s Name(s): _____

Parent Names(s): _____

Cell #: _____ Work #: _____

Would you like to receive text messages as well? ☐ Yes ☐ No

E-mail: _____



Photo Release Form

Dear Families,

For purposes of advertisement, providing valuable information to prospective, and to let families in on the goings-on at St. Mary's ECC, we maintain a Facebook page and a website: www.stmarysgfnd.com. Occasionally we update these sites with photos that reflect our curriculum and environments.

Please complete the bottom portion of this form to let us know if we may use your child's image for this purpose. Please note we will never post your child's name with the photographs.

Please check all that apply

- ☐ I give permission for images of my child to be used on the St. Mary's website.
- ☐ I give permission for images of my child to be used on the St. Mary's Facebook page.
- ☐ I give permission for images of my child to be used for bulletin boards and classroom projects.
- ☐ I do not give permission for images of my child to be used at all.

Parent Name: _____

Parent Signature: _____

Date: _____



Product Permission Form

All Over the counter products require parental permission on a yearly basis.

I give permission for the following products to be applied by St. Mary's Early Childhood Center Staff as needed for my child _____.

We will notify you and fill in the brand name of the products.

Type of Product:	Brand Name:
<input type="checkbox"/> Antibacterial First Aid Ointment	
<input type="checkbox"/> Bug Repellent (for children over 2 months old)	
<input type="checkbox"/> Diaper Ointment/cream	
<input type="checkbox"/> Chapstick	
<input type="checkbox"/> Lotion	
<input type="checkbox"/> Sunscreen (for children over 6 months old)	
<input type="checkbox"/> Toothpaste	

Parent Name: _____

Parent Signature: _____

Date: _____



Water Activity Permission Form

Name of child: _____ Date of Birth: _____

I give consent for _____ to participate in water activities while at St. Mary's ECC.

I understand that my child's care provider will:

- Maintain a safe staff to child ratio while participating in water activities
- Closely monitor my child and will never leave them unattended while they are participating in the water activities listed below.

My child may participate in: Please check all that apply. Permission is not required for water tables or sprinklers

☐ Swimming in on-site pool

Describe pool type (wading, underground, 3 to 4 ft. above ground) _____

☐ Community Pool / Water Slide

Location / Address: _____

☐ **My child's swimming abilities:** Please check all that apply

A non-swimmer

☐ Has successfully completed formal swimming lessons

Describe what level/skills your child has in swimming: _____

☐ Has special needs with water activities

Please describe: _____

Parent Name: _____

Signature of Parent: _____ **Date*** _____

*Permission form effective for one year from date of signing.