



New York Mills Before and After School Child Care Contract 2024-2025

MONDAY - FRIDAY BEFORE SCHOOL: 6:00 AM - 8:10 AM

MONDAY - THURSDAY AFTER SCHOOL: 3:00 PM - 5:30 PM / **NO AFTER SCHOOL CARE ON FRIDAY'S**

Childcare Coordinator/AM Provider:

PM Provider: Marissa Witt

Phone: Child Care Office: 218-385-4209

Elementary Office: 218-385-4208

District Office: 218-385-2553

E-MAIL ADDRESS: childcare@nymills.k12.mn.us

*This email address will be our main form of communication with you! Please make sure to provide us with your email address on the contact form.

DEADLINE IS THURSDAY, AUGUST 29, 2024



ADDRESS:

NYM Child Care
Independent School District #553
209 Hayes Street, PO Box 218
New York Mills, MN 56567



- ★ **Important:** If a child is marked on the calendar as attending and they do not show without prior notification, they will be marked as a "no show/no call" and billed for an hour for each child. It is important we know of any changes being made to the childcare schedule. We will provide monthly calendar sheets for you. They can be found in the black metal six file folder on the sign-in/out table in the Multi-Purpose room where childcare is held.
- ★ **Drop-Ins:** We understand that you may need to have your child at childcare outside of a scheduled day or due to an unforeseen emergency. We do allow drop-ins as long as the student has a Registration and Emergency Contact Form on file with Child Care. If you are calling for childcare you need to call the night before or before 2 pm the day of. If you call after 2 pm your child will not be able to attend that night. Billing rates are the same as above.

SOME SPECIFICS:

- ★ **ILLNESS** - If your child is sick, he or she *cannot* come to Child Care. We will call you to pick up your child if they are sick.
- ★ **CLOTHING** - We will be spending time outside when the weather is permitting. Please make sure your child has the proper clothing for the seasonal weather.
- ★ **SHOES OR SANDALS** - Footwear is a **MUST** at all times. It is a good idea to have tennis shoes daily.
- ★ **WATER BOTTLES** - You may provide your child with a water bottle that they can leave in their lockers or backpacks for the school year with their name on it. We have a water bottle refill station in the hallway that they may use to fill their water bottles.
- ★ **ELECTRONICS** - * No electronic toys or cell phones/tablets are allowed in child care.* If they are seen, they will be removed and given to the parent/guardian at pickup. No warnings.

EXPECTATIONS - CHILD WILL:

- ★ Show respect for self and others.
- ★ Follow directions when given by all staff.
- ★ Respect and consider others' feelings.
- ★ Respect the personal belongings of others, property, and equipment of the school. This includes helping clean the play area of items used.

EXPECTATIONS - CHILD WILL NOT:

- ★ Argue or talk disrespectfully to the Childcare Staff.
- ★ Bully another child in any form; push, kick, hit, tease, or name-call of another child or staff. This can lead to the dismissal of a child from Child Care.
- ★ Use any form of poor language such as screaming or negative words.
- ★ Leave the program area without permission from the childcare staff. This is a safety issue.
- ★ Wrestle, play tackle football, do TaeKwonDo, or any activity that requires a coach.
- ★ Play with balls in the hallways, trophy case areas, or the Childcare Room. If anything is broken by disobeying this expectation, the parent/guardian of the child will be responsible for the cost of that item.
- ★ Run in the school.

CONSEQUENCES:

- ★ If a child chooses not to follow the rules, they will receive a break away from others at childcare, which means the child will spend some time with an adult or by themselves using items from the calm down bin.
- ★ We will work through behavior issues with the Superintendent as necessary, as well as with the parent/guardian. We will not be able to provide childcare services to anyone that puts the safety and well-being of others at risk.

Please feel free to ask any questions.

Please fill out the attached forms and return the completed forms to the office.

The top pages are for your reference.

NYM Child Care Program 2024-2025 Registration and Emergency Form



1. Child Name _____ 2. Child Name _____

Grade: _____ Teacher: _____ Grade: _____ Teacher: _____

3. Child Name _____ 4. Child Name _____

Grade: _____ Teacher: _____ Grade: _____ Teacher: _____

Parent/Guardian-One: _____

Email Address: _____

Phone #'s (HOME) _____ (CELL) _____ (WORK) _____

Place of Work: _____

Mailing Address for Billing: _____

Parent/Guardian-Two: _____

Email Address: _____

Phone #'s (HOME) _____ (CELL) _____ (WORK) _____

Place of Work: _____

Mailing Address for Billing: _____

Where can a parent/guardian be reached if not at home?
(Parent/Guardian One) _____

(Parent/Guardian Two) _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

In case of an accident or serious illness, I request that the NYM Child Care staff contact me. If they are unable to reach me, I hereby authorize them to call the local physician indicated below and follow his/her instructions. If it is impossible to contact the physician, the Childcare staff may make whatever arrangements are necessary.

Name of local physician/clinic _____

Phone # _____

List any dietary restrictions, allergies, physical conditions, behavior conditions, health conditions, and others that the Childcare staff should be aware of. **IMPORTANT:** If your child/children have one or more of these conditions, please call to set up a meeting first before your child can come to Child Care.

Persons AUTHORIZED to pick up your child/children: (The child/children will only go home with the people on this list. If you send someone else to pick up the child/children and his/her name is not on this list, the child will not leave childcare.)

1. _____ Relationship to the child: _____

Phone Number: _____

2. _____ Relationship to the child: _____

Phone Number: _____

3. _____ Relationship to the child: _____

Phone Number: _____

4. _____ Relationship to the child: _____

Phone Number: _____

Persons NOT AUTHORIZED to pick up your child/children:

1. _____

2. _____

3. _____

I have read all of the information included and agree to the terms of NYM Child Care.

I have informed my child/children what is expected of them while attending NYM Child Care and they agree to do their best and understand the consequences when they don't.

PARENT/GUARDIAN'S SIGNATURE: _____

CHILD SIGNATURE: _____

CHILD SIGNATURE: _____

CHILD SIGNATURE: _____

CHILD SIGNATURE: _____

My child is allowed to have his/her photo taken during Childcare for the school website with no names attached to the photo & art projects:

YES () or NO ()

My child is allowed to use hand sanitizer during childcare:

YES () or NO ()

My child is allowed to use lotion when hands are feeling dry during childcare:

YES () or NO ()

Any questions or concerns?

Any extra notes after reading this?

Child Care Calendar : Return with application.

AM = Drop off Time / PM = Pick Up Time - This is required to help determine staffing.
 Child Care hours are available Before School M-F 6:00 a.m.- 8:10 a.m. and
 After School M-TH 3:00 p.m.- 5:30 p.m. **NO AFTER SCHOOL CARE ON FRIDAY'S**

Childrens Names: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Labor Day No Childcare	3 AM _____ PM _____	4 AM _____ PM _____	5 AM _____ PM _____	6 AM _____	7
8	9 AM _____ PM _____	10 AM _____ PM _____	11 AM _____ PM _____	12 AM _____ PM _____	13 AM _____	14
15	16 AM _____ PM _____	17 AM _____ PM _____	18 AM _____ PM _____	19 AM _____ PM _____	20 AM _____	21
22	23 AM _____ PM _____	24 AM _____ PM _____	25 AM _____ PM _____	26 AM _____ PM _____	27 AM _____	28
29	30 AM _____ PM _____					

Special Dates to Note:

September 3rd - First Day of School & Child Care

Extra Notes for Staff:
