



New York Mills Before and After School Child Care Contract 2023-2024

MONDAY - FRIDAY BEFORE SCHOOL: 6:30 AM - 8:10 AM AFTER SCHOOL: 3:00 PM - 5:30 PM

CHILDCARE COORDINATOR/ AM PROVIDER: Bev Witt Phone: Child Care Office: 218-385-4209
PM Provider: Marissa Witt Elementary Office: 218-385-4208
District Office: 218-385-4201

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 AUGUST 31ST, 2023

ADDRESS:

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



- ★ 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 Multi-Purpose 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 2023-2024 Registration and Emergency Form



1. Child Name _____ 2. Child Name _____

3. Child Name _____ 4. Child Name _____

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. _____

My child/children and I understand all the rules and requirements of the NYM Child Care Program and agree to abide by them.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

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 use hand sanitizer during child care:

YES () or NO ()

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

YES () or NO ()

Any questions or concerns?

Any extra notes after reading this?

Date: _____

Office Use Only:

This contract was received

by: _____

Date: ____/____/____

Picture Form for Childcare:

Throughout the school year, we will be taking photos in the before and after school program. These photos could possibly be used for art projects and classroom activities. Pictures may also be used on the school website.

- Please note: Names of students will NOT be published with photos. This is a decision that I have made to protect the identity of the students.
- Please complete the form below to grant permission to include your child's photo.
- Please check ONE of the following.
- Return this form with your registration to NYM Child Care.

_____ I grant permission for my child's picture to be used for school activities and the school website.

_____ I do not grant permission for my child's picture to be used for school activities and the school website.

Child/Children's Name:

1. _____
2. _____
3. _____
4. _____

Parent/Guardian Signature:

Date: ____/____/____