Welcome To

Great Day Child Care/Learning Center

14810 Madison Road
Middlefield, Ohio 44062
Phone: 440-632-1832

2471 Hubbard Road
Madison, Ohio 44057
Phone: 440-428-5993

4325 Manchester Road
Perry, Ohio 44081
Phone: 440-259-8125

Days and Hours of Operation:
Monday – Friday
5:30am to 6:30pm
5:30am to 7:30pm (Middlefield only)

Registration Fee: $50.00 per family

Childcare Price Quote:

_____

_____

Ohio Department of Job and Family Services

CENTER PARENT INFORMATION
REQUIRED BY OHIO ADMINISTRATIVE CODE

The facility is licensed to operate legally by the Ohio Department of Job and Family Services. This license is posted in a conspicuous place for review.

A toll-free telephone number is listed on the facility's license and may be used to report a suspected violation of the licensing law or administrative rules. The licensing law and rules governing child care are available for review at the facility upon request.

The administrator and each employee of the facility is required, under Section 2151.421 of the Ohio Revised Code, to report their suspicions of child abuse or child neglect to the local public children's services agency.

Any parent, custodian, or guardian of a child enrolled in the facility shall be permitted unlimited access to the facility during all hours of operation for the purpose of contacting their children, evaluating the care provided by the facility or evaluating the premises. Upon entering the premises, the parent, or guardian shall notify the Administrator of his/her presence.

Contact information for parents/guardians of the children attending the facility is available upon request. This information will not include the name, telephone number or email of any parent/guardian who requests that his/her name, telephone number or email not be included.

Recent licensing inspection reports and any substantiated complaint investigation reports for the past two years are posted in a conspicuous place in the facility for review.

The licensing record, including licensing inspection reports, complaint investigation reports, and evaluation forms from the building and fire departments, is available for review upon written request from the Ohio Department of Job and Family Services. The center's licensing inspection reports for the past two years are also available for review on the Child Care in Ohio website. The website is: http://jfs.ohio.gov/cdc/childcare.stm .

It is unlawful for the facility to discriminate in the enrollment of children upon the basis of race, color, religion, sex or national origin or disability in violation of the Americans with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq.

This information must be given in writing to all parents, guardians and employees as required in 5101: 2-12-30 of the Ohio Administrative Code.

Great Day Child Care Learning Center

Registration Form
Age: _____
Birth Date: _____

Classroom: _____
Registration Fee: _____
Date of Enrollment: _____

Child's Name: _____
(Last) (First) (Middle)

Home Address: _____
(Number) (Street) (City) (State) (Zip Code)

Father's Name: _____ Home Phone: _____
Home Address: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____
Home Address: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

List two people who may be contacted in an emergency, if the parent cannot be reached:

Name: _____ Relationship: _____
City/State: _____ Phone: _____
Authorized to pick-up and drop-off children: _____

Name: _____ Relationship: _____
City/State: _____ Phone: _____
Authorized to pick-up and drop-off children: _____

List people (other than parent) authorized to pick-up and drop-off child(ren) at the center:

Name: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

Weekly Schedule (approximate Drop-off / Pick-up times)

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-Off Time					
Pick-Up Time					

Other Children in Family: (Name and Age)

_____

_____

Child's Interests: _____
Child's Dislikes or Fears:

_____

I received and reviewed the policies and procedures discussed in the parent handbook of Great Day Management Inc.
Parent/Guardian: _____ **Date:** _____

Great Day Child Care Learning Center- Tuition Agreement

Due to the Covid-19 Pandemic and our guidelines on lower ratios from the Governor, we had to change the tuition policy. This new policy will be in effect until the Governor lifts the orders.

1. **Tuition is based on the days children are scheduled to attend.** Tuition is based on the number of days your child is scheduled to attend. The center has to do a weekly schedule due to the ratio change, this allows us to be able to serve as many families as we can. If your child is on the schedule and does not attend on a day they are scheduled to attend, **you will still be charged and expected to pay the balance in full.** We ask that you give as much notice as possible if you know your child/children will not be attending on a scheduled day. (Middlefield: 440-632-1832; Email: greatday1@netlink.net; (Madison: 440-428-5993; Email: greatday3@netlink.net); (Perry: 440-259-8125; Email: greatday4@netlink.net

2. Tuition will be due either on or before the Friday prior to the care week/month or the Monday of the week of care. I understand tuition payments not paid in full by the Monday of care means I will lose my spot at the center & it will be given to someone else.

3. If you are considered a full time family (30 hours or more) you will be allotted 5 days of vacation per year. You must let the office know ahead of time so we can plan accordingly.

4. Center closes at 7:30 pm. If my child/children are not picked up by the center's closing time, a late pick-up fee of $1.00 per minute, per child will be added to your account.

5. Drop-In child care payments are due the day your child attends or you can pay a larger amount to have a credit on your account.

6. **The center requires a 1 week written notice for withdrawal. If notice is not given, you will be billed for 1 week.**

7. Failure to meet the center's payment policy will result in immediate termination of child care services.

8. The reinstatement will be the same as enrollment and requires a $50.00 **enrollment fee.**

9. Please be sure to check your account on the computer or in the office when checking in or out.

10. **I** understand that a NSF charge of $35.00 will be charged to may account if a check is returned to the center due to insufficient funds. A cash payment will then be required in full to cover the NSF check.

11. You are responsible for providing your child/children with a lunch that meets the Nutritional Guidelines by the State. If the center has to supplement any foods in your child/children's lunch you will be charged a fee of $10.00.

I have received a handbook and have read the above policies and payment regulations of Great Day Child Care Learning Center and agree to these policies.

I agree to pay $_____ per week/per day/per month on or before the Friday prior to the care week or the Monday of care week.

Parent or Guardian signature _____ Date: _____

Administrators Signature-_____ Date: _____

Ohio Department of Job and Family Services

CHILD ENROLLMENT AND HEALTH INFORMATION FOR CHILD CARE

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth	First Day at Program/Home
Home Address			City
State	Zip Code	Home Telephone Number	
Parent/Guardian Name			Relationship to Child
Home Address			Home Telephone Number
City		State	Zip
Email Address *(if applicable)*		Cell Phone	
Parent's Work/School Telephone Number		Parent's Work/School Name	
Parent's Work/School Address			City

Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. ☐ Yes ☐ No

If you answered yes, please indicate which number(s) above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email

Where can you be reached while your child is in this program/home?

Parent/Guardian Name			Relationship to Child
Home Address			Home Telephone Number
City		State	Zip
Email Address *(if applicable)*		Cell Phone	
Parent's Work/School Telephone Number		Parent's Work/School Name	
Parent's Work/School Address			City

Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. ☐ Yes ☐ No

If you answered yes, please indicate which number(s) above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email

Where can you be reached while your child is in this program/home?

Emergency Contacts: Parents **cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached.** Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

Name		Name	
City	State	City	State
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached *(if applicable)*		Other numbers where emergency contact can be reached *(if applicable)*	

Name of Physician or Clinic/Hospital		
Street Address		
City	State	Telephone Number

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

☐ No

☐ Yes - check all that apply ☐ Food ☐ Medication ☐ Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (*check one*)

☐ No

☐ Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

☐ No

☐ Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

☐ No

☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.

☐ N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

☐ No

☐ Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

☐ No

☐ Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."

☐ N/A - child does not attend a full time program.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff **or medical personnel** in an emergency situation. N/A_____
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page. N/A_____

Diapering Statement

Is your child toilet trained? ☐ Yes (If yes, skip to Emergency Transportation Authorization section) ☐ No (If no, fill out the following)

The program's policy is to check diapers every 3 hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give *Permission* to Transport			**_Do Not Give Permission_ to Transport**	
Program or Home Name Great Day Child Care Learning Center		**OR** **Do not sign both**	Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			**does not have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☐ Yes ☐ No *(check one)*

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Great Day Child Care Learning Center
14810 Madison Road
Middlefield, Ohio 44062
440-632-1832
Greatday1@netlink.net

Permission of Photographs for Center use on Company Website, Local Newspapers and/or Social Media

Great Day Child Care has permission to take pictures of my child(ren) and use these pictures on the Company Website, Local Newspapers and/or Social Media. My child(ren)'s name will not be listed with any of the photographs.

Date- _____

Parent's Signature- _____

Child's Name-_____

Ohio Department of Job and Family Services

FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name *(Last)*	*(First)*	Nickname *(If any)*

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

Who is in the child's immediate family?

Who lives at home with your child?

What is the primary language spoken in your child's home?

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?

Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?

Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)

Do you have any pets at home? If so, what are they and what are their names?

Has your child had a previous care arrangement? ☐ Yes or ☐ No Additional Details? (Center based, in home, with family, with parents, etc.)

My child drinks ☐ milk, ☐ formula, ☐ juice or ☐ water. *(Check all that apply)*
How much and how often?

Does your child have any favorite foods?

Does your child dislike any foods?

Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)

Please check all of the words that best describe your child's personality and behavior

☐ active ☐ adventurous ☐ affectionate ☐ anxious ☐ bossy ☐ bright ☐ busy ☐ calm ☐ cautious ☐ cheerful
☐ content ☐ creative ☐ curious ☐ easily-angered ☐ emotional ☐ energetic ☐ excitable ☐ friendly ☐ gives-in-easily
☐ happy ☐ hesitant ☐ insecure ☐ jealous ☐ likes structure/routines ☐ loud ☐ loving ☐ mellow ☐ outgoing
☐ prefers adult attention ☐ quiet ☐ sensitive ☐ serious ☐ shares-well ☐ social ☐ spontaneous ☐ stubborn ☐ tentative
☐ other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a ☐ high chair, ☐ booster, ☐ child size chair or ☐ adult size chair. *(Check the one that applies.)*

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.
What might you and/or your child be anxious about as he/she starts in this program?
What are you and/or your child excited about as he/she starts in this program?
What are your expectations of this program?
What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature	Date

Ohio Department of Job and Family Services

CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name *(print or type)*	Date of Birth

✓ This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.

✓ This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).

Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner	Date of Examination

Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number

Street Address

City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

Exceptions to Immunization requirements pursuant to 5104.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

☐ I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.

Signature of Parent	Date of Signature

Optional

Recommended Assessments/Screenings

Vision	☐ Yes ☐ No	Lead	☐ Yes ☐ No
Hearing	☐ Yes ☐ No	Hemoglobin	☐ Yes ☐ No
Dental	☐ Yes ☐ No	Other	

Measurements		**Notes**
Height		
Weight		
BMI		

Ohio Department of Job and Family Services

REQUEST FOR ADMINISTRATION OF MEDICATION FOR CHILD CARE

The following section must always be completed by the parent/guardian.

Check all that apply and complete all of the information.

☐ Prescription Medication ☑ Nonprescription Medication ☐ Food Supplement

☐ Topical Product or Lotion ☐ Refrigeration Required ☐ Modified Diet

Name of Child	Date of Birth	Weight

Name of Medication	Exact Dosage
Iodide Tablet	1 Tablet

To be administered at the following times	For the following period of time
As directed by Lake County Emergency Team	one year

☑ I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).

Signature of Parent/Guardian	Date

The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant.

1. The medication contains codeine or aspirin.
2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions).
3. It is a sample medication without a prescription label.
4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period.
5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use.

Name of child	Name of medication, vitamin, diet, supplement

Dosage	Possible side effects to watch for are

Expiration date

(May not exceed twelve months from the date of this request for medications of food supplements).

Instructions

This child is under my care and should receive the above medication as written.

Signature of physician, dentist, advanced practice registered nurse or certified physician's assistant

Date of signature	Phone number

Name of child	Name of medication, vitamin, diet, supplement

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.

The following section must be completed by the center, family child care provider or in-home aide for the child listed on page one of this form. All medication must be documented when administered.			
Date	Time	Dosage	Signature of Designated Person Administering Medication

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.

Dear Parent,

Great Day Child Care Learning Center, in conjunction with Lake County Emergency Management Agency (EMA), has developed plans to protect daycare and learning centers children in the event of an emergency at the Perry Nuclear Power Plant (PNPP). We have plans to Shelter or Evacuate based on protective actions recommended by the Lake County EMA.

The following information defines the actions our agency would take based on the emergency classification at the PNPP. The emergency classifications are in order of severity, least serious to most serious.

Unusual Event: We are not notified

Alert: We are notified only if Lake County Emergency Operations Center (EOC) is activated. Based on the emergency, we may cancel activities and advise parents to pick up their children.

Site Area Emergency: We are notified. We cancel activities and advise parents to pick up their children. If a parent is not at home, normal school policy will be followed.

General Emergency: We are notified of protective action recommendations issued. Based on the protective recommendation from the EOC, we will shelter at the school or evacuate children and staff to the designated care center below where they will receive care until parents or guardians pick them up. Monitor an EAS station for further information.

It is our general policy to cancel school activities and to release children in advance of a protective action being recommended. As usual, we will return children only to parent(s) or guardian(s), legal guardian(s) or a designated caregiver. If none listed caregivers are available, we will follow the normal school policy for school cancellation. This is to ensure that the parent(s) or guardian(s) know exactly where their child is at all times and that the child is safe and being cared for.

If a protective action is recommended to Shelter, please **DO NOT ATTEMPT TO PICK UP YOUR CHILD.** During a Shelter advisory, both you and your child are safer indoors. Your child will always be well care for. Listen to the EAS stations radio for emergency information.

The pickup location for your child is listed below. There will also be a note posted on our doors in the event of an emergency

Norte Dame-Cathedral Latin School

1300 Auburn Road, Munson Twp.

I _____, understand the statement above and give Great Day Child Care Learning Center permission to transport my child in the event of an emergency declared by the EOC.

_____ Date:_____

Signature

Great Day Child Care Learning Center

Permission to provide transportation in the event of a disaster

In consideration of **Great Day Child Care Learning Center** arranging transportation and administering Iodide tablets in the event of a directive from the Lake County Emergency Planning Commission and the Lake County Department of Health, I hereby for myself, my heirs, administrators and assigns, waive and release any and all rights and claims of any nature I may have against **Great Day Child Care Learning Center**, their representatives, successors and assigns for any and all injures or damages of any nature which my child may incur while taking part in an ordered evacuation. I further agree that I need to go directly to Edgewood High School, Ashtabula, Ohio. Further, I understand that the Center is registered with the Lake County Emergency Management Agency.

_____

Name of child

_____

Name of parent or guardian

Signature of parent or guardian Date

It is extremely important that you keep your contact information up-to-date. Please notify the center of any changes in phone numbers. Families will be contacted as soon as is reasonably possible.

PLEASE COMPLETE THIS FORM AND RETURN TO THE CENTER

Ohio Department of Job and Family Services

REQUEST FOR ADMINISTRATION OF MEDICATION FOR CHILD CARE

Section A: Section A to be completed by the parent/guardian

Check all that apply and complete all of the information.

☐ Prescription Medication ☐ Nonprescription Medication ☐ Food Supplement

☑ Topical Product or Lotion ☐ Refrigeration Required ☐ Modified Diet

Name of Child	Date of Birth	Weight

Name of Medication	Exact Dosage
	Thin layer

To be administered at the following times	For the following period of time
1/2 hour before outdoor activity	one year

☑ I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).

Signature of Parent/Guardian	Date

Section B: To be completed by the person who is authorized to give medication

1. The medication contains codeine or aspirin.
2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions).
3. It is a sample medication without a prescription label.
4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period.
5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use.

Name of child	Name of medication, vitamin, diet, supplement

Dosage	Possible side effects to watch for are

Expiration date

(May not exceed twelve months from the date of this request for medications of food supplements).

Instructions

This child is under my care and should receive the above medication as written.

Signature of physician, dentist, advanced practice registered nurse or certified physician's assistant

Date of signature	Phone number

Name of child	Name of medication, vitamin, diet, supplement

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.

The following section must be completed by the center, family child care provider or in-home aide for the child listed on page one of this form. All medication must be documented when administered.

Date	Time	Dosage	Signature of Designated Person Administering Medication

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.

Great Day Child Care & Learning Center
Pick-Up Authorization

As part of our ongoing effort to give your child the best care possible, we need to understand who is allowed to pick up your child from the Center.

Any individual that you have listed on the Emergency Authorization Form is automatically allowed to pick up/visit your child at any given point in time. The Center will need written permission for anyone else that you would like to pick up/visit your child.

In addition, please list below anyone who is **NEVER** allowed to pick up your child:

1.) Name_____

Relationship with Child _____

Parent Signature _____ Date_____

Child Name _____

Please remember that any individual that IS NOT listed on your Emergency Authorization Form will need a note to pick up your child.

Thank you for your help in our efforts to keep Great Day Child Care a safe place for your child and our Staff.

Dear Parents/Guardians,

This letter is to inform you about the Nutritional Requirements for meals. Please read the following information, if you have any questions, please see the office.

No heat-ups and make sure all food is cut up.

5101:2-12-39 Requirements for Meals and Snacks in Licensed Child Care Centers

Brief outline of the rule 5101:2-12-39 on Requirements

(A) A meal or snack which meets the requirements of this rule shall be prepared and served to any toddler, preschool child or school child at intervals of not more than four hours.

(1) Children in evening or overnight care shall be accommodated to the above schedule, as applicable, during the hours the child is awake.

(2) A meal shall meet one-third of the recommended daily dietary allowances as most recently specified by the United States department of agriculture (USDA) child and adult care food program child care component as identified in 7 CFR 226.20 (Sept. 1, 2004). This includes at a minimum, one serving of fluid milk, one serving of meat or meat alternative, two servings of vegetables and/or fruits (one serving of each is recommended) and one serving of bread or grains.

The sizes of individual food servings may be varied according to the developmental needs of the child being served, but additional amounts of food shall be prepared and ready to serve in order to meet one-third the recommended daily dietary allowance for each child in attendance.

Nutritional Requirements

In order to meet the nutritional requirements that are set by the state, we check daily for:

Food Components	Ages 1-2	Ages 3-5	Ages 6-12
Protein	1 ounce	1 ½ ounce	2 ounces
Fruits and/or vegetables	¼ cup	½ cup	¾ cup
Grains/Breads	¼ cup /½ slice	¼ cup /½ slice	½ cup /1 slice
Milk	½ cup	¾ cup	1 cup

If we need to supplement your child's lunch, the office will charge your account per lunch or item.

Great Day Child Care Learning Center

Middlefield, Madison, & Perry

The Benefits, Values and behind the scenes support that contribute to your child's care.
We want you to know how and where your tuition dollars are spent.

Staff payroll
Cups, Bowls, Spoons
Administration
Computer & Software
Office Equipment
Kitchen supplies
Seminars
Refrigeration & Microwave
Legal & Accounting
Electric
Building & property
Advertising
Taxes
Security
Toys
Laundry supplies

Holiday Activities
Office Supplies
Telephone & Fax
Decorations
Tools & Maintenance
cereal/ Milk/ Juice
Specialized Training
Nursery equipment/ Cribs
Paper product/ T.P. / Hand towels
Food/ Snacks
Educational Aids
Snow removal
Heat/ Air Conditioning
Classroom equipment
Cleaning Supplies
Tissues

Classroom supplies
Rent
Insurance
Cameras
Fencing
Water & Sewer
Activity costs

And much more.....