



Welcome!

Thank you for considering Infinitee Day School LLC we are committed to providing your child with excellent care and education every minute he/she spends with us. Taking the unique ability levels, needs, and goals for each child who attends our center into consideration always is our standard practice. At Infinitee Day School LLC we believe that all children can and do learn from each other and from the positive guidance of the adults surrounding them. We sincerely appreciate that you are entrusting your most precious asset to us!

Procure and Parent engagement

Parents must ensure that you sign up with Procure and download the application for participation with communication of sending and/or receiving important information, upcoming events and/or child's progress. Procure plays a very important role in the services provided by Infinitee so please keep in mind that it would be in your best interest as enrolled families to adopt to this policy.

Admission Procedures

Please return completed forms and information listed below.

- _____ Application for Enrollment (fully completed and signed by parent/ guardian)
- _____ Copy of current shot record
- _____ Copy of Birth Certificate or Proof of birth letter
- _____ \$120 non-refundable registration fee / \$100 family

Tuition and Fees

-Please note that all tuition is due in advance before service is rendered. The following are base rates for weekly, full-time attendance up to 45hrs and Part-time up to 25hrs. If you need information about rates for other enrollment options, please call or check our website. *(Prices subject to change)* Forms of payment accepted are cash, card, check or money order. We also accept VDSS & NACCRA assistance

-Registration Fee: Infinitee Day School LLC charges a \$120 registration fee for first-time enrollment and a \$120 renewal fee per child each year that are both non-refundable.

Application for Enrollment

Please type or print all requested information as required by Virginia State Law.

Student's Full Legal Name _____

First day of attendance _____ Last day of attendance _____

Part day _____ Full day _____ Number of days to attend _____ Days of attendance: M T W Th F

Age _____ Date of Birth _____ Male/Female

Student's Street Address _____ Home phone _____

Cellular Service Provider _____

City _____ State _____ Zip code _____

Legal Guardian _____

Are there a court order/visitation order/ order of protection that we should be aware of?

_____ if yes, please provide a copy to the front desk.

Mother's Name _____ Is mother authorized to pick up child?

Mother's Home Address _____ Home phone _____

City _____ State _____ Zip Code _____

E-mail address _____ Employer _____

Work phone _____ Cell phone _____

Spouse name (if other than Father) _____ Is spouse authorized to pick up child? _____

Please provide a four-digit code for signing your child in/out _____

Father's Name _____ Is father authorized to pick up child? _____

Father's Home Address _____ Home phone _____

City _____ State _____ Zip Code _____

E-mail address _____ Employer _____

Work phone _____ Cell phone _____

Spouse name (if other than Mother) _____ Is spouse authorized to pick up child? _____

Please provide a four-digit code for signing your child in/out _____

If child attends this Center & Another School/Program Give name of

School/Program _____

Student Emergency Information

People to notify in case of illness, emergency, and permitted to pick up child (other than parents). State Regulations require a minimum of **two contacts** to allow child's attendance. (I.D. required at time of pick up)

1. Name _____	Address _____
Home Phone _____	_____
Work Phone _____	_____
Cell Phone _____	Relation _____
2. Name _____	Address _____
Home Phone _____	_____
Work Phone _____	_____
Cell Phone _____	Relation _____
3. Name _____	Address _____
Home Phone _____	_____
Work Phone _____	_____
Cell Phone _____	Relation _____
4. Name _____	Address _____
Home Phone _____	_____
Work Phone _____	_____
Cell Phone _____	Relation _____

Person financially responsible for student's tuition and fees, if different than parents:

Name _____ Relation _____

Home Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Email _____

Employer _____

Parent / Guardian Signature _____ Date _____

AFTER HOURS PAYMENT POLICY

I, _____ agree to pick up my children by 5:30 pm M-F. If I pick my child/children after the center closes I agree to pay \$1.00 per minute, per child for every minute after this time. This must be paid at the time of pick up and must be paid in cash/check/card.

Parent 1 _____ Date _____

Parent 2 _____ Date _____

PHOTO PERMISSION

I, _____ give Infinitee Day School LLC permission to photograph my child/children, while participating in school activities. Pictures are only to be used at the center (Infinitee website/Facebook).

Parent 1 _____ Date _____

Parent 2 _____ Date _____

FIELD TRIP PERMISSION

My child has my permission to participate in water play, and nature walks. My child has my permission to participate in age-appropriate field trips.

Parent 1 _____ Date _____

Parent 2 _____ Date _____

CHILD SAFETY SEAT AGREEMENT

My child has permission to use the booster seat provided in the facility vehicle. Y/N

I would like to provide my child’s car seat during field trip days. Y/N

Parent 1 _____ Date _____

Parent 2 _____ Date _____

Travel Authorization Agreement

I _____ give permission for my child (ren) to leave Infinitee Day School LLC for walks or travel in an insured commercial vehicle and participation in activities geared for children. Examples under which children are transported include, but not limited to, to and from another school/program, trips to parks, libraries, museums, play centers, shopping and various other trips designated to stimulate children’s interests. This also includes emergencies.

Parent Signature _____ date _____

Administrator _____ date _____

ENROLLMENT AGREEMENT (Mandated by State Licensing Regulations)

I/We, the parents of _____ understand the policies and procedures of Infinitree Day School LLC. I/ We agree to abide by the rules and regulations set forth by the director of this facility. This facility offers childcare to children 6 weeks to 13 years old, & their families. I/We further understand that this center is licensed and regulated by the state of Virginia. I/ We agree not to hold the director, owner or any staff member responsible for any injury sustained by my/our child (ren) to be transported to the nearest emergency facility by the most expedient means necessary. I/We also understand that if my/our child(ren) is/are left more than one hour after posted closing times, he/she/they will be remanded to the custody of the legal authorities, and Infinitree Day School LLC, (to include directors, owners, and staff members) will not be held responsible for the outcome of any situation. I have read also and understand the policies and procedures in the parent handbook.

-Care will include breakfast, (no later than 8:15) lunch, and p.m. snack, which offer meats, fruits, vegetables and a variety of foods, following guidelines of CACFP. Child (ren) is not required to bring in any outside food, unless your child has allergies, and needs a special menu.

-School-age students must arrive by 9:00 am to comply with NPS Virtual Learning. NPS supply list must be purchased by parents and provided to Infinitree Day School, so your child may complete all required school work

-Parents must bring their child to school by 9:30am, after 9:30am children will not be allowed into the facility. Lateness causes disruption and inattentiveness to the students and the teacher.

-We are closed all Federal Holidays to include the last week of the year.

-We follow the Norfolk Public School System for closures during hazardous weather. We open at 8am for 2-hr delay during hazardous weather.

-Parents will be required to pay tuition whether the child is in care or not unless the child is withdrawn or terminated from care no exceptions.

Parent 1 _____

Date _____

Parent 2 _____

Date _____

GUILDANCE POLICY

(Mandated by State Licensing Regulations)

All staff members employed by Infinitee Day School LLC will actively attempt to stop a child from continuing a behavior which is dangerous to the child and or/others, or which is disruptive and/or interfere with group time activities. Consistent with the following procedures:

*The staff member will attempt to redirect the child to other activities

*All staff will ensure that the child understands what the offense was and what is required to rejoin the group. A representative of Infinitee Day School LLC will inform the parents of the child of the dangerous or disruptive behavior should it continue.

*If the child has hurt another, the staff member will try to have the child understand his/her responsibility by talking with children together, helping the child to notice how the other child feels, and asking what she /he could do to make it better. Apologies are to be encouraged but may not be forced or used for the child to rejoin the group.

* If a child is continuously disruptive to others of him/herself either physically or verbally, the following steps will be taken.

1. The parent will be notified, and the problem will be discussed. A mutual plan for correction will be adopted.
2. If behavior does not improve after this discussion, the director may ask that the child be withdrawn from the school. To reasons beneficial to that child or the school with one (1) week notice, or immediately if the safety and well-being of other children or members are at risk.

*The following disciplinary practices are prohibited

1. Physical punishment of any type, including shaking, biting, hitting, or putting anything in a child's mouth.
2. Withdrawal of food, rest, bathroom access, or outdoor activities.
3. Any form of public humiliation, including threats of physical punishment, Un-supervised isolation.

Parent 1 _____

Date _____

Parent 2 _____

Date _____

Health History Questionnaire

Student's Physician: _____ Phone number: _____

Student's Dentist: _____ Phone number: _____

Medical Insurance Company _____ Policy number: _____

Dental Insurance Company _____ Policy number: _____

Desired hospital in case of emergency _____

Health Information

Child's last physical exam _____

I consider my child's health to be (circle one): Excellent Above average Average Poor

If "poor" please explain

Health History

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Bleeding Trait | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Congenital Defect | <input type="checkbox"/> Nervous Stomach |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Thyroid – overactive |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Thyroid – underactive |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mental Health Problems |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Other _____ |

Circle if applicable:

Heart: Rheumatic Frequent infection Valve problem Murmur

Ear: Hearing aid Frequent infections Other: _____

Services

Hours of Operation / After Hours Pick-up Fee: Infinitee Day School LLC is open from 6:30 am to 5:30 pm Monday through Friday. We only provide after hours care on case by case basis and must be documented upon enrollment. Families are assessed a \$1.00 charge for each minute past 5:30 pm if their child is still at the center. If the child is still present after 6:00 pm, the family will be assessed \$10.00 for each additional minute and CPS will be contacted. _____ Initials

NSF Charge: If a check is returned for non-sufficient funds, you will be required to pay all fees incurred as a result of the returned check to the office. Childcare services may be temporarily stopped until the full payment of tuition and the NSF charges have been made in cash/card. In addition, we will not be able to accept personal checks from this time forward. We also apply a \$25.00 NSF fee to the account. _____ Initials

Payments/fees: VDSS co-payments are due before the 5th of every month fees may accrue if later than the 5th. Weekly or Bi-weekly tuition, including any late fees that may accrue, must be paid at the beginning of each week or Bi-week, or care will no longer be provided. _____ Initials

VDSS Parents only: Parents must ensure that their VA ECC card is received within 10 days of care or a \$25 fee will be assessed to complete manual attendance forms. Parents must also ensure to swipe their child in/out daily, Federal Holiday's, and absences or will be held responsible for any fees not covered by VDSS for improper attendance.

Late Payment Fee: If payments are not made on time, based on the schedule set forth in the parent contract, a late charge of \$25.00 will be added to your bill for each week the payment is late. After 2 weeks of non-payment, the childcare will be terminated. _____ Initials

Refunds: Infinitee Day School LLC does not provide refunds for registration fees, supply fees, therapy fees, or late fees. We will only provide tuition refunds if you are terminating services after giving two-weeks' notice. Refunds will only be issued if the childcare account is in good standing and all assessed fees are paid, and the child has been permanently withdrawn from all programs at Infinitee Day School LLC, Only statements with a credit balance over \$5.00 will be refunded. _____ Initials

Withdrawal: In the event a parent/guardian chooses to withdraw their child from Infinitee Day School LLC, the following procedure is expected: 1. A form request to withdraw is submitted to the office. 2. Payment is expected for one week after notice of withdrawal is received at the Infinitee Day School LLC office. If a family terminates without notice of if a child fails to attend for two contracted weeks, they are withdrawn from the program. The family will then be billed and is responsible for paying for one week of child care fees. _____ Initials

Tax Credit: Parents should check for possible tax credit for childcare under the Federal Tax Reform Act of 1979. Parents will receive a W-9 form at the end of each tax year as long as all fees have been paid to date. _____ Initials

Multiple Child Discounts: Families are offered a 10% multiple child discount, taken off the lesser tuition(s). _____ Initials

Handbook Acknowledgement Form

I, _____ acknowledge that I am responsible to read and comply with all the information and policies contained in the parent handbook.
_____ Initials

I acknowledge that _____ has familiarized me with the contents of the handbook and all important information necessary. _____ Initials

I also acknowledge that it is my responsibility to ask for clarification about any information that may need further explanation. _____ Initials

I have been made aware of the grievance policy and how it can bring forward issues and concerns to the Center's attention. _____ Initials

Parent Signature

Date

Administrator Signature

Date

***Infinitee Day School LLC
Parent Contract***

Parent(s)/ Guardians : _____

Child: _____

Date of Enrollment: _____

Days/Times of Attendance:

Promotional Rate: _____

Promotional Rate End Date: _____

Regular Rate: _____

Payment Plan: Every Week Biweekly Monthly

Registration Fee: _____

I understand that the registration and supply fees and the first week of tuition are all due upon enrollment. I agree to pay Infinitee Day School LLC every Friday at the end of each week/month of my child's scheduled attendance unless other arrangements are made with the Program Administrator. I understand that all fees and tuition payment are necessary to hold my child's spot at Infinitee Day School LLC and that these payments are nonrefundable.

Parent Signature

Date

Director Signature

Date