



**Little Legends Daycare Program**  
150 Coolspring Street, Uniontown, PA 15401  
724-437-1660

**Email: lporterfield@eeucc.org**

**Lauren Porterfield, BS**  
Director

**Keeley Forrestel**  
Executive Director

**NEW CUSTOMER/FAMILY CHECKLIST**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

**The check list below is requested documents that must be received and completed by each new parent applying for license childcare service. Reviewer please place, a check mark by each document received.**

- \_\_\_\_\_ Application for Admission
- \_\_\_\_\_ Little Legends Parent Handbook
- \_\_\_\_\_ Emergency Contact/Parental Consent Form
- \_\_\_\_\_ Minor (Child) Photo Release Form
- \_\_\_\_\_ Parent/Guardian Agreement
- \_\_\_\_\_ Child Health Report/Immunization Record
- \_\_\_\_\_ Child and Adult Care Food Program Enrollment
- \_\_\_\_\_ Child and Adult Care Food Program/Child Care Center Meal Benefit Income Eligibility Form

**See List of Monthly and Emergency Bag Supplies on a separate 2 pages**

Parent Handbook Issued       Yes  No

Memo for Receipt of Parent Handbook  Yes  No

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Little Legends Daycare Program

150 Coolspring Street, Uniontown, PA 15401

724-437-1660

Email: [lporterfield@eeucc.org](mailto:lporterfield@eeucc.org)

**Lauren Porterfield, BS**  
Director

**Keeley Forrestel**  
Executive Director

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Best Number to be reached at: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

Marital Status: (circle one)    Single            Married            Separated            Divorced            Widowed

The child may be released to the person(s) signing this agreement or to the following:

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing

illness, allergies, or health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_

suffer an injury or illness while in the care of (Facility name) \_\_\_\_\_

and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: \_\_\_\_\_

Signature

Date: \_\_\_\_\_

Facility Administrator/Person-In-Charge \_\_\_\_\_

Signature

Date: \_\_\_\_\_

---

**SICK CHILD POLICY**

The goal of the illness policy is to enable all the children enrolled in Little Legends Daycare Program to participate as healthy individuals. This ensures the health and safety of all children and adults at our center. To that end, any child exhibiting the following symptoms during the 24-hour period prior to scheduled attendance at the center should be kept at home until all symptoms have been gone for 24 hours:

- Fever of 100 degrees or higher
- Runny nose that is yellow or green in color and not allergy related
- Cough with yellow-green phlegm
- Rashes on the body, except minor diaper rash or poison ivy
- Ring Worm (except of the scalp)
- Mouth Sores (unless determined non-infectious by a health professional)
- Diarrhea (two-loose, watery, foul smelling bowel movements)
- Vomiting
- Conjunctivitis (Pink Eye) until 24 hour after treatment has started
- Impetigo until 24 hours after treatment has started
- Strep throat until 24 hours after treatment has started
- Generally not feeling well where interest in activities or activity level is greatly reduced

If a child becomes ill with any of the above symptoms while attending the center's programs, staff will notify the child's parent (s). Parents are expected to pick their child up within one hour of being notified by the center, or to make arrangements for an alternative person listed on the emergency form to pick up the child.

Please let staff at Little Legends Daycare Program know if your child has been exposed to or is diagnosed with chicken pox, rubella (German measles), roseola, lice, or other common childhood illnesses. It is important that other families be notified of their child's possible exposure to these illnesses. In the case of contagious illnesses, parents are required to keep the child at home until you obtain a written statement from the child's doctor that the child is free of contagious illness and may return to school. When considered necessary, the program may require additional medical information, examination, and/or medical tests prior to considering the child's continues participation in center programs.

**Illness policies will be strictly enforced.**

---

I have read, understand and will adhere to the above illness policy of the Little Legends Daycare Program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**Little Legends Daycare Program**  
**150 Coolspring Street Uniontown, PA,**  
**15401**  
**724-437-1660**  
**Email: lporterfield@eeucc.org**  
**Provider-Parental Contract**

This contract is in effect until a new contract or an amendment to this contract is signed by both parties.

**1. Contracted Parties:**

The following agreement is entered into by and between:

Little Legends Daycare Program 150 Coolspring Street, Uniontown, PA 15401

and

Parent/Guardian Name	Home Phone
Address	Cell Phone
Email	Work Phone

and

Parent/Guardian Name	Home Phone
Address	Cell Phone
Email	Work Phone

for the care of:

Child Name	Date of Birth
------------	---------------

**2. Contracted Schedule:**

Child care services will be provided by the provider for the above named child according to the following schedule:

Monday	from _____	to _____	=	_____ hours
Tuesday	from _____	to _____	=	_____ hours
Wednesday	from _____	to _____	=	_____ hours
Thursday	from _____	to _____	=	_____ hours
Friday	from _____	to _____	=	_____ hours
Total hours per week = _____ hours				

**3. Basic Tuition and Payment Policies:**

The tuition payment for this child's scheduled space is \$ \_\_\_\_\_ per week.

See the current Fee Schedule for tuition rates. Rates will not change without a two week notice.

- Tuition is based on the above schedule, and is due on the morning of the first day of attendance each week.

- Payment is considered past due if not paid in full by 5:00 PM Monday of each week, bi-weekly, monthly; at which time a charge of \$15 per day will be assessed to your account up to \$45 per pay period
- Third party payments are accepted when prior arrangements are made.
  - A payment schedule and contract must be agreed upon and signed by parents and provider before third party payments are accepted.
  - Parents are responsible for co-payments and any unpaid amounts.

#### 4. Overtime Rates:

Overtime will be considered drop-off before 6:00 am and pick-up after 6:30 pm. The clock by the sign-in form will be official timekeeper.

- If the parent/guardian makes prior arrangements with the provider/staff, the child may stay overtime at the following rate: \$10 for every 15 minutes late.
- If the parent/guardian has not made prior arrangements with the provider to arrive later than the above schedule the following rate will be charged: \$10 for every 15 minutes late
- If a child is still in attendance at 6:31 pm and no parent contact has been made, the child's emergency contact will be called to pick up the child. If the emergency contact cannot be reached or is unable to pick-up the child by 6:30 pm, Social Services, CYS/CPS, and/or the Uniontown Police will be called to pick up the child.
- If a child is still in attendance at 6:31 pm and no parent contact has been made, the child's emergency contact will be called to pick up the child. If the emergency contact cannot be reached or is unable to pick-up the child by 6:30 pm, Social Services, CYS/CPS, and/or the Uniontown Police will be called to pick up the child.
- **If a parent/guardian or designated pick up person is not on time for pickup after three times, we will terminate care and no longer be able to provide care for your child/children. There is a potential for a probationary/time off period where your child/children cannot come to daycare for an allotted amount of time due to the consistent late pickups. Director will assess late pickup protocols on a case to case basis.**

#### 5. Holidays, Vacations, and Other Absences:

The following are paid holidays that will be observed:

- New Year's Eve
- New Year's Day
- Dr. Martin Luther King Day
- Local/National Election Day's
- President's Day
- Good Friday
- Easter Monday
- Memorial Day
- Employee Appreciation Day (Summer)
- Independence Day
- Labor Day
- Thanksgiving (November 26-27)
- Christmas Eve and Day

Charges for a child's absence will be the full fee as contracted. This includes sick days, days off from work or school, vacation days you may take, and the like.

Little Legends Daycare Program follows WNBS for inclement weather and a fee will be assessed for these missed days unless it is more than 3 days.

#### 6. Other Fees:

A non-refundable enrollment fee of \$0 is due upon enrollment.

A non-refundable holding fee of \$\_\_\_\_\_ (3/4 the regular tuition) is required to hold an opening when a child's state date is more than one week after enrollment.

- This fee will be due beginning on the date that the opening becomes available.
- Payment is due on the Monday of each week that the opening is to be held.

- If payment is not received by closing on Monday the opening will no longer be held and any fees or payments that have been made will be forfeited.

A fee of \$36 will be charged for any check returned due to non-sufficient funds (NSF).

- Parents are also responsible for all charges assessed due to NSF checks.
- NSF checks will be re-deposited once and if returned a second time, money order or cashier check payment for replacement of the check by parent and/or guardian.
- Tuition payments must be paid in money order and cashier check for three months following a NSF check.
- If three separate checks are returned due to NSF all subsequent tuitions payments must be made in money order, cashier checks, or cash accepted.
- If payments are not made by Monday, you will be charged a late fee of \$25. Non-payment of tuition is grounds for immediate dismissal from the program.

**7. Vacation, Sibling Discounts and Other Credits**

This contract is for one consecutive year of enrollment

- Written notification that your plan to use vacation must be given at least two weeks ahead of time or regular tuition payment is due.
- Credit for tuition will be given if the center has to close due to its own circumstances.

**8. Termination Procedure:**

This contract may be terminated by either the parent/guardian or provider by giving a two week written notice in advance of the ending date.

- When notice of termination is given all outstanding bills must be paid, regardless of which party terminates services
- Tuition is due for the final two weeks of care, regardless of whether the child is brought for care or not.

The provider may terminate the contract without giving any notice or the following reasons.

- Failure to pay fees on time.
- Lack of parental cooperation
- Inability to meet the needs of the child
- Repeated failure to pick up the child on time
- Verbal or physical abuse or threat by families or child
- A child’s behavior which threatens the well-being of any person at the center
- Any other reason as deemed necessary by the facility

**9. Termination Procedure:**

By signing this contract, parents/guardian agree that:

- I/We understand that pets are present and accessible to the children, as specified in the current Family Handbook
- I/We have received a copy of the “Parent Handbook” as mandated by DHS regulations
- I/We have read, understand, and will abide by all of the policies as written in the current Parent Handbook
- I/We understand that policies may be amended at any time. New policies will be distributed at least two weeks before they go into effect.
- I/We will abide with the regulations regarding the payment of fees as listed in the current Parent handbook.
- I/We understand this is a legal contract that obligates me/us to these terms until a new contract or an amendment to this contract is signed by both parties.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If the parent or legal guardian is under the age 18, a co-signer must sign this agreement, act as a guarantor to the contract, and agree to be bound by all financial terms.

\_\_\_\_\_  
Co-signer Signature

\_\_\_\_\_  
Date



I agree to guarantee the above space exclusively for the above named child, and to provide such care and services as specified in the current Family Handbook.

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date



**Guidance and Discipline in the Home**

1. Please tell us how the type of guidance or discipline used in your home

**Family Culture**

1. What is your child’s ethnic cultural background? \_\_\_\_\_
2. What languages are spoken in your household? \_\_\_\_\_
3. How comfortable is the family (primary providers) speaking and reading English?  
\_\_\_\_\_

**Values**

1. What values do you want us to teach your child(ren)? \_\_\_\_\_
2. In our efforts to respect your child’s culture, tell us about any of your religious traditions that you feel are important for us to understand. \_\_\_\_\_
3. How can we validate and support your family’s lifestyle here at Little Legends Daycare Program?  
\_\_\_\_\_

**Celebrations:**

<b>Holidays My Family Celebrates</b>	<b>Holidays I Do Not Wish To Have My Child Celebrate</b>

Does your family celebrate birthdays? \_\_\_\_\_ Yes \_\_\_\_\_ No

What suggestions do you have in helping us establish a holiday policy for Home Away From Home?

---

---

---

---

---

---

## *Child Discipline Policy*

---

Little Legends Daycare Program staff members are absolutely not permitted to use any form of physical punishment, including spanking. Staff members may not single out a child for ridicule, threaten harm to the child or the child’s family and may not specifically aim to degrade a child or a child’s family. They may not use harsh, demeaning or abusive language in the presence of children. We use the following disciplinary techniques where they are age appropriate:

- Giving Choices
- 
- Problem Solving
- Natural and Logical Consequences
- Ignoring
- Redirecting
- Time Out

Discipline does not mean punishment. Discipline is teaching a child how to be safe, how to behave on his/her own and how to know the difference between right and wrong. The staff will use praise and positive methods of discipline and guidance to encourage self-expression and self-direction of the child at the program. The limits may be set at times in order to keep children from losing control of causing harm to themselves or others. Time Out is only one way to handle a situation and allows the children to regain control of his/her actions and feelings. Time away from the group will not exceed the following schedule. A timer will be used. This method is our LAST action if none of the others work successfully.

- Toddlers                    30 seconds to 2 minutes
- Preschoolers            3 to 5 minutes
- School-age                5 to 10 minutes

**Positive ways to channel children’s emotions and handling misbehavior include:**

- Redirect negative behavior to an acceptable activity by gently encouraging the child to change activities.
- Ignoring the behavior.
- Help children understand consequences to behavior.
- Limit choices.
- Use humor.
- Use the resources available at the Program or Ask for assistance with specific situations you are uncomfortable handling.

Remember never to humiliate, frighten or abuse a child. Respect their feelings and let them know whatever they are feeling is okay – but it is the way they express it that we want to help them control. Let the children know your feelings. Tell them you are not upset with them, but with their actions. Communicate with the children and model positive behaviors for them to imitate. Make sure what you are asking the children are appropriate for their developmental level. Make sure all classroom rules are clear and understood at their level.

Consult with parents since they know their child best. Emphasize the partnership between caregiver and parent in an attempt to defuse a tense situation involving a problem with the child’s behavior.

---

Please sign below along with the child’s teacher that you understand Our Child Discipline Policy

Child’s name: \_\_\_\_\_ Parent’s Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

**NOTE: Video Surveillance Cameras are in each classroom for monitoring**

**ALL ABOUT MY CHILD**

---

*Dear Staff,*

I would like for you to meet my child...

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

My child responds to being called \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Mobile # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Mobile # \_\_\_\_\_

The best way to keep in touch with me is by  phone  notes in my child's box  email  other

Other persons in my home (names and relationship child)

Reason (s) I would like my child to attend the Little Legends Daycare Program is/are:  
\_\_\_\_\_  
\_\_\_\_\_

---

*General Information*

1. At home, my child communicates with us by (looking, touching, smiling to respond to questions, facial expression, speaking, sign language, etc.): \_\_\_\_\_  
\_\_\_\_\_
2. My child's favorite toy(s) \_\_\_\_\_
3. My child's favorite play activity \_\_\_\_\_
4. When unhappy or uncomfortable, my child will \_\_\_\_\_  
The best way to calm him/her is \_\_\_\_\_
5. My child  is  is not toilet trained.
6. My child  does  does not enjoy comforting by physical contact
7. My child  does  does not enjoy music and dance.
8. When my child is not feeling well, he/she \_\_\_\_\_
9. In a new situation or with unfamiliar people, my child \_\_\_\_\_

**MEDICAL**

1. Medications for my child include (kind, reason, how often, etc.): \_\_\_\_\_  
\_\_\_\_\_
2. My child  does  does not use aerosols or other breathing treatments.
3. When on medication my child  may  may not act differently. (explain) \_\_\_\_\_  
\_\_\_\_\_
4. My child  does  does not have allergies.  Food  Drug  Other  
How do they manifest themselves? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. My child  has  has not had surgery. If yes, what kind and when: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Smoking  does  does not occur in my home.
7. My child  does  does not have seizures.  
If yes, how often? \_\_\_\_\_ How severe? \_\_\_\_\_

**DEVELOPMENTAL INFORMATION**

1. My child does/did \_\_\_\_\_ did not \_\_\_\_\_ receive early intervention services or Special Education Services  
(If so, please include a copy of the IFSP, or IEP, if applicable)
  - a. Diagnosis, if applicable \_\_\_\_\_
  - b. I would like to have therapy services or referrals made by director of Little Legends Daycare Program.  
 No  Yes
2. When my child learns something new he/she \_\_\_\_\_  
\_\_\_\_\_
3. My child  plays well alone  does not like to be left alone.
4. My child  does  does not like a variety of textures.
5. My child  does  does not mind getting dirty or touching different surfaces.
6. My child  does  does not fall or trip easily.
7. Is there anything else we should know about your child's birth or developmental history?

**SLEEPING**

1. My child usually goes to bed at (time) \_\_\_\_\_ and gets up at \_\_\_\_\_.

2. During the day, he/she  does  does not nap. If yes, for how long? \_\_\_\_\_
3. My child  does  does not normally have difficulty going to sleep.

**FEEDING**

1. My child eats \_\_\_\_\_ meals per day. Normal portions?  Yes  No
2. His/her favorite foods are \_\_\_\_\_.
3. He/she does not like \_\_\_\_\_.
4. His/her favorite drinks are (types of juices) \_\_\_\_\_.
5. Foods my child should not have are \_\_\_\_\_.

I, \_\_\_\_\_ (PRINT), have fully read and filled out the Little Legends Daycare Program Application Booklet.

Parent/Guardian Name (Signature): \_\_\_\_\_

Date: \_\_\_\_\_