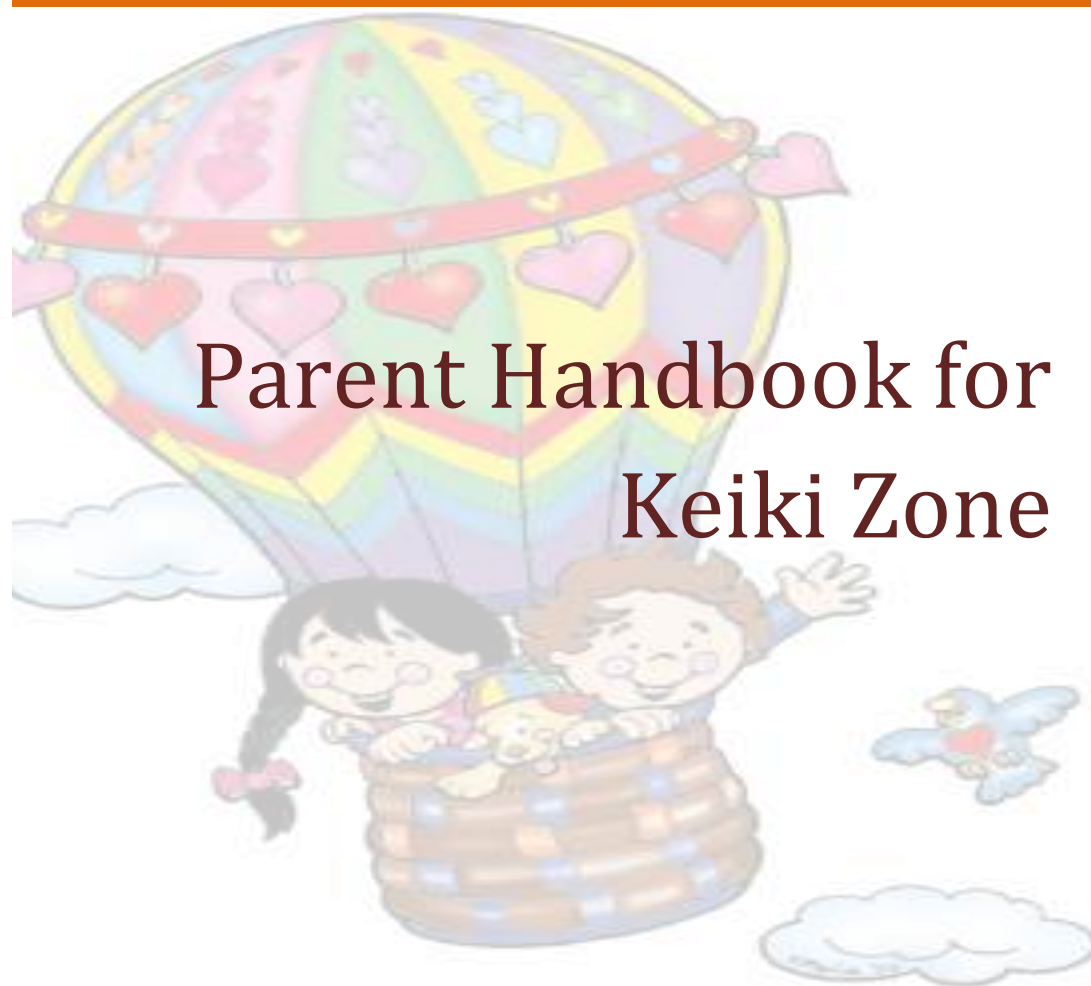


KEIKI ZONE DAY CARE LLC



# Parent Handbook for Keiki Zone

2010

## Policy Handbook Contract For Year 2010

The following contract pertains to the policies set forth in the Parent Policy Handbook governed by Keiki Zone Family Child Day Care Home. It is the Parent's responsibility to read the Policy Handbook completely before signing and it is the Parent's responsibility to abide by all the policies stipulated in the Policy Handbook. This is a legal and binding Contract and signing it obligates you to this Contract legally. You will also be receiving a copy of this as well as a copy of the policies.

By signing each section I \_\_\_\_\_ am agreeing that I  
(parent/guardian)

\_\_\_\_\_ have read and understand the Policy in the Policy Handbook.

Date \_\_\_\_\_

Hours of Operation: Monday-Friday, 7:30 am – 4:30 pm

Ages accepted: 18 months – 4 years old

### ENROLLMENT PROCESS

- a. Submit completed registration forms
- b. Prior to enrollment one month's tuition is due.

### MONTHLY TUITION

- c. Part Time/Drop-In- \$30.00 per day
- d. Full Day 7:30am-4:30pm: \$500.00

***MONTHLY TUITION IS DUE NO LATER THAN THE 1st OF EACH MONTH. A LATE FEE OF \$25.00 FOR TUITIONS PAID AFTER THE 1st. CHECKS/MONEY ORDERS PAYABLE TO: KEIKI ZONE.***

---

# Keiki Zone Family Child Day Care Parent/Guardian Child Care Contract

---

The purpose of this agreement is to make both parties aware that they are entering a serious agreement, remind both parties of their obligations and spell out the consequences if the terms are broken. This agreement will be reviewed yearly. You will be given a one month notice of any proposed changes. Because not every family and provider are a good match, I will begin this relationship with a 90 day adjustment period.

This contract is made between \_\_\_\_\_ (parent/guardian)  
and \_\_\_\_\_ (child care provider) for the care of  
\_\_\_\_\_ (child). Child's DOB \_\_\_\_\_

- 1) The first day of child care will be \_\_\_\_\_
- 2) Care will begin at \_\_\_\_\_ (AM/PM) and end at \_\_\_\_\_ (AM/PM) M \_ T \_ W \_ Th \_ F \_
- 3) The charge for child care is \$ 500.00 per month, payable on the 1st of each month
- 4) Children may be taken from the provider's care only by the person signed below and those named on the Authorization to Leave Care form.
- 5) Payment is based on the hours you agree to use child care, not on the actual hours of attendance. Payment is due whether or not the child actually attends care.
- 6) Either party can terminate this Contract in writing within 90 days during the adjustment period and 30 days there after in writing.

I agree to the terms of this Contract, and have provided the parent(s)/guardian(s) with my policies.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Provider's Signature

I agree to the terms of this Contract. I have received, read and agree to the attached Child Care Policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian)

Provider/parent/guardian communication is vital in maintaining a good working relationship.  
It is not the intent of this agreement to replace that communication.  
Please feel free to share your thoughts and concerns with me!

**Both the parent and the provider keeps a signed copy of this contract**



- 1) Health Record (Form 14 or Medical Report from a licensed physician)
  - a. Physical examination report, date within past one year, signed by doctor
  - b. Immunization records
  - c. Any medical health problems including restrictions and allergies
  - d. Tuberculin test or chest x-ray results

2. Eating habits, food restrictions, etc.:

---

---

---

3. Sleeping habits:

---

---

4. Other comments (toileting, fears, favorite toys, etc.):

---

---

---

# AUTHORIZATION TO LEAVE CARE

For your child's safety, he/she can only be allowed to leave the daycare with (1) **YOU** (the person enrolling the child); (2) **PERSONS YOU HAVE LISTED BELOW**; and (3) **A PERSON NOT LISTED BELOW IN AN EMERGENCY, WHEN:**

(a) You have told the provider in person or by phone, that this person is coming to pick up the child, and this person must present a picture ID

My child, \_\_\_\_\_, may leave the Day Care with the following people:

Name	Home Phone	Work Phone	Relationship To Child
------	------------	------------	-----------------------

1. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

2. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

3. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

4. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

5. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# Permission to Receive Emergency Medical Care Away From the Family Day Care Premises

Name of provider: Luana Fukumoto

Name of Child: \_\_\_\_\_

The undersigned further authorize the above-named Provider to have the above-named child released into her custody or that of an authorized representative, should hospital care not longer be required.

This form is valid ONLY in an extreme EMERGENCY, when said parents or guardians cannot be or are unable to be contacted.

Dated: \_\_\_\_\_  
\_\_\_\_\_ (parent(s) or legal guardian(s))

Dated: \_\_\_\_\_  
\_\_\_\_\_ (parent(s) or legal guardian(s))

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

### Insurance Information:

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Is this child insured by this policy? Yes \_\_\_ No \_\_\_

Type of Policy: \_\_\_\_\_

# Permission to Participate in Program Activities, And to be Photographed by the Provider

Name of provider: Luana Fukumoto

Name of Child: \_\_\_\_\_

The undersigned, who are the parents or guardians of the above-named child, grant permission for said child to use all the play equipment and to participate in all of the activities presented by the above-named Provider which she feels is appropriate for the child's age at the time of the activity or the use of the equipment.

Dated: \_\_\_\_\_  
\_\_\_\_\_ (parent(s) or legal guardian(s))

Dated: \_\_\_\_\_  
\_\_\_\_\_ (parent(s) or legal guardian(s))

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

**Permission for your child's photographed picture  
by  
Luana Fukumoto be published on her Web Site at  
www.keikizone.net**

Name of Provider: Luana Fukumoto

Name of Child: \_\_\_\_\_

I \_\_\_\_\_ (give/don't give) permission to  
Parent/Guardian  
Luana Fukumoto to photograph my child, \_\_\_\_\_ to  
Child's Name  
publish those pictures on her Web Site.

Dated: \_\_\_\_\_  
Parent/Guardian's Signature

## EMERGENCY PLAN FOR KEIKI ZONE CHILD DAY CARE

ADDRESS 297 West Papa Avenue, Kahului, HI. 96732

PHONE 757-4739

1. **PURPOSE:** This plan establishes emergency procedures to be followed during the time I am in charge of individuals under my care. The plan covers fire, tsunami, hurricane/tropical storm, earthquake, flooding and other hazards as deemed appropriate.

### 2. **FIRE:**

a. The signal for a fire is:

*The smoke detector and or a whistle*

Leaving in an orderly fashion according to the posted evacuation plan and, under staff supervision, proceed to our evacuation assembly area:

*The gate entrance*

The assistance of those who are unable to walk:

*Carrying them out*

We'll return to the home when given permission by the Fire Dept.

b. Should the home be damaged by fire to the extent that we are unable to occupy it, we will be temporarily housed at:

▫ Luana's Mother's, 53 Central Ave., Wailuku, HI. 96793

In any case, we will call all families for further information and action.

c. Drills will be held periodically. Our evacuation procedures and destination will be the same as for a drill and the staff will assist. Those who have difficulty walking or have physical limitations will participate in all drills by being carried out of the home.

### 3. **TSUNAMI:**

A tsunami is a series of waves generally caused by earthquake on or near the ocean floor, anywhere in the Pacific Basin.

▫ OPTION 1: My home ***is not*** in a tsunami evacuation zone.

We will not evacuate when a **tsunami watch** or **warning** is issued. We will remain in place and there should be no significant change to our normal routine.

#### 4. HURRICANE/TROPICAL STORM:

Hurricanes and Tropical Storms are intense weather systems, usually occurring from June through November that are capable of producing damaging surf, destructive winds and heavy flooding. Alerting for these storms is accomplished by the issuance of **Hurricane** or **Tropical Storm Watch** and **Warnings**.

- a. **WATCHES** are issued by the National Weather Service about 36 hours prior to the arrival of hazardous storm effects on Maui.
- b. **WARNINGS** are issued when the storm effects could affect Maui within 24 hours or less.
- c. When a **WATCH** is issued, I will monitor the storm and make preparations to evacuate in the event a **Warning** is issued.
- d. The Hurricane/Tropical Storm public evacuation shelter(s) closest to my home are *Maui High School, Kabului Elementary School*

Watches are typically issued far enough in advance to allow time to close my home in an orderly manner, or to remain closed if we are not yet open for the day. It is, therefore, unlikely that evacuation to shelter will be necessary. However, our plans will consider evacuation in detail.

#### 5. EARTHQUAKE:

- a. Should an earthquake of significant magnitude occur on Maui, we anticipate possible damage to the house, the loss of electrical power, telephones and water, and considerable disruption to the road networks around us. If we are indoors when an earthquake occurs, we will stay indoors and immediately take cover under desks, tables, in supported doorways, etc. If outdoors, we will stay outdoors and move away from electrical lines, and tall trees. When the shaking stops, I will treat and care for anyone who is injured and then evaluate the condition of the house.
- b. If my house **is not damaged**, we will remain in the house and listen on our wind-up portable radio for Civil Defense instructions. I have made necessary preparations for us to survive in place for up to 72 hours without outside assistance.
- c. If my house **is damaged** or could sustain damage as the result of the aftershock, we will gather ourselves and our survival kits and attempt to move to:

*my Mother's home at 53 Central Avenue, in Wailuku.* We will sustain ourselves the best way we can, for perhaps up to 72 hours, until assistance can be provided by civil authorities.

MAUI CIVIL DEFENSE AUTHORITIES NOTE – Public evacuation shelters will not be opened until they too, have been inspected for structural integrity. Although such inspections have a high priority, delays, because of damaged road systems or other hazards, can be expected.

## 6. FLOODING

- a. During extremely heavy periods of rain, or under Tropical Storm or Hurricane conditions, flooding in our area is not possible. If authorities advise our neighborhood to evacuate, or water begins to rise around my home, we plan to gather our survival kits and immediately move too – *a sheltered area announced by Civil Defense.*
- b. Evacuation will be accomplished for:
  - Ambulatory clients
  - Non-ambulatory clients
  - Transportation via

## 7. OTHER HAZARDS

If instructed by authorities to evacuate my home for any other emergency (hazardous material/chemical release, major accident), there may be little or no warning time. I will evacuate using my fire evacuation plan, and move to: *Neighbor's, Relative's house, or to another shelter designated by Civil Defense.* I will attempt to contact the families as soon as possible. In the meantime, I will urge families to listen to official Civil Defense broadcasts for more information. If instructed to shelter-in-place for an airborne hazardous materials (e.g. chemicals) release, I will direct everyone to close all doors and windows, seal all cracks or openings to the outside, and await further instructions from authorities.

## 8. IN SUMMARY

I will prepare my home and staff as best I can for any emergency. I will review this plan annually with all my staff, and update shelter and evacuation information appropriate.

**MEDICATION  
AUTHORIZATION FORM**

**TO BE COMPLETED BY PARENT**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Program Name \_\_\_\_\_ Today's Date \_\_\_\_\_

\*\*\*\*\*

**To administer a prescription medication:**

- The medication must be in it's original container, with a legible label from the pharmacy  
 Indicating the child's name, date, name of medicine, dosage, and time, number of days  
 Medication is to be given, and expiration date of medication, doctor's/nurse practitioners  
 Name, pharmacy name and telephone number
- Samples must be accompanied by a doctor's written prescription
- Medications are to be given only to the child indicated on the label (twins and siblings can  
 not share)
- A separate authorization is required for *each medication* and *each episode* of illness
- Label constitutes the physicians/nurse practitioner's order
- Parent/Guardian is to give as many doses as possible at home

Medication: \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage \_\_\_\_\_ Times to be given at child care \_\_\_\_\_ AM \_\_\_\_\_ PM

Last dosage was given at \_\_\_\_\_ AM/PM On date \_\_\_\_/\_\_\_\_/\_\_\_\_

Route: by mouth, skin (location) \_\_\_\_\_ Eye (R/L) \_\_\_\_\_

Possible side effects \_\_\_\_\_

Special handling/storage instructions \_\_\_\_\_ Refrigeration Y/N \_\_\_\_\_

**Parent/Guardian Signature (required)** \_\_\_\_\_

Physician/Nurse Practitioners Signature \_\_\_\_\_

\*\*\*\*\*

**Non-Prescription Medication:**

- Parent is required to bring these medication from home
- Medication must be in an original container, with child's name on the container

Medication \_\_\_\_\_ Health Care Provider \_\_\_\_\_

Reason for giving \_\_\_\_\_

Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage \_\_\_\_\_ Times to be given at child care \_\_\_\_\_ AM \_\_\_\_\_ PM

Last dosage was given at \_\_\_\_\_ AM/PM On date \_\_\_\_/\_\_\_\_/\_\_\_\_

Route: by mouth, skin (location) \_\_\_\_\_ Eye (R/L) \_\_\_\_\_

Possible side effects \_\_\_\_\_

Special handling/storage instructions \_\_\_\_\_ Refrigeration Y/N \_\_\_\_\_

**Parent/Guardian Signature (required)** \_\_\_\_\_

Unused medication: Returned to Parent Y/N or, discarded appropriately (circle one)

By \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Keep in the child's file when medication is finished.\***

# HOLIDAYS

---

**KEIKI ZONE DAY CARE OBSERVES ALL STATE AND FEDERAL HOLIDAYS**

**JANUARY: NEW YEARS DAY, MARTIN LUTHER KING DAY**

**FEBRUARY: PRESIDENT'S DAY**

**MARCH: KUHIO DAY**

**APRIL: GOOD FRIDAY**

**MAY: MEMORIAL DAY**

**JUNE: KAMEHAMEHA DAY**

**JULY: INDEPENDENCE DAY**

**AUGUST: ADMISSIONS DAY**

**SEPTEMBER: LABOR DAY**

**OCTOBER: VETERANS DAY**

**NOVEMBER: THANKSGIVING AND THE FRIDAY FOLLOWING**

**DECEMBER: CHRISTMAS EVE, CHRISTMAS DAY**

**\*PLEASE NOTE THESE ARE PAID HOLIDAYS**

**IN ADDITION TO THESE HOLIDAYS WE WILL ALSO BE CLOSED ON THE FOLLOWING DAYS FOR MAINTENANCE, PROGRAM REST/UPKEEP:**

**ONE WEEK (5 days) IN JUNE**

**ONE WEEK (5 days) IN DECEMBER**

# What to bring on your child's first day:

- ✓ **2 changes of clothing**
- ✓ **Shoes/slippers for outdoor play**
- ✓ **Diapers/Wipes**
- ✓ **Sippy Cup**
- ✓ **Blanket/Pillow for nap**
- ✓ **Copy of Immunization Records**
- ✓ **Child Enrollment Forms**
- ✓ **Tuition Payment**
- ✓ **Please refrain from bringing any personal toys from home**