Community Daycare Services, inc-CDS DAYCARE, Inc

Your Child’s First Learning Academy

815 East 169th Street suite 1, Bronx NY 10459

communitydaycareservices@gmail.com

(718) 589-1809



**Experience With Support Ensures Success**

**“Together We Create A Better Tomorrow For Our Kids, Community And Country”**

**CDS Daycare, Inc**

**INITIAL - APPLICATION PACKAGE**

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At the Community Daycare Services Inc – CDS, we understand that there are many daycares for you to choose from. We will like to take this opportunity to tell you a little about what we offer through our mission statement.

CDS Inc, is a group family and community oriented daycare with a great, Bilingual NYS certified staffs; that are innovative, committed, caring, patience, passionate and supportive in the care and wellbeing of your child’s development.

At CDS Inc, we focus on child developmental stages, culture, language, social and academic performance, strategic content area support, taking the whole child into consideration while building your child’s dreams to the best of his/hers abilities, in order to ensure success.

CDS will support children’s curiosity for learning through interactive, innovative strategies, games, plays, music, art and activities to enhance, built, prior knowledge, insight curiosity and intellectual learning at their developmental stage and beyond.

CDS Inc, will engage your child, through innovative grouping, transform practices that will ensure success for all participants, from six - weeks to twelve years of age.

At CDS we believe that “Together we can make a difference in your child, our child, development and future. Creating a better tomorrow for our kids, community and country. ”

Experience with Support, Ensures Success.

Feel free to contact us.

Mr. Victor Vargas

CDS – Executive Director

“Creating A Better Tomorrow For Our Kids, Community And Country.”

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At CDS Daycare, Inc, we believe that…

IF WE CAN TEACH IT, OUR STUDENTS CAN LEARN IT.

IF THEY CAN LEARN IT, THEY CAN DREAM IT.

IF THEY CAN DREAM IT; THEN, THEY CAN ACHIEVE IT.

LETS HELP OUR KIDS KEEP THE DREAM ALIVE.

CDS DAYCARE IS A STRONG PROMOTER OF

“ESES”

E… EXPERIENCE WITH

S… SUPPORT

E… ENSURES

S… SUCCESS

At CDS Daycare, we understand the need to help support our families, especially in need of **down time;** for this reason we offer O**vernight and Weekend Flexible Schedules** to help you relax, take a night out in town or just to spend time together without worrying about the kids(Fees apply).

Contact our office to schedule date and time for this special event.

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CDS Daycare Inc,

CONTRACT APPLICATION

CHECK LIST:

DOCUMENTS REQUIRED FOR ENROLLMENT

|  |
| --- |
| \_\_\_\_\_ Completed Application  \_\_\_\_\_ Copy of Birth Certificate  \_\_\_\_\_ Copy of Parent & Child Social Security Cards  \_\_\_\_\_ Copy of Immunization Card  \_\_\_\_\_ Copy of Recent Updated Medical Physical  \_\_\_\_ Income Eligibility Form Completed or CACFP  \_\_\_\_ HRA or ACD Voucher Placement/Confirmation Letter |

* **Please Note:**

Your child **CAN NOT** **START** without the following documents:

* An UPDATED Medical Form (valid for one (1) year)
* Copy of Immunization Card/ Physical
* Placement Letter **MUST** have a valid start date and CDS program information
* First Week Payment and Registration Fee

New Children start on MONDAYS, unless prior arrangements and approval have being obtain from enrollment office at CDS.

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**CDS DAYCARE- SPECIAL INTEREST FORM**

**How did you hear about CDS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What time will you be dropping your child off in the morning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What time will you be picking up your child in the afternoon? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will you be paying for daycare? YES \_\_\_\_\_ NO \_\_\_\_\_\_**

**Will you be applying for scholarships or programs for daycare? YES \_\_\_\_ NO\_\_\_\_ \_**

**Will you be interest in applying for a CDS scholarship? YES \_\_\_\_\_ NO \_\_\_\_**

**How many children are you interested in enrolling? \_\_\_\_\_\_\_, age: \_\_\_\_\_\_**

**More than one, Please list their ages: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_**

**Are you receiving Public Assistance? YES \_\_\_\_\_ NO \_\_\_\_\_\_**

**Are you part of a Voucher Program**? YES \_\_\_\_\_\_ NO\_\_ \_\_\_\_\_

**If yes, what is your Voucher number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What language did the child learn to speak first? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the primary language spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is English one of your language of choice for us to use to communicate with you? \_\_\_\_\_\_**

**Has the child attended pre-school/ daycare before? YES \_\_\_\_ NO \_\_\_\_\_**

**If yes, please provide name of program/school. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for change or termination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the child have any Medication Needs? YES \_\_\_\_\_\_ NO \_\_\_\_\_**

**If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child suffer from Asthma? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_**

**If yes, is he/she under medication for Asthma? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_**

**Does your child have any other Medical Needs/Alerts? YES \_\_\_\_ NO \_\_\_\_\_\_\_**

**If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any Special Education Needs or support? Yes\_\_\_ NO \_\_**

**If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, does your child have an IFSP or IEP? YES \_\_\_\_\_ NO \_\_\_\_\_\_\_**

**If yes,… Please provide a copy of the IFSP or IEP with application/enrollment.**

**Is there any additional information you would like to share about your child?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature/Relationship Date**

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CHILD’S MEDICAL HISTORY

**911 SPECIAL ALERTS**

|  |
| --- |
| ASTHMA  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| OTHER ALLERGIES (food, other):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| ALERGIC TO PENICILLIN OR OTHER DRUG REACTIONS:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| SPECIAL DIET:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please sign below that you have responded to CDS 911 SPECIAL ALERTS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Signature/ Relationship Date**

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**CDS TOPICAL MEDICATION FORM**

IT IS THE POLICY OF CDS **NOT** TO ADMINISTER ANY MEDICATION THAT IS NOT TOPICAL

Childs Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give CDS, teachers/providers and /staff

Permission to administer the following “Topical Medication” to my child.

Please circle some of the approved items, **but not limited to**, that can be use.

**If ALL items can be use, please check here** \_\_\_\_\_\_\_\_

Vaseline Diaper Cream Hand Sanitizer

Band Aid Diaper Wipes Antibacterial soap

Soap Sunscreen First Aid – KIT (items)

Please specify if your child has a skin condition: \_ YES \_\_\_\_ NO \_\_\_\_

If yes, condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it being treated? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

**Please sign below that you have read/agreed with CDS Topical Medical Policy**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Signature/ Relationship Date**

* YOU **MUST NOTIFY** **CDS** IMMEDIATELY **IF ANY** OF THE PREVIOUS INFORMATIO **CHANGES**

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**CDS DAYCARE - CHILDREN RELEASE FORM**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian/caretaker/agency**

**Give permission to CDS Daycare to release my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Into the custody of the following person(s):**

|  |  |  |
| --- | --- | --- |
| **Person(s) Name:** | **Relationship:** | **Cell or phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**I understand that it is my responsibility to inform CDS and update this form in the event that I no longer wish to authorize one of the above listed individuals to pick up my child.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian/Caretaker/Agency Date**

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**PARENTAL AUTHORIZATION FOR PEDIATRIC 911HOSPITAL MEDICAL EMERGENCY/OR SURGICAL TREATMENT**

**AUTHORIZATION:**

**IN CASE OF AN EMERGENCY, I AUTHORIZED CDS DAYCARE TEACHERS, PROVIDERS AND STAFF TO TAKE MY CHILD TO EMERGENCY SERVICES, FOR TREATMENT, AS THEY CONTINUE TO REACH OUT TO ME.**

**IN CASE OF AN EMERGENCY, I AUTHORIZE THE DOCTOR OR THE HOSPITAL TO WHICH MY CHILD OR CHILDREN MAY BE BROUGHT, WHOMEVER THEY MAY DESIGNATE AS THEIR ASSISTANTS, TO PERFORM EMERGENCY PROCEDURES AND/OR TRETMENTS OR OPERATION AND THE ADMINISTRATION OF ANESTHETIC TO MY CHILD DURING HIS/HER STAY AND CARE WITH COMMUNITY DAYCARE SERVICES.**

**CHILDS INFORMATION:**

|  |
| --- |
| **Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age; \_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child lives with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone/cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**INSURANCE INFORMATION:**

|  |
| --- |
| **Type of Insurance : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **POLICY \_Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Note from parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please sign 911 Medical Authorization Form below.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature/ Relationship Date**

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CDS DAYCARE, Inc

Morning Drop Off and Dismissal Policies

**Morning Drop Off Policy:**

* Our hours of operations are from 7:45 am – 6:00 pm, Monday to Friday \*\*
* No staff/provider is obligated to keep children’s before opening time or after dismissal.
* If you are running late, please give us a courtesy call so that we may inform the teacher/provider to expect the child to come in late.

**Afternoon/ Evening Dismissal Policy:**

* We will start setting up for dismissal at 5:45 pm. We close at 6:00 pm \*\*
* If you are running late, and will not make it by 6:00 pm to pick up your child, you must give us a courtesy call so that we may assign a designate teacher/provider to stay with the child.
* Your authorized Pick-Up Form must be updated in order to have someone available to pick up your child on a timely matter.
* Please Note:

**A logbook will be kept during both Morning Drop Offs and Afternoon/Evening Dismissal Pickups for compliance and safety purposes.**

\*\* Flexible time schedules can be, previously, arrange upon request.

Should there be an issue or concern with CDS Daycare policies re: **Morning Drop Offs or Afternoon/Evening Dismissal Pick Ups, then:**

* You will be urged to meet with program coordinator or designated staff for action and follow up.
* In the event your child is picked up after 6:00 pm. Your account will be **charge a late fee of $1.00 per minute** for the first 15 minutes. **$4.00 per minute after 15 minutes**, REGARDLESS OF REASON or EXCUSE.
* **Late fees are to be pay by the next billing cycle.** Your child will not be allowed to attend our Monday Morning program until is paid as per contract agreement.
* After 6:15 pm Authorized Pick Up personnel will be notify, as found on your child’s records, for pick up.
* Past 7:00 pm your child may be taken to the precinct or ACS, Late FEES will apply
* In order to avoid suspensions and other charges, please be prompt, on time, when dropping or picking up your child.
* We understand that there may arrangement to be made by you at work or home, therefore, You may need to **apply for Flexible Time Schedules**, which may help you with earlier dropping off or later pickups or both, see the Coordinator Director to discuss your situation and application (additional fees may apply).

Together we can make your experience at CDS a positive experience for you, your child and our staff.

**Please sign below that you have reviewed and agreed with CDS Policies for Drop Off and Dismissal Protocols.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian signature Date**

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**CDS Inc Meals Services**

**CDS provides healthy meals and snacks for our participating students (12.0 months and up). We provide three (3) meals – Breakfast, Lunch, Snacks and Diner.**

**If you prefer to provide meals/snacks for your child, please review the following policies:**

* **Please provide a note indicating that the student will be provide a meal/snack from home daily.**
* **This note must state that CDS is not responsible for providing the meal/snack since the family intends to provide it on a daily basis.**
* **As many children have severe allergies to nuts and may be allergic, please DO NOT provide any food options, which include nuts and/or peanut butter.**
* **Please speak to your child teacher/provider to review any other serious allergies your child may suffer from, in order for us to assist in preventing any from occurring.**

**Should you have any, additional, questions or concerns, please speak to a staff member or Coordinator Director for assistance.**

**Please sign below that you have reviewed CDS Meal Service Options.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian signature Date**

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**Sleeping and Napping Agreement**

I understand that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, while under the care of CDS Daycare, Inc will be napping on a assign designated area of the providers home/site. He/she will be electronically supervised during this period.

If my child is an infant, I also understand that my child will be placed on his/her back to sleep.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

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**Consent for Emergency Treatment and/or Medical Treatment**

I here give authority to CDS Daycare, Inc staff to obtain necessary emergency medical treatment for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the understanding that the family will be notified as soon as possible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature Date

--------------------------------------------------------------------------------------------------

**Permission for Outdoor Activities**

CDS Daycare, Inc and approved staff may take my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For program, schedule trips that may walking and any others checked below or previously inform to parents, as part of CDS Daycare Program.

\_\_\_\_\_ Providers Front/Backyard \_\_\_\_\_ Neighborhood Park \_\_\_\_ Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardian Signature Date

**---------------------------------------------------------------------------------------------------**

**Permission to Photographs and Videos**

CDS Daycare, Inc and approved staff(s) may take photos and videos of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ while in daycare and during outdoor activities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date