

Tender Loving Care Daycare & Preschool Registration Form

o INDICATE "N/A" IF THE INFORMATION IS NOT APPLICABLE.

o THE INFORMATION IN THIS FORM IS REQUIRED BY CHILD DAY CENTER STANDARDS 8VAC20-780-60.

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade or Class Level

PARENT(S)/GUARDIAN(S)

Parent	Place Employed	Work Phone
Home Address		Home Phone
Parent	Place Employed	Work Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Work Address		Work Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician	Phone	
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

_____ *Parent(s) or Guardian(s)* _____ *Date*

_____ *Administrator of Center* _____ *Date*

First Date of Attendance: _____ Last Date of Attendance: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

**OFFICE USE ONLY
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

_____ *Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section § 22.1-289.049 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction, or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means..

Tender Loving Care Daycare
219 Big Stony Creek Road Ripplemead, VA 24150
Office: 540-626-3792 ext. 237
E-mail: office@tenderlovingcaretoday.org

Rates: Effective June 1, 2025 for all children enrolled on/or after June 1, 2025
Effective September 1, 2025 for all children currently enrolled

Available Discounts:

*Multiple child: 5% discount per child (part time or full time)

*2.5% Discount if paid in full by 9am on the 5th of that month

Discounts apply to part time and full time families only.

Drop ins, added days, and the PreK 9-12 program are excluded from any discounts.

Enrollment Fee-All ages (non-refundable)	\$260.00 per child
Six Weeks through Age 2 Part Time (3 days or less)	\$108.00 per week
Six Weeks through Age 2 Full Time (4-5 days)	\$180.00 per week
Pre-School 9am-12pm K3 and K4 Programs (Tues, Wed, Thurs)	\$275.00 per month
Pre-School Ages 3-4 years Part Time (3 days or less)	\$102.00 per week
Pre-School Ages 3-4 years Full Time (4-5 days)	\$170.00 per week
School Aged Children Before and/or After School	\$85.00 per week
Full day no school (if enrolled in before/after school)	Additional \$19.00/day
Drop In Before and/or After School	\$20.00 per day
Drop In Full Day <i>or</i> If Adding an Extra Day to any Part Time Rates	\$40.00 per day
Emergency Drop Ins (not enrolled in any regular program)	\$60.00 per day
Summer Program (PreK & School Age): Part Time (3 days or less)	\$102.00 per week
Summer Program (PreK & School Age): Full Time (4-5 days)	\$170.00 per week

Additional Information:

1. Invoices will be emailed to you monthly.
2. **Payments will be made the first day the child attends each week. Payments must be made by Tues. morning of each week. A \$20 late fee will be due in addition to that week's payment starting Wed. morning. Tuition and all fees must be paid by Fri morning of that week or you will forfeit your child's spot at the daycare.**
3. Pre-School 9am-12 Programs payment due by the 5th of each month.
4. Full time children will be allowed 2 weeks grace period, part time children will be allowed 1 week (weeks that they will not be attending or charged for care). Must be taken in a 5 day Mon-Fri week. Weeks are for the current school year only (Sept-Aug). Weeks unused cannot be carried over to the next school year. Pre-School 9am-12 Programs are not eligible for grace weeks.
5. A return check fee of \$40.00 will be charged.
6. If a parent is late picking up a child after 6:00 pm, a late fee will be a charged of \$5.00 per child for every 5 minutes after 6:00 pm. Pre-School 9am-12 Programs will be charged \$1.00 per minute after 12:05pm.
7. A two week's notice is needed to make changes to childcare or to discontinue care.
8. Preschool 9am-12 Programs will be billed for the months of September **through** May regardless of the child's attendance.

Tender Loving Care Contract & Rate Agreement

I/We, _____, have received and read the TLC Child Care Handbook, and will comply with all provisions contained therein, and shall at this time enter into an agreement with TLC Child Care Center for the care of my child(ren).

Child's Full Name: _____

2nd Child's Full Name: _____

3rd Child's Full Name: _____

Enrollment Status:

School Year (Sept-May):

____ Part Time 6 weeks-2years

____ Full Time 6 weeks-2years

____ K3/K4 9am-12pm Program Only

____ Part Time K3/K4

____ Full Time K3/K4

Summer Care (June-Aug):

____ No Summer Care Needed

____ Summer Care Only

____ Part Time Summer Care

____ Full Time Summer Care

School Aged Children:

____ Before and/or After School

____ May need care if no School

____ Drop In Before/After School

____ Drop In Full Day

Please designate the days of the week that your child will attend TLC:

____ M ____ T ____ W ____ TH ____ F ____ Varies

In signing this contract, I understand and plan to adhere to the following agreements:

1. A rate of \$ _____ per week or month will be charged for the care of my child(ren).
A rate of \$ _____ per week will be charged for the care of my child(ren) during the Summer.
2. This rate will be charged regardless of holidays, weather, or whether my child is present or not. The only exception: I will have one week at no charge during Christmas break. I understand I pay for my child(ren's) spot, not their attendance.
3. Payments are due on Monday, prior to leaving your child. Pre-School 9am-12 Program payments are due by the 5th of each month. If payment is not received by Tuesday morning, you will not be permitted to leave your child(ren) the remainder of the week until the payment has been made. Two weeks of non-payment will forfeit your spot at the daycare.
4. If a parent is late picking up after 6:00pm, a late fee will be charged of \$5 per child for every 5 minutes after 6:00pm. Pre-School 9am-12 Programs will be charged \$1 per minute after 12:05pm.
5. A non-refundable \$260 enrollment fee will be charged for new enrollments and re-enrollments. This will reserve my child a spot in the daycare/pre-school when one becomes available.

Email to be used for Invoice: _____

Parent/Guardian Signature _____

Date _____

Director Signature _____

Date _____

"Tender Loving Care" Child Care Center

Train up a child in the way he should go: and when he is old, he will not depart from it. Proverbs 22:6

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no earlier than one year before your child's entry into school.

Name of School: _____ Current Grade: _____

Student's Name: _____
Last First Middle

Student's Date of Birth: ____/____/____ Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____

Student's Address _____ City _____ State _____ Zip Code _____

Name of Parent or Legal Guardian 1: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Name of Parent or Legal Guardian 2: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Hospital Preference: _____

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/ Employer Sponsored

Box 1. Pre-Existing Conditions

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex) Please list Life Threatening Allergies:			Diabetes: Type 1		
			Diabetes: Type 2		
			Insulin pump		
Allergies (seasonal)			Head injury, concussion		
Asthma or breathing conditions			Hearing conditions or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart conditions		
Behavioral/Psych/ Social conditions			Lead poisoning		
Developmental conditions			Muscle conditions		
Bladder conditions			Seizures		
Bleeding conditions			Sickle Cell Disease (not trait)		
Bowel conditions			Speech conditions		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental Health conditions			Vision conditions		

Describe any other important health-related information about your child (Feeding tube, Trach, Oxygen support, Hearing aids, Dental appliance, Wheelchair, Hospitalizations, etc.):

Box 2. Medications

List all prescription, emergency, over-the-counter, and herbal medications your child takes regularly (Home/ School):

Medication Name	Dosage	Time Administered (Home/School)	Notes
1.			
2.			
3.			
4.			

Additional Medications (Name, Dose, Time Administered, Notes)

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No Please provide the following information:

Type	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

I _____ (do) (do not) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ Date: ____/____/____

Signature of Interpreter: _____ Date ____/____/____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Part II - Certification of Immunization**

A copy of child's immunization records are attached



Section I

See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or official of health department indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording the dates on this page, as long as the completed immunization record is attached to the School Entrance Health Form: Part II Certification of Immunization (MCH213G).

As per 12VAC5-110-70, the Certification of Immunization form must be signed and dated by the Medical Provider (physician or designee, registered nurse, or official of the health department) in the appropriate box below. Contact local health department for assistance with foreign vaccine records.

Student Name: _____ **Date of Birth :** / / **Sex:** _____

Race (Optional): _____ **Ethnicity:** Hispanic Non-Hispanic

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
Diphtheria, Tetanus, Pertussis Vaccine (DTP, DTaP)					
Diphtheria, Tetanus (DT) or Tdap or Td Vaccine (given after 7 years of age)					
Tdap Vaccine booster					
Poliomyelitis Vaccine (IPV, OPV)					
Haemophilus influenzae Type b Vaccine (Hib conjugate) only for children <60 months of age					
Rotavirus Vaccine (RV) only for children < 8 months of age					
Pneumococcal Vaccine (PCV conjugate) only for children <60 months of age					
Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Measles, Mumps, Rubella Vaccine (MMR vaccine)					
Measles Vaccine (Rubeola)			Serological Confirmation of Measles Immunity:		
Rubella Vaccine			Serological Confirmation of Rubella Immunity:		
Mumps Vaccine			Serological Confirmation of Mumps Immunity:		
Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used					
Hepatitis A Vaccine					
Meningococcal ACWY Vaccine					
Meningococcal B Vaccine					
Human Papillomavirus Vaccine (HPV)					
Influenza (Yearly)					
Other					
Other					

Certification of Immunization

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** ___/___/___

Section II
Conditional Enrollment and Exemptions

A qualified licensed physician, nurse practitioner, or physician assistant must complete the medical exemption or conditional enrollment section as appropriate to include signature and date. This section must be attached to Part I Health Information (to be filled out and signed by parent).

Student's Name: _____ Date of Birth: |____|____|____|
Parent or Legal Guardian Name: _____
Parent or Legal Guardian Name: _____
Phone Number: _____

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap :[____]; DT/Td:[____]; OPV/IPV:[____]; Hib:[____]; PCV:[____]; RV:[____]; Measles :[____];

Mumps:[____]; Rubella :[____]; VAR:[____]; Men ACWY:[____]; Men B:[____]; Hep A:[____]; HBV:[____]

This contraindication is permanent: [] , or temporary [] and expected to preclude immunizations until: Date (Mo., Day, Yr.): |____|____|____|.

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** ____/____/____

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days (or 180 days for Hepatitis B). **Next immunization due on**

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** |____|____|____|

Section III Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <https://www.vdh.virginia.gov/immunization/requirements/>

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(Requirements are subject to change.)

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete and sign Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at: www.vdh.virginia.gov/school-age-health-and-forms/school-health-forms-and-action-plans/

Student's Name: _____ Date of Birth: _____ Sex: M / F /

Health Assessment	Date of Assessment: ____ / ____ / ____ Weight: _____ lbs. Height: _____ ft. ____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment																		
		1			2			3			1			2			3			
	HEENT				Neurological				Skin				Genital				Urinary			
	Lungs				Abdomen															
	Heart				Extremities															

Tuberculosis Screening

Check the box that applies:

<input type="checkbox"/> No risk for TB infection identified	<input type="checkbox"/> No symptoms compatible with active TB disease	<input type="checkbox"/> Risk for TB infection or symptoms identified:
--	--	--

Test for TB Infection: TST IGRA Date: _____ TST Reading _____ mm TST/IGRA Result: Negative Positive
 CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ Normal Abnormal

EPSDT Screens Required for Head Start – include specific results and date:

Blood Lead: _____ Hct/Hgb _____

Developmental Screen	<i>Assessed for:</i>	<i>Assessment Method:</i>	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				

Hearing Screen	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box. <input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Referred				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Hearing aid or another assistive device			
		1000	2000	4000				
	R							
L								

Vision Screen	<input type="checkbox"/> With Corrective Lenses (Check if yes)					Dental Screen	<input type="checkbox"/> Problems Identified: Referred for Treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care <input type="checkbox"/> Unable to perform				
	Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not tested										
	Distance	Both	R	L	Test used:						
	20/	20/	20/								
	<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test-needs rescreen										

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):	
	Allergy: <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other:: _____	
	Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)	
	Restricted Activity Specify: _____	
	Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____	
	Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.	
	Special Diet Specify: _____	
	Special Needs Specify: _____	
	Other Comments: _____	

Health Care Professional's Certification (Write legibly or stamp) <input type="checkbox"/> By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).	
Name: _____ Practice / Clinic: _____	Signature/Date: _____
Phone: _____ - _____ - _____	Address: _____ Fax: _____ - _____ - _____ Email: _____

Religiously Exempt Child Day Center
Program Decision to Administer Medications

My program has made the following decision regarding the administration of medications to a child in my program:

I (or my staff) **WILL** administer prescription and non-prescription medications.

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

Provider's Name (please print): Amanda Offenberg	Facility Name: Riverview Baptist / TLC
Provider's Signature: Amanda Offenberg	Date: 1-12-24
Parent's Signature:	Date:

Authorized Staff to Administer Prescription Medications

The program will administer prescription medications in accordance with the physician's or other prescriber's instructions and in accordance with the standards of practice in the MAT training. Only a provider who has successfully completed the MAT training or has appropriate licensure to administer prescription medications and is listed as a medication administrator in the *Program's Decision Regarding Medication Plan* will be permitted to administer prescription medications in my program.

I understand that any individual listed in this section as a medication administrator is approved to administer prescription medications using the following routes: topical, oral, inhaled, eye, and ear, medication patches and epinephrine using an auto-injector device.

I understand that if a child in my program requires prescription medication to be administered rectally, vaginally, by injection or by another route not listed above, I will follow the procedures outlined in the MAT training for children with special health care needs.

I understand that to be approved to administer prescription medication, all individuals listed in my *PROGRAM'S DECISION REGARDING MEDICATION* plan (unless the individual is licensed to administer prescription medications) must have a valid:

- Medication Administration Training (MAT) certificate;
- CPR certificate which covers all ages of the children my program is approved to care for as listed on my registration/license; and
- First aid certificate which covers all ages of children my program is approved to care for as listed on my registration/license.

Religiously Exempt Child Day Center
Program Decision to Administer Medications

Medication Administrator(s)

MAT certificates (or documentation of licensure to administer prescription medications), age-appropriate first aid certificates, and CPR certificates for the staff listed below will be kept on site and be available upon request.

Provider/Staff Name: Amanda Offenberger

Provider/Staff Name: Barbara Carter

Provider/Staff Name: Belinda Thompson

Provider/Staff Name: _____

Confidentiality Statement

Information about any child in my program is confidential and will not be given to anyone except VDSS' designees or other persons authorized by law unless the child's parent or guardian gives written permission. Information about a child in my program will be given to the local department of social services if the child received a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

Rehabilitation Act of 1973

I understand that if my program receives any federal funding (such as child care subsidy from a local department of social services), I am subject to Section 504 of the Rehabilitation Act of 1973 which is similar to the provisions of the Americans with Disabilities Act. If a child enrolled in my program now or in the future is identified as having a disability covered under the Rehabilitation Act, I will assess the ability of the program to meet the needs of the child (for further information on the Rehabilitation Act seek legal counsel and/or go to the following website: <http://www.dol.gov/oasam/regs/statutes/sec504.htm>)

Provider Statement

I understand that it is my responsibility to follow my *PROGRAM'S DECISION REGARDING MEDICATION* plan and all health and infection control regulations applicable to my child day program.

I will verify and document the credentials for all new staff certified to administer prescription medications before the staff is allowed to administer prescription medications to any child in my child day program.

The *PROGRAM'S DECISION REGARDING MEDICATION* plan will be made available to parents at enrollment, whenever changes are made and upon request.

Parents:

We will be taking pictures of different activities that we will be doing here at the daycare center. I would like to post some of the photos on our Facebook business page and the Virginian Leader. I need your permission in order to do so.

Thank you,

Amanda Offenberger, Director

Please check one of the following and sign:

_____ Tender Loving Care Daycare **HAS** permission to use photos of _____, my child(ren).

_____ Tender Loving Care Daycare **DOES NOT HAVE** permission to use photos of _____, my child(ren).

Parent Signature: _____

Date: _____

Tender Loving Care Daycare and Preschool
219 Big Stony Creek Road
Ripplemead, VA 24150
540-626-3792 ext. 237

As parent/guardian of _____,

I, _____ will read and comply

with the Parent Handbook revision May 1, 2025.

Signature

Date

Parent Handbook

Effective: May 1, 2025



**DAYCARE
& PRESCHOOL**

THE BEST THING NEXT TO HOME

Tender Loving Care Daycare
219 Big Stony Creek Rd.
Ripplemead, VA 24150
540-626-3792 ext. 237

Tender Loving Care Daycare & Preschool
219 Big Stony Creek Road Ripplemead, VA 24150
540-626-3792 ext. 237
E-mail: Office@tenderlovingcaredaycare.org

Mission Statement

Our mission at TLC is to demonstrate the love of God to each family that we come in contact with. The staff truly looks forward to a strong, loving relationship with you and your child. May God bless our relationship now as well as in the future.

Statement of Purpose

Tender Loving Care Child Care Center is a ministry as well as a community service. We care for children from ages six weeks through twelve years regardless of creed or ethnicity. The center's main function is to help prepare children through a planned curriculum that incorporates wholesome themes and expresses God's love for each of us in our daily activities. The services offered provide opportunities and experiences that promote growth in a period of rapid development. They are not a substitute for the home or the bonding that occurs between parents and their children but they are an important supplement for working families.

Communication

Good communication is of the utmost importance. When we accept a new family into our program, we share openly any concerns or questions that may arise. It is important that there is a similar child care philosophy between the parents and TLC. We welcome questions, feedback, or discussions of any kind that are oriented towards a positive outcome for the children. Sensitive issues will be discussed in private.

Since infants and toddlers cannot verbally communicate to the parents, we will use the Brightwheels app to document daily activities. It will include information such as time of feedings, how much was eaten, time of diaper checks, times of naps, any medication given, and comments about the child's day. Please remember this is a computer application so sometimes it might not update immediately. Also, if the internet is down communication will be temporarily delayed.

Requirements for Admission

The Physician's Certificate of Immunization, required by the State Department of Welfare and Institutions, is required before a child is admitted to the center. Parents then have one month to present us with a report of a recent physical examination signed by a physician. This is a state requirement. Physicals are required at *six months, 12 months, 18 months, 24 months, and 5 years of age*. It is the parent's responsibility to keep us informed of continuing immunizations so that each child's record is current.

It is helpful to provide additional personal information about your child's habits and behavior when you register him/her. This allows the teacher to better meet your child's needs, making the adjustment period easier. The state also requires that you supply a list of previous caregivers.

Required Forms

Copy of Birth Certificate, Immunization Certificate, Emergency Release Form, Enrollment Application, Field Trip Permission Form, and School Entrance Health Form.

Drop Off and Release of Child

We will use the Brightwheels system to check in/out your child. This gives us a record of the child's **attendance**, hours, and the person who picked up the child each day.

Due to the structured learning environment all children attending pre-school *must arrive by 9am*. Anyone arriving after 9am *will not* be allowed to attend class that day. Children of the pre-school age do not need disturbances during learning time and/or nap times. If your child is not of pre-school age please be considerate of others when bringing your children in late by avoiding nap times, etc.

Only those people on the child's registration form are allowed to pick up or drop off your child. If someone is picking up your child other than a parent or preapproved pick up person, please notify the child's teacher in advance. That person's identification will be checked, possibly photocopied, and placed in the child's file for future reference. We do not mean to offend anyone. This is simply a measure taken for the child's protection.

Payment Procedures

During enrollment, you will receive a price guide and a contract for the current year. Payments should be made by check or cash. If you pay by cash, please ask an employee for a receipt at the time the payment is made. If a check is returned for non-sufficient funds, you will be responsible for all fees the center incurs. All payments should be placed in the locked Drop Box, located to the right of the main facility entrance door. You will be charged for the full week during holiday weeks except for the week following Christmas Day. Part time families may not rearrange their days to avoid a holiday without incurring a drop in fee.

Payments are due weekly and should be received no later than 9am Tuesday morning. Late payment fees will be applied on Wednesday morning if payment still has not been received. If the payment and all incurring late fees have not been collected after 2 weeks, you will be notified and your child will lose their spot at the daycare. To re-enroll, you will be required to pay the enrollment fee again and will be placed on the waitlist if no spots are available at that time. There is a discount offered for families that pay the invoice in full by 9am on the 5th of the month. A 2 weeks' notice is required to make any changes to childcare or to discontinue care.

Grace Weeks

A Grace Week Period is a Monday through Friday block in which you will not need care and will not be charged. Weeks need to be approved. Full time families enrolled in TLC will be allowed a two week grace period, part time families will be allowed one week (exceptions: one week for full time summer program only and no grace weeks for the Pre-School 9am-12pm Programs.) For example: if a child has an illness that causes them to miss a full week or the family goes on vacation, they may choose to use one of their grace weeks so they will not be charged when their child is absent.

Please remember the following conditions when using your time:

- Full time families will receive two weeks, exceptions one week for summer program and none for Pre-School 9am-12pm Programs.
- Part time families will receive one week
- The week must be taken in a 5-day Monday through Friday block for students.
- The two weeks will be allocated for the current school year only (September through August); they may not be carried over to the following year

Late Charges

We ask that parents call and notify us if they will be running late and may not arrive by the closing time of 6pm. We understand that sometimes there are unavoidable delays. However, since staff members must work overtime and often change plans when parents are late, a fee of \$5.00 per child for every 5 minutes after 6pm will be charged. Pre-School 9am-12pm Programs will be charged \$1.00 per minute late after 12:05pm.

Hours of Operation

Normal hours of operation are Monday through Friday from 6am to 6pm. We maintain an open door policy for parents. This does not mean parents will be allowed to walk around the facility. We take the safety of the children very seriously and we stay on constant lock down. Open door means that parents or guardians can see the director if available. If parents require a meeting with the teachers, it can also be arranged. We do not want unwanted or unexpected visitors to enter without our permission or knowledge. Of course, Brightwheels is always available as a communication tool as well. However, please be respectful of the staff's time. While they may respond to your questions before or after hours and on weekends, they are not required to.

Holidays

The center will be closed on the following holidays: New Year's Day, Good Friday, Easter Monday, Memorial Day, Independence Day, Labor Day, Thanksgiving & the Day After, and depending on how Christmas falls: Christmas Eve, Christmas Day, and the following week. Please plan ahead to have back-up childcare for our closed days.

Inclement Weather

The Director reserves the right to close the center due to inclement weather or natural disasters. As a general rule, we will likely close, delay opening, or close early if we are under a Winter Storm Warning, depending on the timing of the storm. The safety of your children and our staff will always be the priority. All parents will be notified first on Brightwheels then called if early closure is necessary. When the parent cannot be reached, the emergency contact numbers are called. No child is ever left unattended. We will post closings or delays on Brightwheels, and Facebook.

Report of Absence

If your child will not be attending on a day when they are expected, whether due to illness, vacation, or other reasons, please message on Brightwheels as soon as possible. You will be charged for all days missed unless you are using a grace period. Please report the type of illness so that we can post any infectious illness. Your child's name will NOT be mentioned but the type of illness will be posted if contagious.

Health

Children will be checked daily upon arrival for any noticeable signs of illness. If symptoms develop while at TLC, children will be isolated to a quiet, comfortable place while they wait to be picked up. The child is expected to be picked up within an hour. TLC's attendance policy in regards to health related factors is based on (but not limited to) the Virginia Department of Health's exclusion guidelines, and is as follows:

Bronchitis, Strep Throat, and other Upper Respiratory Illnesses: The child may not return to the center until they have been on an antibiotic for a full 24 hours.

Chicken Pox: The child may not return to TLC until all pox have dried and no new poxes have erupted (usually 7 to 10 days, minimum of 5 days).

Conjunctivitis (Pink Eye): Exclude from daycare while symptomatic or until 24 hours of antibiotic treatment has been completed.

Diarrhea: The characteristic of the stool will determine if exclusion is necessary. If the stool is watery, foul smelling, foamy, shows signs of blood or mucus, or occurs twice or more, infection must be considered a possibility. Usually, children will have a fever with the diarrhea. If the diarrhea is caused by antibiotics, teething, etc., the child will be allowed to attend if he/she has a note from their physician stating there is no infection. Children with infectious diarrhea will be excluded until the diarrhea has stopped for 24 hours. If the child is obviously not feeling well, they will be treated as though they have infectious diarrhea.

Fever: Temperatures will be taken by staff if a child is suspected of having a fever. If the temperature is 100.4 degrees or higher, the parent will be called to take the child home as soon as possible. Children may return to the center when they have been fever-free and without fever reducing medicines for a full 24 hours.

Head Lice: Child may return after treatment has been administered and no nits or eggs are present. The child will be checked for 7 to 10 days for newly hatched eggs. This will be done confidentially.

Vomiting: Child may return after they have been vomit-free for a full 24 hours.

Medications: No medication will be administered without a written medication consent form. If your child is taking medication, please fill out these forms before leaving your child. If your child is teething or has a diaper rash, please fill out these forms in advance so that we can keep your child comfortable during their stay with us. No prescription medication will be administered unless there is a MAT trained employee available.

This list is not all inclusive. TLC reserves the right to deny care for a child showing any signs of being unwell regardless of a Dr note. If you chose to bring your child back before they are completely well, and your child exhibits the same symptoms they were sent home for, your child will not be allowed to attend for the following 48 hour period. We understand that no one wants to miss work but please be considerate of other families who do have compromised immune systems or also cannot afford to miss work. Also keep in mind, if a contagious illness comes into the daycare and we do not have enough staff to care for the expected number of children, we will have no choice but to close until enough staff have been cleared to come back to work.

Staffing

Our staff consists of individuals with good judgment skills and understanding in the handling of children. TLC maintains the staff to child ratio required by the state of Virginia's licensing regulations. This ratio is currently: 1 adult to 4 children under the age of 16 months, 1 adult to 5 children 16-24 months, 1 adult to 8 children for age 2, 1 adult to 10 children ages 3 to 5 years, and for school-aged children 1 adult to 20 children. If there are problems, we encourage you to see the director or assistant director. If they are unable to help you, please direct your questions to the deacons.

Safety and Injuries

The majority of our staff is trained in first aid and cardiopulmonary resuscitation. There is always someone trained in first aid and CPR on site at all times. The center has well equipped first aid kits, and these are taken on all field trips. No child is left alone or unsupervised. If a child has a bruise, cut, bite mark or scrape, the parents will be notified at the end of each day through an accident form or Brightwheels. This form, filled out by the teacher, will describe the nature of the accident and the treatment given.

If a more serious injury occurs, the child will be stabilized and made comfortable while the parents are called. When an injury is possibly life threatening, 911 will be called and then the parents notified. If it is necessary to transport the child to the hospital a staff member familiar to the child will accompany the child, carrying the child's emergency authorization form and other important information.

Discipline

Tender Loving Care believes in firm, consistent discipline. Discipline will be used to gently guide toward appropriate behavior. The goal of discipline is to help the children learn self-control. Time out is an acceptable form of discipline in which the child sits down for an appropriate time and thinks about what he/she has done. The time out period is generally one minute per year of age not to exceed ten minutes.

Any child who has behavioral issues will not be allowed to attend field trips. For the safety of that child and their classmates, a child that continues to misbehave will not be taken off premises. This decision will be reconsidered as long as the behavior improves.

If the behavior needs additional punishment or the teacher cannot get control of the situation, the parent may be called to come in and discipline the child. Parents who want the child to be spanked for punishment must come in and attend to this form of discipline themselves. TLC staff members will not administer corporal punishment. If the behavior is consistently unacceptable, the parent may be asked to pick up the child for the day. Suspension or termination of care may be required depending on the behavior.

Daycare Facilities

The center is located in an area that is safe from traffic hazards. The area of the building that the children are in has no steps, and there are no hazards to the physical welfare of the children. The center has facilities available for eating, toileting, and hand washing. All parts of the buildings are heated and have air conditioning. In order to keep the children comfortable, when the outside temperature is less than 55 degrees Fahrenheit, the inside temperature will be maintained at 69-72 degrees Fahrenheit.

Play Areas & Learning Areas

Indoors: The staff has selected play material with consideration to safety, cleanliness, durability, and suitability to the age and developmental levels of the children. There are independent activity rooms. Children are assigned to activity rooms according to age and developmental levels.

Daily activities are planned and implemented by room staff. The activities planned allow for individual expression, small and large group experiences, fine and gross motor skill development, and kindergarten readiness skill development. Activities include the reading of Bible stories and library books, art activities, music, puzzles, games, science experiments, puppet-playing, singing, and exercising.

Outdoors: The center has two playgrounds available for outside play. The big playground has swings and a play tower with a slide available for appropriate aged children. There are also several small playground pieces suitable for the toddler age on the small playground. Both playgrounds are enclosed by a chain link fence with gates that are kept closed at all times. When the weather is rainy, we have a gym and an additional play room available for us to use.

Toilet Training

When you feel your child is ready for toilet training, we will follow through and encourage your child as you do at home. We require that your child be showing signs of readiness. During training, we ask that your child be in "user friendly" clothing as much as possible. Try to avoid clothing that is difficult for children to remove in a hurry. If a child has more than one accident daily, then he/she needs to wear training pants until the training is better established. Training pants may be used during nap time if needed. All children attending the K-3 and K-4 Pre-School Programs must be fully potty trained.

Sleeping Facilities

Each child will be provided with a crib, cot or mat for rest depending on their age. Each child has their own designated crib/cot/mat sheet which are changed when soiled or at least once weekly. Every child is expected to rest. Infants nap at varying times. When the child moves into the toddler class, nap time will be once a day. Pre-School children will need to bring a blanket that we will wash with their sheet every week.

Field Trips

We have field trips occasionally as part of our curriculum. These trips are generally available for ages three and up. Parents are asked to fill out a permission form, to cover all field trips planned for the child's entire enrollment year. Parents must provide appropriate car seats for each child. Parents will be given notification of the trips at least three days in advance. These posted notifications will include the dates and times, as well as the locations.

If a child has a behavior issue, they may be excluded from the field trip. When a child is not eligible to attend a field trip you will be notified. The child will be required to stay behind with a younger group if attending care that day. If we do not have enough staff to keep the younger room in ratio, the child will not be allowed to attend daycare that day. This is not meant to be harsh but safety is the most important factor while away from the center. When the teacher is consistently having to direct their attention to a child with unacceptable behavior, they might be distracted from attending to all the children. Also, if a child has a defiant listening/obedience issue then his/her safety might be at risk.

School-Age Program

The center provides before and after school care for school-age children five through twelve. We provide transportation to and from Macy McClaugherty School. Parents are responsible for the proper car seating for their child. Eastern Elementary School has a bus route from our parking lot. We walk Jefferson Christian Academy students to and from school.

In addition to the before and after school program, care is available to school-age children on days in which school systems are closed due to weather, holidays, or other reasons. Parents must notify us if this care is needed. You cannot just drop your child off unexpectedly.

The TLC Summer Program is also available for school-age children during summer break. A relaxed, but planned schedule is offered involving art, music, science, Bible lessons, and other educational activities. Our calendar also includes recreational activities such as sports, park picnics, pool, lake, movies, and much more.

Meals

All children above nursery age should bring a lunch box labeled with their name. Please do not bring lunches that take more than two minutes to prepare. In case of an unknown allergy, do not bring in foods your child has not already tried at home. You should also bring additional snacks/drinks that your child will need while in our care. We are not equipped to provide meals.

What Your Child Needs

Bedding: Please bring a blanket labeled with your child's name on it. This item must fit in the child's cubby and will be washed each week.

Clothing: Each child needs to have at least one set of extra clothing (labeled) at the center in case his/her clothing becomes wet or soiled. (Please change out per season) If soiled clothing is sent home, please be sure to send back extra clothing to be kept on hand.

Diapers & Wipes: Parents are responsible for maintaining an adequate supply of disposable diapers and wipes for their child at the center. Teachers will try to remind you if the supply is getting low. If your child is in the process of toilet training, please be sure that you provide an adequate supply of naptime diapers, pull-ups, or extra changes of clothing and undergarments as needed.

Formula and/or Baby Food: Children in the infant room who are not yet eating table food are given breastmilk, formula, juice, and baby food sent from home. The teachers follow the parent's direction in the feeding of infants, keeping careful records of the amount of food or drink consumed, as well as the time they ate or drank.

Jacket or Coat: Please be sure to send a coat or jacket as needed for cool or cold days. Please be sure to label your child's items with his or her name on it.

Swimsuit, Towel, & Sunscreen: During the Summer, the children frequently have water play. Please have a swimsuit and towel at the facility for these occasions. For the summer, you must bring sunscreen for your child. We must have the appropriate forms signed by you to apply these items. Ask your teacher for the forms.

Toys & Games

Children may be asked on occasion to bring in items for special sharing times, such as show & tell, etc. Unless requested during these special occasions, stuffed animals or toys from home are NOT allowed because they can cause arguments among the children and become a distraction. Tender Loving Care cannot be responsible for lost or broken items.

Children in the summer programs can bring their game systems when approved by the teacher. TLC is not responsible for lost or broken items. Please put your child's name on each item brought to the center. Several children might have the same game. Also, remember not to bring games with violence or language content, they will NOT be permitted. Your child will be responsible for keeping up with these items. It is up to the teacher's discretion when and for how long game systems may be played. Outdoor and group play is always strongly encouraged.

Dress Code

Children should arrive dressed for play. Having fun sometimes involves outdoor play and lots of messy activities, so make sure that your child is dressed appropriately. Please do not dress your child in "nice" clothing and expect them to come home "nice". We will keep your child as clean as possible.

It is okay for girls to wear dresses but they must wear shorts under their dresses. Dresses and shorts must be an appropriate length. No short-shorts or short dresses. They must be no shorter than approximately 3 to 4 inches above their knees. Shirts must cover the stomach and fit around the neck not exposing the child's chest area. No clothing with vulgar or inappropriate slogans will be permitted. During the summer, girls swimsuits need to cover the belly, boys will need to have swim trunks and a swim shirt. All swim wear should fit appropriately.

Termination Policy

Parents can terminate care but need to give a two weeks written notice. If there is no notice, you will be charged for the two weeks. You may not be charged depending on the individual circumstances. The two weeks allows scheduling to be adjusted and/or replacement of the child leaving.

The center reserves the right to terminate care for (but not limited to) the following reasons:

- Failure to pay
- Failure to complete the required forms
- Lack of parental compliance with handbook regulations
- Failure of a child to adjust to the center within a reasonable time
- Physical or verbal abuse of any person or property abuse
- The center's inability to meet the child's needs

Church

If your family does not have a home church, you are always welcome here at Riverview Baptist

Sunday Worship Service: 8:45am & 11am (two services whichever meets your needs)

Sunday School: 10am (all ages of classes from newborns to couples...)

Sunday Night Worship: 6pm **Awanas:** 5:30pm (kids' program from one yr. old & up)

Wednesday Night Worship: 7pm

Closing

Please remember to pray daily for our teachers, staff, and families that attend Tender Loving Care. God will truly bless each of us. We will be praying for each of you daily. Also, please let us know of any additional needs you or your family may have.

Tender Loving Care Daycare Center

PUBLIC DISCLOSURE STATEMENT

The code of Virginia, Section 22.1-289.031, allows child day centers operated by religious institutions the opportunity to file for an exemption from licensure by meeting documentation and other requirements specified within the exemption law. The statements below have been prepared and distributed to meet the requirements of the exemption law.

EXEMPTION

In compliance with the Code of Virginia, Section 22.1-289.031, this Center is exempt from licensure and is classified as an "Exempt" child day center.

QUALIFICATIONS OF PERSONEL

Please discuss qualifications for personnel with the Director if you have questions.

DESCRIPTION OF FACILITIES

The Center is located at 219 Big Stony Creek Road, Ripplemead, VA 24150

The number of rooms is eight.

The kitchen facilities are not available for use by the Center.

Play equipment consists of inside and outside play equipment.

OTHER SIGNIFICANT FEATURES OF THE FACILITIES INCLUDE:

Access to the gym for play time.

ENROLLMENT CAPACITY

The maximum number of children that the Center will enroll is 129. This figure is dictated by the local building inspector.

FOOD SERVICE (Check appropriate response)

The Center intends/does not intend to provide food service. The description of the service consists of the following:

no hot breakfast

no cold breakfast

no combination (hot/cold) breakfast

no mid-morning snack

no hot lunch

no cold lunch

no afternoon snack

HEALTH REQUIREMENTS FOR STAFF

Staff employed at the Center MUST be certified by a practicing physician to be free from any disability which would prevent them from caring for children. Documentation is on file at the Center.

PUBLIC LIABILITY INSURANCE

The Center is covered by public liability insurance which provides coverage in the event that someone brings suit for personal or bodily harm suffered during the operation of the Center as a result of negligence.