



## All Friends Learning Center

at

### Nasson Community Center

457 Main Street, Springvale, ME 04083

(207) 324-5657

[www.nassoncc.org](http://www.nassoncc.org)



**Operation Schedule:** The Center is open from 7:00 am to 5:30 pm Monday through Friday, year around, excluding holidays (see below).

**Payment:** Weekly payments are expected unless other arrangements have been made ahead of time. Checks should be written to Nasson Community Center. Payment is expected on the first day of the week of attendance. Payments more than seven days late will be charged a \$20 late fee. Returned checks will be charged a \$30 return fee plus any additional bank fees that are charged to the daycare. After a check is returned, cash or money order payments will be the only form accepted.

**Holidays and Vacation:** The Center will be closed with payment still expected on Martin Luther King, Jr. Day, Memorial Day, July 4th, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and the Friday following Thanksgiving.

The Center will be closed and no payment expected the week of Christmas through New Year's Day.

Payment for personal family vacations is expected. Payments are based on daycare slot and not on attendance.

**Arrival and Pickup:** The person dropping off a child at the Center will escort that child into the classroom, sign him/her in, and turn him/her over to a caregiver. At the end of the day, the child must be signed out to an authorized person unless other arrangements have been made between the parents and the Director.

Late Pickup: Parents are expected to pick up their child by the closing time of the Center. A \$15 late charge may be made for every 15 minutes, or a portion thereof, that a child is picked up after closing time. Parents are responsible to notify the office if they are not going to be on time, to avoid a late charge. Multiple late pick-ups may result in dismissal of services.

**Withdrawal from the Center:** Parents may withdraw their children from the Center, or reduce or increase the number of days their child attends, by giving two weeks' notice in writing. Parents will be responsible for payment for the full two weeks, whether or not their child attends the Center.

**Rest Period:** Children are required by State Regulation to have a daily rest period if they attend the Center for a full day. Quiet choices such as reading, puzzles, etc. will be offered at this time.

**Meals:** Meals and snacks are planned by following the USDA food program and are well-balanced and nutritional. Children are offered food but never forced to eat.

Children, by State Regulation, must be served the approved day care meals unless a physician provides a letter of exemption for a child based on dietary needs.

**Medications:** Children requiring prescription or over-the-counter medication must have a physician's order and be in original packaging. Medication is stored out of reach of children with the Director or Head Teacher.

**Immunizations:** Children not attending school by State Regulation must be up-to-date on all immunizations. A copy of immunization record will be kept in the child's file. This must be presented within two weeks of starting day care at this facility. Also, please provide an updated copy as immunizations are administered.

**Toys:** All play items and art materials are provided by the Center. Please refrain from bringing any toys from home. Should a child bring an item from home, it will be put in the child's cubby and remain there until pickup.

**Clothing:** During the day's activities, a child will get dirty. Please provide a spare outfit should the child need to change during the day. During colder months, please have a sweater or sweatshirt to leave at the Center in case your child gets cold. Daily outdoor play is required by State Regulation, weather permitting. Please be sure your child has appropriate outer wear. Extra hats and mittens can be left in the child's cubby.

**Sick Child:** By State Regulation, children may NOT come to day care if they are sick. Parents will be contacted to pick up their child within the hour should the child become ill while at the Center. Parents will be required to adhere to our Sick Child Policies. Payment for sick days is expected as you are paying for the slot and not for attendance. If your child displays any of the following symptoms, you should not send him/her to the Center. Your child will be sent home if any of these symptoms develop while your child is at the Center:

- ◆ A temperature of 100°F or higher
- ◆ Unexplained diarrhea (two or more watery stools)
- ◆ Severe coughing (causing them to lose their breath or gag or vomit), not relieved by medication
- ◆ Difficult or rapid breathing, other than diagnosed as asthma-related
- ◆ Yellowish skin or eyes
- ◆ Persistent crusty eyelids with red or pink sclera (whites of eyes) or green discharge from eyes
- ◆ Unusual spots or rashes on the skin which may or may not include itching
- ◆ Infected skin lesions accompanied by drainage with swelling or redness surrounding the area
- ◆ Loss of appetite (when accompanied by other symptoms)
- ◆ Listless or cranky behavior (when accompanied by other symptoms)
- ◆ Persistent dark urine accompanied by poor fluid intake
- ◆ Inability to urinate and/or discomfort when urinating
- ◆ Gray or white stool
- ◆ Pain or discomfort for extended periods, in any part of the body

- ◆ Red, sore throat, patches on throat, trouble swallowing
- ◆ Headache or stiff neck, when accompanied by a temperature of 100°F or higher
- ◆ Loss of balance
- ◆ Earaches or pulling at the ear, with an elevated temperature of 100°F or higher
- ◆ Persistent green discharge from the nose, with an elevated temperature of 100°F or higher
- ◆ Vomiting and/or upset stomach not caused by activity
- ◆ Tiny bugs or white eggs in hair must receive prompt treatment. All eggs must be removed from the hair before returning to Center
- ◆ Any contagious diseases or illnesses

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I have received a copy of the All Friends Learning Center Handbook and understand the expectations and policies. By signing below, all parties involved in my child's attendance will be notified by me of the expectations and policies of this facility.

(Signed Name):

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(Printed Name):

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(Today's Date):

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