PARENT HANDBOOK
Dear Parent/Guardian:

Welcome to Giggles Galore!

I believe that quality early care and education is a partnership between parents and provider. At Giggles Galore, it is my mission to partner with parents, and to provide Infants and Toddlers with age and developmentally appropriate activities and materials in a safe, loving environment where they are free to explore and learn.

Giggles Galore is a play based program. I believe that at this developmental stage, it is not ‘teachers’ children need to help them learn, but loving, responsive relationships with caregivers, based on respect for the child and his or her family. At Giggles Galore, your child will have the opportunity to explore and grow, create and discover, build relationships with his or her peers, and become confident learners.

Thank you for choosing Giggles Galore. As you know, in the first three years of your child's life, he will go through some incredible developmental stages. Observing an Infant's journey through these stages never ceases to fill me with awe and wonderment. I'm looking forward to joining you on your child's amazing journey!

Sincerely,

Natalie Brutto,  
Family Child Care Owner  
Infant and Toddler Provider

**STATEMENT OF NON-DISCRIMINATION**

Giggle Galore welcomes all families, regardless of, race, religion, national origin, sexual orientation, gender, ancestry, marital or parental status, and physical, mental, emotional or learning disability.
## TABLE OF CONTENTS

**Welcome Letter**

**Statement of Non-Discrimination**

**Attendance**

- Ages Served........................................................... Page 4
- Weekly Schedule................................................................ Page 4
- Absences, Appointments and Early Pick-ups.............................. Page 4
- Termination ........................................................................ Page 4
- Waiting list ........................................................................ Page 4

**Holidays and Vacations**

- Holidays............................................................................. Page 5
- Vacations ............................................................................... Page 5
- Emergency/Substitute Care........................................................ Page 5

**Program and Curriculum**

- Meals ................................................................................ Page 6
- Supplies ............................................................................... Page 6
- Change of Clothing .............................................................. Page 6
- Parent Involvement ............................................................... Page 6
- Emergencies ........................................................................ Page 6
- Daily Activity Schedule........................................................ Page 7
- Illness, Medication and Immunizations ..................................... Page 8
- Guidance policy .................................................................... Page 9

**Tuition Fees**

- Weekly Rates .................................................................... Page 10
- Deposit ............................................................................... Page 10
- Late Fees ............................................................................ Page 10
- Methods of Payment ............................................................ Page 10

**Enrollment Forms**

- Child Enrollment Record .................................................... Page 11
- Child Introduction Form ..................................................... Page 12
- Medical Record .................................................................. Page 13
- Emergency Medical Consent Form ...................................... Page 14
- Emergency Contact information .......................................... Page 15
- Field Trip Permission Form .................................................. Page 16
- Incident and Injury report .................................................... Page 17
- Authorization to Administer Medication ................................. Page 18
- Parent sign-in/Out Sheet ....................................................... Page 19
Ages Served

Giggles Galore serves children ages 0-5. However, because the environment and curriculum are designed for Infants and Toddlers, most children will outgrow the program and move on to a preschool program around age 3. In the event that a child is not ready to move, he or she is welcome to remain in the program for as long as needed.

Attendance

Weekly Schedule
Giggles Galore is open according to the following schedule:

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<th>Day</th>
<th>Time</th>
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<tbody>
<tr>
<td>Monday</td>
<td>7 AM     to 5:30 PM</td>
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<td>Tuesday</td>
<td>7 AM     to 5:30 PM</td>
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<td>Wednesday</td>
<td>7 AM     to 5:30 PM</td>
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<td>Thursday</td>
<td>7 AM     to 5:30 PM</td>
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<tr>
<td>Friday</td>
<td>7 AM     to 5:30 PM</td>
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<tr>
<td>Saturday</td>
<td>Closed</td>
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<tr>
<td>Sunday</td>
<td>Closed</td>
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Absences
If you plan to keep your child home due to illness, or any other reason, you must notify me no later than your regular drop off time. I also expect to be notified if you anticipate being late in dropping off your child in the morning.

Appointments and early pick-ups
Please notify me when you drop your child off in the morning if you will be picking your child up early that day, or if your child has an appointment and will be leaving, and returning again later in the day.

Termination
Either the parent or provider has the right to terminate service for any reason, providing a 2 week written notice is given.
Waiting List
I encourage parents to begin exploring their child care options as early as possible, visiting many
different types of programs. If, after carefully weighing the different options and providers, you are
interested in enrolling your child at a time when I do not have an opening, you are welcome to keep in
touch and I will let you know when I have an opening. However, I do not, as a rule, keep a waiting list
because it is my experience that, unless they are looking for future care, parents generally need child
care immediately. If you need immediate care and I do not have any openings, I am happy to refer
you to other providers in the area.

Holidays and Vacations
Giggles Galore will be closed on the following **PAID** holidays. Please arrange for alternative care on
those days.
- New Year’s Day
- Martin Luther King, Jr., Day
- Presidents Day
- Memorial Day (Observed)
- Independence Day
- Labor Day (Observed)
- Veterans Day (Observed)
- Thanksgiving and the Friday after it
- Christmas Eve
- Christmas Day

Vacations
Giggles Galore will close for 2 weeks every August. Parents will receive at least 30 days advance
written notice of the exact dates.

Payment during Family Vacations
Each family will receive 1 week’s vacation tuition free per year. If you plan on keeping your child out
of care for longer than 1 week, tuition must be paid up front for the remaining vacation period in order
to hold your child’s slot.

Emergency/Substitute Care
Though I will be happy to provide parents with a list of other providers in the area, it is ultimately the
parent’s responsibility to arrange for substitute and/or emergency care for their child.
Meals

Giggles Galore participates in the Child Care Food Program and provides breakfast, lunch and snacks. If your child has any food allergies, or other special’ dietary needs, please let me know. Weekly menus are posted on the bulletin board.
If you are breastfeeding your child, please let me know what accommodations I can make to help meet yours and your babies schedule and space needs.

Supplies

Parents are responsible for supplying diapers, wipes and creams for their child.
Upon enrollment, and every 6 months afterwards, each family must contribute water, non perishable food items and a full set of clothing for their child, to be stored with the emergency supplies in case of earthquake or other natural disaster or emergencies.

Change of Clothing

Parents are responsible for maintaining a spare set of clothing in their child’s cubbies. Babies grow fast, please check frequently to make sure the spare set of clothing matches your child’s current size.

Parent Involvement

I expect parents to be partners in their child’s care and encourage parents to volunteer for field trips, activities, birthday parties etc. whenever possible.
I know parents are busy, and it is difficult to always find time to talk, but daily communication helps me to better meet your needs and the needs of your child.
I meet individually with parents on a regular basis to discuss their child’s progress, share observations and work together to set individual goals and objectives for each child.

Emergencies

Fire and Earthquake drills are conducted bi-monthly.
In the event of fire or other emergency where we do have to evacuate, we will assemble and wait for parents at the playground in Alamo Square Park on Hayes between Scott and Steiner Streets.
Upon enrollment, and every 6 months afterwards, each family must contribute water, non perishable food items and a full set of clothing for their child to be stored with the emergency supplies in case of earthquake or other natural disaster or emergencies.
Daily Activity Schedule

7:00 A.M. to 8:30 A.M. Arrival and breakfast
8:45 A.M. to 9:00 A.M. Diaper Change / Potty Time / Wash Hands
9:00 A.M. to 10:00 A.M. Art / Music / Floor Activities & Play
10:00 A.M. to 10:30 A.M. Storytime
10:30 A.M. to 10:45 A.M. Diaper Change / Potty Time / Wash Hands
11:00 A.M. to 11:45 P.M. Lunch
11:45 P.M. to 12:00 P.M. Diaper Change / Potty Time / Wash Hands
12:00 P.M. to 2:00 P.M. Nap / Quiet Time
2:00 P.M. to 2:15 P.M. Diaper Change / Potty Time / Wash Hands
2:15 P.M. to 2:45 P.M. Snack
3:00 P.M. to 4:30 P.M. Outside Play / Floor Activities & Play
4:30 P.M. to 4:45 P.M. Diaper Change / Potty Time / Wash Hands
4:45 P.M. to 5:30 P.M. Free Play / Parent Pick-up

*This schedule is merely a guideline for our day, actual times and activities often vary in response to the children’s needs and interest.
Illness

If your child has any of the following illnesses or conditions, you must keep your child home:
* A temperature above 100 degrees Fahrenheit
* Vomiting (2 or more times in 24 hours)
* Diarrhea (3 or more watery stools in 24 hours)
* A rash or nits
* Eye infection
* Sore throat
* Any Communicable Disease
* If it’s clear your child is just not feeling good
Depending upon the illness, you may be required to obtain a doctor’s note before your child returns to care.

Medications

Any medication must be in the original bottle or container and prescription medications must include the original prescription label and instructions. Giggles Galore will not administer any medications, creams or sunscreen without written consent from a child’s parent. Medication consent forms are available on the bulletin board above the sign-in sheets. Please do not leave medication on the counter. Parents must hand all medications, instructions and consent forms to me personally.

Immunizations

Complete Immunization records must be on file prior to your child’s first day of enrollment.
Guidance Policy

To assist children in developing self-control, self-confidence, and sensitivity in their interactions with others, and to ensure order, prevent injury, and ensure a child's activities are not infringing on the rights of others, the following strategies are used to guide the children’s’ behavior:

- Focusing on the child’s behavior, rather than on the child;
- Reinforcing appropriate behavior;
- Observing children in order to anticipate potential difficulties.
- Establishing eye contact and calling the child by name to gain a child’s attention;
- Remaining near the child in situations where he/she may be losing self-control;
- Modeling problem solving.
- Offering choices.
- Re-directing.
- If all else fails, the child will be removed from the situation in a way that ensures that the 'time out' is a positive learning experience:
  - Prior to the use of ‘time out’ the child will be given an explanation of what it means and what it involves.
  - The ‘time out’ place will be located within the play area, where they can still be supervised, but far enough from the activity.
  - The child will be allowed to determine when he/she can return to the activity.
  - For pre-school age children, the ‘time out’ period will be no more than one minute per year of age, to a maximum of five (5) minutes.
  - Appropriate or acceptable behavior of the child following ‘time out' will receive praise.
- If a child loses control and could possibly injure him or herself or others, the child will be held and helped to soothe themselves until self-control is gained.

I do not practice, or allow the follow behaviors:

- Corporal punishment such as shoving, hitting, shaking, spanking
- Harsh, belittling, or degrading treatment
- Confinement, unsupervised separation from others, physical restraint as punishment
- Depriving children of meals, snacks, rest or necessary use of the toilet as punishment
Tuition Fees

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<th>Weekly Rate</th>
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<td>12 – 24 months</td>
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<tr>
<td>24 – 36 months</td>
<td>$ 215</td>
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<tr>
<td>Pre-School</td>
<td>$200</td>
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<td>School-Age</td>
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*Tuition is due at the beginning of each week.
*If your child is full-time, the full weekly rate is due whether or not your child is absent. (This includes all paid holidays listed above)
*If your child is part-time, the full part-time weekly rate is due whether or not your child is absent. (This includes all paid holidays listed above)

**Payment during Family Vacations**
Each family will receive 1 week’s vacation tuition free per year. If you plan on keeping your child out of care for longer than 1 week, tuition must be paid up front for the remaining vacation period in order to hold your child’s slot.

**Deposit**
A 2 week deposit is due prior to your child’s first day of care. The deposit will be refunded if 2 weeks written notice is given before you withdraw your child.

**Late Fees**
A late fee of $10 will be assessed for each 15 minutes after 5:30.

**Methods of Payment**
Parents may pay for tuition in cash or personal check.
A service fee of $25 will be assessed for any returned check. In the event that 3 or more checks are returned, you will be asked to make all future tuition payments in cash only.
CHILD ENROLLMENT RECORD

Child's Name_________________________ Gender ____ Birthday ______________

Home Address ________________________ Home Phone ________________________

Basic Information:

Mother/Guardian’s Name ______________________________________________________

Home Phone _______________________________________________________________

Address ________________________________________________________________

Employer ___________________________ Hrs. from ________ to _________

Employer Address __________________________________________________________

Business Phone __________________________________________________________

Father/Guardian’s Name ____________________________________________________

Home Phone ______________________________________________________________

Address ________________________________________________________________

Employer ___________________________ Hrs. from ________ to _________

Employer Address __________________________________________________________

Business Phone __________________________________________________________

Child’s First day of care: ________________________________

Special instructions:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
CHILD INTRODUCTION FORM

Please help me get to know your child. What are his/her routines, likes, dislikes etc.

Eating ____________________________________________________________

Sleeping _________________________________________________________

Toileting _________________________________________________________

Daily Activities ___________________________________________________

Fears _____________________________________________________________

Likes _____________________________________________________________

Dislikes __________________________________________________________

Habits ____________________________________________________________

Favorites _________________________________________________________

Tell me a little about where your child is developmentally
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

What other information should I know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. I am better able to help your child when you inform me of situations and/or events that might influence his/her overall behavior such as:

• Divorce.
• Separation from a relative or friend.
• Death of a relative or friend.

Knowing about these transitional times allows me to give special attention, understanding, and care. The information you give me will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him?
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

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MEDICAL RECORD

Name of Child: ____________________________ Date of Birth: ________________

Mother’s Name____________________________________________________________
Address ______________________________________________________________________
Home Phone Number __________________ Work Phone Number_____________________

Father’s Name______________________________________________________________
Address ______________________________________________________________________
Home Phone Number __________________ Work Phone Number_____________________

Physician’s Name____________________________________________________________________
Address ______________________________________________________________________
Phone Number __________________

Insurance Information _________________________________________________________
Child’s Medical Record Number __________________________________________________

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<tr>
<th>Chronic Illnesses</th>
<th>Allergies</th>
<th>Current Medications</th>
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Special Information:
___________________________________________________________________________
___________________________________________________________________________

Please note: Complete Immunization records must be on file prior to your child’s first day of enrollment.
EMERGENCY MEDICAL CONSENT FORM

Giggles Galore has my permission to obtain emergency medical treatment for my child when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

My insurance provider is ________________________________________________________________

My child’s medical record number is _____________________________________________________

Preferred hospital/treatment center ______________________________________________________

My child is taking the following medications

___________________________________  _____________________________________  ______________

My child has the following allergies

___________________________________  _____________________________________  ______________

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.

__________________________________  __________________________
Signature of Parent or Guardian       Date

__________________________________  __________________________
Signature of Parent or Guardian       Date
# EMERGENCY CONTACTS AND PERMISSION TO DROP OFF AND PICK UP

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FIELD TRIP PERMISSION FORM

I give my permission for my child, ________________________________, to leave Giggles Galore for supervised trips via car or public transportation to special places such as:

- the Public Library
- the Park
- the Zoo or Museum
- Public Events at City Hall or Civic Center

Restrictions on such trips for my child include:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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_____________________________________________________________________

Signature of Parent or Guardian ________________________________ Date

Signature of Parent or Guardian ________________________________ Date
INCIDENT AND INJURY REPORT

Name of child _______________________________ Date of injury ______________

Time of injury ________________________________

Injury description ____________________________________________

Action taken ________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Name of parent/guardian notified _________________________________

Person(s) who observed the accident _____________________________

General comments _____________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
AUTHORIZATION TO ADMINISTER MEDICATION

Date________________________________

Child’s Name _______________________________________

Giggles Galore has my permission to administer the following prescription medications to my child.

_________________________________     ______________________     ______________________

Dosage instructions __________________________________________________________

Giggles Galore has my permission to administer the following over the counter medications to my child.

_________________________________     ______________________     ______________________

Dosage instructions __________________________________________________________

Giggles Galore has my permission to apply the following creams, lotions or ointments on my child.

_________________________________     ______________________     ______________________

Application instructions _______________________________________________________

Giggles Galore has my permission to apply the following sunscreen or sun block on my child.

_________________________________     ______________________     ______________________

Application instructions _______________________________________________________

__________________________________  ___________________________
Signature of Parent or Guardian       Date

__________________________________  ___________________________
Signature of Parent or Guardian       Date
Parent Sign-In/Out Sheet

All parents must sign their child both in and out each day at the time of drop-off or pick-up.

<table>
<thead>
<tr>
<th>Date</th>
<th>Child’s Name</th>
<th>Time In</th>
<th>Parent’s signature</th>
<th>Time Out</th>
<th>Parent’s signature</th>
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