



The Gingerbread House Preschool and Child Care Center

*Child Care Application*

Name of Child : \_\_\_\_\_  
(Last) (First) (Nickname)

Sex: M \_\_\_\_ F \_\_\_\_ Due/Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

*Parent 1:*

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Parent 2:*

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**A Non-Refundable Registration Fee of \$50.00 per family must accompany this application.**

I am applying for my child's admission to The Gingerbread House Preschool and Childcare Center for the following care:

\_\_\_\_ Infant      \_\_\_\_ Toddler (18-36mos.)      \_\_\_\_ 3-Year-Old      \_\_\_\_ 4-Year-Old

\_\_\_\_ Full Time      \_\_\_\_ Two Days (Tu/Th)      \_\_\_\_ Three Days (M/W/F)      \_\_\_\_ Four Days ( \_ M \_ T \_ W \_ TH \_ F )

**Ideal start date/time frame:** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Preschool and  
Childcare Center  
3020 Court Street  
Syracuse, NY 13208  
315-471-4198 (phone) 315-471-7825 (Fax)

## Authorization for Medical Treatment

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Identify Allergies or Special Conditions: \_\_\_\_\_

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

I, being one of the parents (legal guardians) of the above mentioned child, do hereby appoint:

David M. Cole  
Director of The Gingerbread House Preschool and Childcare Center  
3020 Court Street, Syracuse, New York 13208  
(OR)

Any other Gingerbread House staff member (as needed)

to call the Emergency Authorities to seek medical attention for the above mentioned child.

This document shall be presented to a physician or appropriate hospital representative at such time as unexpected medical care, surgical care, or hospitalization may be required.

This document shall be in effect and continue in effect for as long as the above-mentioned child remains in attendance at The Gingerbread House Preschool and Childcare Center.

Medical Insurance Company \_\_\_\_\_

Hospitalization Coverage \_\_\_\_\_

Emergency Hospital Preferred \_\_\_\_\_

I.D. or Contract / Group Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

State of New York  
County of Onondaga

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
before me personally came \_\_\_\_\_  
to me known and known to be the individual described in and who executed  
the foregoing instrument and acknowledged that he/she executed the same.

\_\_\_\_\_  
(Notary Public)

**THIS FORM MUST BE NOTARIZED**



3020 Court Street  
Syracuse, NY 13208  
Phone (315) 471-4198 • Fax (315) 471-7825

### Medical Report of Child in Daycare or Preschool

To be completed by Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child	Date of Birth	Date of Examination
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#### IMMUNIZATIONS:

**Medical Exemption:** The physical condition of the named child is such that one or  Yes  No one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

DPT / DTaP	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
Pollo	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hib	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date OR 1 <sup>st</sup> Date (if given on or after 15 months)	
PCV	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		
MMR	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			
Varicella / Chicken Pox	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			

#### OTHER IMMUNIZATIONS: (may include Rotavirus, Influenza & Hepatitis A)

Type of immunization:	Date:
Type of Immunization	Date:

#### TESTS:

Lead Screening Date: \_\_\_\_\_ (Attach lead level statement)

1 year \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

2 years \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Per NYS Law, a blood test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.**

## Medical Report of Child in Daycare or Preschool (continued)

### HEALTH SPECIFICS:

### COMMENTS:

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SUMMARY OF PHYSICAL EXAM:** Include special recommendations to Childcare Providers.


On the basis of my findings as indicated above and on my knowledge of the named child, I find that he/she is free from contagious and communicable disease and is able to participate in daycare.  Yes  No

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	(      ) Phone <span style="float: right;">Date</span>

**RELIGIOUS EXEMPTIONS:**

In accordance with Public Health Law, the sincere religious beliefs of the child's parents prohibit immunization. Do you wish to exercise those rights?  Yes  No

Any child not fully immunized for any reason must be excluded from care whenever there is an outbreak. The child may return only upon approval of the local county Health Department.

Signature of Parent or Person Legally Responsible	Date
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**Preschool and  
Childcare Center**

## **Lead Poisoning Test**

Child's Name: \_\_\_\_\_  
(Last) (First) (Nickname)

New regulations adopted by the New York State Department of Health on December 22, 1993, request that children enrolling in a licensed preschool or child care facility after April 1, 1993 show evidence that the child has been screened for lead poisoning.

A lead test or information regarding lead testing can be obtained at the Onondaga County Health Department or by calling the Lead Poisoning Control Program at (315)435-3271. A lead screening certificate or the form below should be returned to The Gingerbread House Preschool and Childcare Center Health Care Office before your child attends The Center. (Infants under one year of age are not required to obtain a test until their first birthday.)

This is to certify that \_\_\_\_\_ had a  
(Name of Child)

Lead Poisoning Test on \_\_\_\_\_  
(Date of Test)

\_\_\_\_\_  
(Physician Signature or Authorized Representative)



Preschool and  
Childcare Center

## CHILD INFORMATION SHEET

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

Start Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Health History:

Past Illnesses:      Chicken Pox \_\_\_\_\_      Scarlet Fever \_\_\_\_\_      Mumps \_\_\_\_\_  
                                 Hepatitis \_\_\_\_\_      Diabetes \_\_\_\_\_      Measles \_\_\_\_\_  
Other: \_\_\_\_\_

### Does your child have frequent:

Colds \_\_\_\_\_      Stomach Aches \_\_\_\_\_      Tonsillitis \_\_\_\_\_  
Ear Aches \_\_\_\_\_      High Fevers \_\_\_\_\_

### Has your child had any serious accidents, surgeries or hospitalizations?

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

### Has/does your child:

Been to a dentist \_\_\_\_\_      Had hearing tested \_\_\_\_\_  
Had vision tested \_\_\_\_\_      Wear corrective shoes \_\_\_\_\_

### Allergies (to food, medicines, or other):

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

### Special Needs or Helpful Hints:

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



## PARENT CONTRACT / HANDBOOK RECEIPT

The Gingerbread House Preschool and Childcare Center (hereafter referred to as The Center), 3020 Court Street, Syracuse, New York 13208, is a child care and preschool facility, sponsored by the Sisters of Saint Francis, and is a non-profit organization. The Center is licensed by the New York State Department of Social Services.

**A. BASIC SERVICES:** The Center will provide the following basic daycare/preschool services for:

(CHILDREN)	(BIRTH DATES)	(START DATES)

Whose Parent(s) or Guardian(s) are:

(PARENT/GUARDIAN NAMES)	(RELATIONSHIP)

1. The Center will assume responsibility for the child/children, once the parent(s)/guardian(s) have left The Center each morning. The Center shall retain responsibility until the parent(s), guardian(s), or other designated person(s) pick up the child/children.
2. The Center will not be responsible for any personal items that are lost or broken.
3. The Director will report to the Children's Protective Service, as required by the Office of Children and Family Services, cases of child abuse, sexual or otherwise, neglect, or endangerment of which they may become aware.

**B. PAYMENT PROVISIONS:**

In accordance with the statement of fees in the parent's handbook:

1. **TUITION SHALL BE PAID THE FIRST DAY OF EACH WEEK OR MONTH THAT SERVICES ARE RENDERED.** (Payments are due each Monday preceding service for daycare or the first day of each month for preschool.
2. If payments become delinquent and collection action is necessary, we agree to reimburse The Center for any and all fees incurred.

I/we have received a copy of The Gingerbread House Preschool and Childcare Center Parent Handbook, which describes the policies and procedures of the Childcare and Preschool Programs. I/we will become familiar with the Handbook. I/we hereby grant permission for our child/children to use all play equipment and to participate in all of the activities at The Center. I/we hereby grant permission for our child/children to be included in evaluations and have my/our child's / children's pictures taken by local newspapers/television stations who do information pieces on The Gingerbread House Preschool and Childcare Center, to be published, broadcast, or used on our website. My/our signature(s) below acknowledge(s) receipt and familiarity with the Parent Handbook and I/we agree to abide by the terms and conditions and policies and procedures set forth within the Parent Handbook.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**MEDICATION CONSENT FORM**  
**CHILD DAY CARE PROGRAMS**

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

**LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).**

1. Child's First and Last Name:	2. Date of Birth:	3. Child's Known Allergies:
4. Name of Medication ( <i>including strength</i> ):	5. Amount/Dosage to be Given:	6. Route of Administration:
7A. Frequency to be administered: _____		
<b>OR</b>		
7B. Identify the symptoms that will necessitate administration of medication: ( <i>signs and symptoms must be observable and, when possible, measurable parameters</i> ): _____		
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects ( <i>parent must supply</i> )		
<b>AND/OR</b>		
8B: Additional side effects: _____		
9. What action should the child care provider take if side effects are noted:		
<input type="checkbox"/> Contact parent <input type="checkbox"/> Contact health care provider at phone number provided below		
<input type="checkbox"/> Other ( <i>describe</i> ): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions ( <i>parent must supply</i> )		
<b>AND/OR</b>		
10B. Additional special instructions: ( <i>Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situation's when medication should not be administered.</i> ) _____		
11. Reason for medication ( <i>unless confidential by law</i> ): _____		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete (#33 and #35) on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete (#34 -#35) on the back of this form.		
14. Date Health Care Provider Authorized:	15. Date to be Discontinued or Length of Time in Days to be Given:	
16. Licensed Authorized Prescriber's Name (please print):	17. Licensed Authorized Prescriber's Telephone Number:	
18. Licensed Authorized Prescriber's Signature: <b>X</b>		



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**MEDICATION CONSENT FORM**  
**CHILD DAY CARE PROGRAMS**

**PARENT COMPLETE THIS SECTION (#19 - #23)**

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? *(For example, did the licensed authorized prescriber write 12pm?)*  Yes  N/A  No

Write the specific time(s) the child day care program is to administer the medication *(i.e.: 12 pm)*: \_\_\_\_\_

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to *(child's name)*:

21. Parent's Name *(please print)*:

22. Date Authorized:

23. Parent's Signature:

**X**

**CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)**

24. Program Name:

25. Facility ID Number:

26. Program Telephone Number:

27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff's Name *(please print)*:

29. Date Received from Parent:

30. Staff Signature:

**X**

**ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)**

31. I, parent, request that the medication indicated on this consent form be discontinued on \_\_\_\_\_ (Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature:

**X**

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)**

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place.

DATE: \_\_\_\_\_

By completing this section, the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber's Signature:

**X**



**Preschool and  
Childcare Center**

## **Nap Agreement**

I \_\_\_\_\_ understand my child \_\_\_\_\_  
will take a nap or try to rest on a cot or mat during our scheduled nap time in his/her classroom between  
12:30pm to 3:00pm. Teachers will arrange mats or cots on the floor in a manner making it suitable for proper  
supervision. I also understand my child will not in any way be forced to sleep or woken from their nap for any  
reason.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



The Gingerbread House Preschool and Childcare Center Video Surveillance Policy

To ensure the safety and security of all children, staff, parents, and visitors, as well as the security of our childcare facility, **The Gingerbread House Preschool and Childcare Center** is equipped with 24-hour Video Surveillance System and security cameras are installed in all classrooms, hallways, the kitchen area, the outdoor play area, gym and the parking lot. The Video Surveillance System may conduct video surveillance of any portion of its Premises at any time, with the only exception being private areas of restrooms and the staff lounge. Video/security cameras will be positioned in appropriate places within and around our preschool and childcare center facility, and will be used in order to help promote the safety and security of people and property.

Because we respect the vital and legally protected importance of the privacy of all children, parents, and staff at Gingerbread House, our Video Surveillance System is for **internal purposes only**. Only the Executive Director, Program Coordinators and NYS Licensed officials are allowed to view our security cameras/video footage either in the Center's office or through remote access for legal purposes only (e.g., be they safety or security purposes). Any recorded footage, therefore, is expressly **not** subject to review by, or distribution to, anybody else not so allowed by this policy.

Security camera recordings are periodically deleted through the surveillance system. Gingerbread House's Video Surveillance System has a contractually limited amount of video data storage. The retention period is seven days.

I understand Gingerbread House is under 24-hour surveillance, that any recordings will be used for internal purposes only, and acknowledge and waive any objection to the foregoing.

Child's Name (Print): \_\_\_\_\_

Parents Name (Print): \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date: November 21, 2019



# The Gingerbread House Preschool and Childcare Center

## Memorandum of Understanding Subsidized Childcare

The Gingerbread House Preschool and Childcare Center (the "Center") is not contracted with any agencies, organizations, or programs that provide assistance with childcare tuition (e.g. Department of Social Services and JOBS plus!). This does not mean that we will refuse to provide childcare services for your child(ren) if you are receiving assistance through such a program. It does mean that any tuition charges that are not reimbursed by one of these programs become the parent's responsibility.

Please note that the County **does not pay** for any absences. This includes: sick days, vacation days and Holidays that the Center is closed. You will be responsible for payment of any tuition for these days.

The Center is typically closed Labor Day, Columbus Day, Thanksgiving and Black Friday, Christmas, New Year's, President's Day, Good Friday, Memorial Day and Independence Day (days subject to change based what days of the week the holidays fall on). ***Tuition owed for these days could be up to \$60 per day per child.***

Please acknowledge your understanding by initialing on the line next to each statement:

\_\_\_\_\_ I have received, read, and understand the Financial Policy of the Center.

\_\_\_\_\_ I understand that my child(ren)'s attendance is submitted to DSS, JOBS plus!, etc., on a monthly basis, and that any tuition charges not paid by DSS, JOBS plus!, etc., are my responsibility.

\_\_\_\_\_ I understand that tuition is charged regardless of how many hours or days my child(ren) attend(s), and that I am responsible for those charges that are not reimbursed by the program I am enrolled in. I understand that the County does not pay for sick days, vacation days and Holidays that the Center is closed.

\_\_\_\_\_ I understand that my parent fee (if applicable) is due Monday of each week.

\_\_\_\_\_ I understand that I will receive a detailed statement informing me of any outstanding tuition charges, and that I am responsible for submitting payment within 10 days of the statement date to ensure my child(ren)'s care continues uninterrupted.

\_\_\_\_\_  
Child(ren)'s Name(s)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



Dear Parent, Guardian or CACFP Participant,

This center participates in the Child and Adult Care Food Program (CACFP) and provides healthy meals at no cost to all children and adults enrolled in the daycare center. By completing and returning the attached Income Eligibility Form, you will help your center receive money from CACFP for the meals that are served. If your household's income is equal to or less than the amounts indicated for your household size on the chart below, the center will receive a higher rate of funding for the meals served. The Income Eligibility Form needs to be completed every year. Your center and CACFP will keep all information private.

**INCOME ELIGIBILITY GUIDELINES**  
(Effective July 1, 2022 until June 30, 2023)

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	25,142	2,096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
FOR EACH ADDITIONAL FAMILY MEMBER	+8,732	+728	+168

  
SPONSOR/CENTER OFFICIAL

  
SPONSORING ORGANIZATION

9.26.22  
DATE

This institution is an equal opportunity provider.

See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME** The Gingerbread House

Print the name of the child(ren) enrolled in this child care center

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS**

**Complete SECTION A if anyone in your household**

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

**SECTION A**

SNAP Case # \_\_\_\_\_

TANF # \_\_\_\_\_

FDPIR # \_\_\_\_\_

Names of Foster Children \_\_\_\_\_  
 \_\_\_\_\_

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>FOR SPONSOR USE ONLY</b>	
CACFP Agreement # <u>2366</u>	
Total Number of Household Members _____ <small>(INCLUDING FOSTER CHILDREN, IF APPLICABLE)</small>	
Total Household Income \$ _____	
Free _____ Reduced _____ Paid _____	
Date of Determination _____	
Signature of Center Staff _____	

**Complete SECTION B if no one in your household** participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

**SECTION B**

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER 

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 DATE \_\_\_\_\_

USDA is an equal opportunity provider and employer.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**LOG OF MEDICATION ADMINISTRATION**

- Caregivers may use this form or an approved equivalent to document medications administered in the day care program.
- Documentation must be kept with the child's written medication consent form.
- Any doses of the medication listed below not given must be documented.

CHILD NAME:

MEDICATION:(including dose)

COMPLETE FOR ALL DOSES GIVEN				COMPLETE WHEN SIDE EFFECTS ARE NOTED		COMPLETE FOR 'AS NEEDED' MEDICATION ONLY	
Date Given (M/D/Y)	Dose	Time (AM or PM)	Administered by (full signature)	Any Noted Side Effects	Were parents notified of side effects?	For "as needed" medication – write the symptoms the child exhibited that necessitated the need for the medication	Were parents notified "as needed" medicine was given
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Permission to Administer Over-the-Counter Medications**

If your child must use a specific brand of any of the products listed, please indicate the brand name of the product next to the category. If any brand is acceptable, you may just check yes or no beside the product.

**In all cases, parents/guardians should provide the product for their child's use.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Sunscreen</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Insect Repellent</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Hand Sanitizer</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Antibacterial Hand Wipes</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Lip Balm (Non-medicated)</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>First Aid Cream</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Lotion</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Diaper Cream</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Vaseline/Petroleum Jelly</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Other:</b> _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Other:</b> _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Other:</b> _____

I give permission to my child care provider to apply topical over-the-counter medications to my child, \_\_\_\_\_.

This permission will be in effect from \_\_\_\_\_ to \_\_\_\_\_.  
(Form must be updated every 6 months.)

\_\_\_\_\_  
Parent/Guardian's Signature Date

NYS Regulations require that at the time of administration, the day care provider must document the dosage and time that the medications are given to the child. All observable effects must be documented and shared with the parent.





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

Type of formula used/ breastmilk: \_\_\_\_\_

Feeding Schedule- Please give amount of formula/breastmilk and/or cereal, fruit, and vegetable to be given.

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

Special Instructions (if any)

-----  
-----

We give permission and agree that the Gingerbread House staff may prepare my child's formula when necessary.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

-----



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

Type of formula used/ breastmilk: \_\_\_\_\_

Feeding Schedule- Please give amount of formula/breastmilk and/or cereal, fruit, and vegetable to be given.

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

Special Instructions (if any)

-----  
-----

We give permission and agree that the Gingerbread House staff may prepare my child's formula when necessary.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

-----



## Statement Regarding Infant Feeding

Name of Facility (provider or center): The Gingerbread House

Name of Infant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Each parent must choose one of the following for his/her infant:

1. \_\_\_\_\_ I decline the provider's offer to supply formula for my child. I will supply the formula. I accept the provider's offer to supply other meal components.
  
2. \_\_\_\_\_ I accept the provider's offer to supply  
*Wegman's Premium Infant Formula with Iron,*  
*Tippy Toes by Topcare Premium Infant Formula with Iron, or*  
*Parent's Choice Infant Formula with Iron*  
and allow providers to prepare formula. I accept the provider's offer to supply other meal components for my child.
  
3. \_\_\_\_\_ I decline the provider's offer to supply formula and other meal components for my child. I will supply all food for my child.
  
4. \_\_\_\_\_ I will supply breast milk for my child. I accept the provider's offer to supply other meal components.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



To help us get better acquainted with your child, we would like you to list your child's likes, dislikes and napping schedule. We believe this is essential to provide the very best care for your child and you, thank you.

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Likes:**

**Dislikes:**

**Napping Schedule:**



Preschool and  
Childcare Center

## POLICY ON INFANT SLEEP POSITION

The Gingerbread House Preschool and Childcare Center follows the guidelines set by the American Public Health Association and the American Academy of Pediatrics for National Health and Safety Performance Standards regarding infant sleep position and surroundings.

To give babies the very best care, our center will always place infants under the age of 12 months old on his/her back for sleep and request families to follow this policy at home for safety and as a consistent sleep position for babies.

Waterbeds, sofas, soft mattresses, pillows, and other soft surfaces shall be prohibited as infant sleeping surfaces. All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib. Only a thin blanket will be used reaching only as far as the infant's chest. The infant's head shall remain uncovered during sleep.

Unless a note from a physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS). When infants can easily turn over from the supine position to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep. Unless a doctor specifies the need for a positioning device that restricts movement within the child's crib, such devices shall not be used.

If you have a question about SIDS and infant sleep position, you may call SIDS Alliance (1-800-221-SIDS) and the national Back to Sleep campaign (1-800-505-CRIB) to address your concerns.

We thank our Gingerbread parents for respecting and adhering to our policy. As child care professionals we must provide the safest environment for the children in our care at all times. Thank you.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# The Gingerbread House Preschool and Childcare Center, Inc.



Preschool and  
Childcare Center

3020 Court Street  
Syracuse, NY 13208  
(315) 471-4198

## Parent Handbook

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## **The Gingerbread House: Past and Present**

In 1982, Dorn Preschool was opened as a ministry of the Sisters of the Third Franciscan Order on Michaels Avenue in Syracuse. In 1985, Dorn Daycare Center was opened for the children of employees of St. Joseph's Hospital on the first floor of the former Franciscan Academy. In 1988, both the preschool and daycare were combined to form what is now known as The Gingerbread House Preschool and Childcare Center. In October of 2014 the Center moved into a newly renovated location on the St. Daniels property of 3020 Court Street.

The Gingerbread House Preschool and Childcare Center is fully licensed by the New York State Office of Children and Family Services and is a member of the Onondaga County Child Care Council.

The Center provides many activities and experiences relevant for developing a child's individual skills and creativity. The program involves a variety of teacher directed activities designed to spark a child's interest in learning as well as further a child's spiritual, intellectual, social, emotional and physical growth.

In addition, each age level is equipped with interest centers that facilitate learning. These centers are developmentally appropriate for each individual child and include art, science, block building, a sensory table, dramatic play area, books, a listening area and manipulatives.

Today, The Gingerbread House Preschool and Childcare Center still operates under the sponsorship of the Sisters of St. Francis of the Neumann Communities and is governed by a Board of Directors appointed by the Sisters. In their role as a sponsoring agency, the Order ensures that the Childcare Center operates within Catholic values and the special charism of St. Francis of Assisi. Members of this religious community continue to be involved as staff and members of the Board of Directors.

## **Our Mission**

The Gingerbread House Preschool and Childcare Center, a Catholic ministry, is sponsored by the Sisters of Saint Francis of the Neumann Communities. The Center strives to recognize and accept each individual child as he/she fulfills and achieves his/her God-given potential from infancy through five years of age.

The Gingerbread House serves the city of Syracuse and the surrounding communities, and is committed to offering our parents and children a loving, nurturing Catholic environment. The Center encourages knowledge, wisdom, and understanding by providing a developmentally appropriate curriculum in early childhood education.

## **Application Process**

When considering the Gingerbread House, we encourage parents or guardians and their child(ren) to visit the Center before submitting an application.

The following items are required as part of the Gingerbread House's application process:

- Completed Childcare Application form
- Non-refundable \$50.00 application fee per family

If a vacancy exists, the child will be placed in the appropriate aged room. In the event that no vacancy exists at the time of application, as openings become available, children on the waiting list will be permitted to register in the order of the date that the application was received.

You are required to complete an information packet prior to your child's start date.

Full time and part time care (at least 2 full days per week) is available in all rooms. Children attending 2 days per week come on Tuesdays and Thursdays, and children attending 3 days per week come on Mondays, Wednesdays, and Fridays. Children attending 4 days per week may come any 4 scheduled days with the same day off each week.

## **Withdrawal**

If it becomes necessary for a child to withdraw from the Center, we require a two week written notice. We ask for this courtesy in an effort for us to contact potential waiting list parents to advise them of upcoming openings.

## **Tuition**

Tuition can be paid by check or money order (payable to The Gingerbread House) which should be dropped in the tuition box located by the main office. Cash is not accepted.

Tuition payments must be paid in a timely fashion. Each family is required to pay tuition in advance of services. All tuition payments are expected to be at the Center when you drop off on Monday or the first day of the week your child attends. All accounts need to be kept current. If an account becomes past due, the child may be removed from the Center. The child may be readmitted when the account is reconciled and space becomes available.



## Hours of Operation

The Gingerbread House Preschool and Childcare Center is open from 6:30 AM to 5:30 PM, Monday through Friday. In the event that these hours are changed for special circumstances, parents or guardians will be provided with as much advance notice as possible.

## Holidays

The Center will be closed on the following days:

New Year's Day	President's Day (February)	Good Friday
Memorial Day Observance	Fourth of July (or Observance)	Labor Day
Columbus Day Observance	Thanksgiving Day & Friday	Christmas Eve
Christmas Day	Day after Christmas	New Year's Eve

Holiday closings are subject to change at our discretion. In the event that an additional holiday closing is added, parents or guardians will be provided with as much advance notice as possible.

## Snow Days/Emergency Closings

The Childcare Center will usually not close because of snow days. Under most circumstances, the Childcare Center will remain open unless the City of Syracuse has declared a state of emergency. Listen to local news channels for updates. An email would be sent to all families announcing closure due to weather.

The Gingerbread House rarely closes early. However, should circumstances warrant an emergency closing, the staff will contact the names listed on the child's blue card so that arrangements can be made for the child to be picked up.

## Professional Development

The staff at the Gingerbread House has a wide range of educational and experiential backgrounds. These may include outside experience working with children, childhood development accreditation, or a degree in early childhood education or a related field.

Upon hire, all staff submit completed documents required by local, state and federal regulations. In addition, all staff receive an extensive orientation before being assigned to a classroom. To ensure the on-going quality of services provided, and in compliance with NY state licensure regulations, The Gingerbread House provides each staff member with at least 30 hours of on-going staff development every 2 years. Staff development topics include, but are not limited to, teaching strategies, child development, behavior management, infant and child CPR, procedures for mandated reports for child abuse and maltreatment, and health and safety issues.

As a result of this regulatory requirement and our organizational commitment to staff development, the Center will be closed on designated Staff Development days. On these days, parents or guardians whose children regularly attend are still required to pay their tuition costs for that day. Advance reminder notices will be posted in an effort to plan for back-up child care on those days.

## **Arrival and Departure Policies and Procedures**

**Late Arrival:** Parents or guardians are asked to call the Gingerbread House by 9:00 AM if their child will be kept home for the day or arriving late. Legal ratios are set for each age level and rooms are staffed accordingly based on attendance at 9:00 AM.

**Late Pick-Up:** In an effort to be considerate to our staff and to release them on time, we ask that parents or guardians are prompt in picking up their children. A late fee will be assessed for every 15 minute increment a child remains at the Center after 5:30 PM. Your total assessed late fee is due before your child can return to the Center. If you are late picking up more than three times in a calendar year, your child may be removed from the program.

Staff will begin calling the phone numbers you have listed and any other emergency numbers you have given us, if you are not at the center by 5:45 PM. If we have exhausted that list of phone numbers, and have not reached anyone, we will call the police after 6:30 PM to see if there has been an accident or emergency.

**Authorized Release of Children:** Children will be released only to those people who have been listed on the blue card. If parents or guardians wish to add additional names to their list of authorized individuals, they should provide the Center with written confirmation. Persons must be at least 18 years of age and be prepared to provide photo ID upon request.

## **Parking Lot Guidelines**

For the safety of the children and others, extreme caution needs to be exercised by everyone entering the Gingerbread House parking lot. Maximum speed in the parking lot is 5 mph.

## **Parent/Guardian Visitation and Conduct**

Parents/guardians are welcome to stop and visit any time during normal hours of operation or for special events. For security purposes, please stop in the main office to sign-in before going to the classroom. Parents or guardians are also welcome to phone the Center to check on their children at any time. If a child appears to be experiencing unusual separation anxiety issues, it may be in the child's best interest if parents avoid on-site visitations with their child and check via telephone.

Under no circumstances will inappropriate and/or disruptive behavior (profanity, threats, violence, discourtesy, etc.) be tolerated at any time on Gingerbread House premises. If such circumstances should arise, the Gingerbread House will assess the severity of the situation and reserves the right to ask said individuals to leave our center temporarily or permanently.

## **Custody**

The Gingerbread House Preschool and Childcare Center assumes that both parents or guardians have personal and physical custody. In cases where this is not the situation, parents or guardians need to present a copy of that portion of the divorce decree or separation agreement that outlines the custody of the children to the Director. A signed transcript of the custody section of court documents typed on an attorney's letterhead is required.

The Gingerbread House will afford parents or guardians rights to information about their child unless it receives a court document that prohibits this.

## **Confidentiality**

The Gingerbread House Preschool and Childcare Center respects the confidentiality of families. Disclosure of children's records or personal information regarding children and their families will require written consent of parents and/or guardians.

## **Parental/Staff Concerns**

Parents or guardians should feel comfortable that their child is enrolled in a program that seeks to provide a safe learning environment. If parents have concerns that a child has been harmed or is unsafe, they should contact the Director immediately.

In accordance with NYS Social Services Law, all Gingerbread staff are mandated to report to the state “reasonable suspicion” of concerns of child abuse, physical and/or sexual abuse and/or neglect.

## **Fire Safety**

Gingerbread House Childcare Center complies with regulations to conduct monthly fire evacuation drills of all students and staff.

## **Biting**

Our program recognizes that biting is, unfortunately, not unexpected when children are participating in a group-care setting. We do not focus on punishment for biting, but on effective techniques that address the specific reason for biting. When biting occurs, our three main responses are:

1. To care for and help the child who was bitten
2. To help the child who bit learn other behavior
3. To work with the child who bit and develop a program so the biting will stop. This may include a transfer to a different classroom, sending the child home for a week or, if necessary, removing the child from the Center.

## **Illness**

We will check a child’s temperature if they exhibit any of the following symptoms:

- listlessness/sleeping
- extreme irritability
- watery/glassy eyes
- vomiting or diarrhea
- unusual or excessive crying
- skin is warm or hot to touch
- unable to participate in classroom activities

Any child who has a fever of 100.4°F or higher, has vomited once, has diarrhea twice, or is unable to participate in classroom activities will have to be picked up within a half hour of the time the parent is notified of sickness. If we cannot reach the parents or guardians, we will attempt to reach persons on the emergency contact list. The sick child is not permitted to return to the Center for at least one full day or 24 hours after symptoms have ceased without the use of medication.

If a child has had any of the aforementioned symptoms during the night, please do not bring them to the Center as they are probably contagious.

If a parent or guardian suspects their child is not well in the morning, please do not give them Tylenol and bring them to the Center. We try to take every precaution to cut down on the spread of disease in the Center and ask parents/guardians to do the same. Please make sure your child has recovered fully before being brought back to the Center.

If a strep culture is taken, they may not return to the Center until the results are known. If the results are negative, your child may return to the Center immediately. If positive, your child must be both fever free and on an antibiotic for 24 hours before they may return.

In case of communicable diseases, written communication from the physician must assure that the child may return to the group situation. This is for the health of the infected child as well as the health and welfare of all the children and staff.

**Rashes** can indicate a variety of health concerns. Due to the fact that rashes are associated with many contagious childhood illnesses, a parent or guardian may be contacted to pick up a child. Further assessment and a physician's release may be required for the child to return to class. Should the rash or skin condition require a topical cream in order to treat it, then it should also be applied for 24 hours before returning to the Center.

**Lice** – When a child has been checked and found to have dead/alive lice/eggs in their hair, the child must be taken home for at least a 24 hour period and treated with a prescribed treatment from a physician.

A child may return to school after 24 hours and must be checked again on the morning they return to ensure that the child is free and clear of all eggs/lice in their hair. If continued evidence of lice is found, the child must be taken home for another 24 hour period and treatment until no lice eggs are present.

## Medications

Children will not be administered any medication (prescription or over the counter), variation in diet, or any other remedy or treatment, nor shall special medical procedures be carried out, without a written physician's order.

A blank **Medication Consent Form** is included in the registration packet and is available in the Main Office. Parents or guardians should take one of these forms with them to the physician's office should a child become ill and medication needs to be administered.

## Allergy Plans

Incoming children with allergies are required to complete OCFS form 7006 “Individual Allergy and Anaphylaxis Emergency Plans” and the “Individual Allergy and “Anaphylaxis Emergency Action Card” (yellow card).

Copies of Individual allergy plans and cards are kept in the Health Care Plan and the originals are kept in the children’s files. A copy of the “yellow card” and allergy list is shared with classroom teachers.

Allergy plans must be reviewed and re-submitted yearly.

## Cubbies/Clothing

Each child is assigned a cubby for his or her personal belongings.

Two complete sets of seasonally appropriate extra clothing should be kept in the child’s cubby at all times. This should include a sweater or sweatshirt when applicable. It is important that all clothing be labeled on the inside with first and last name. For safety reasons, jewelry, watches or items hanging around the child’s neck may not be worn when napping.

Appropriate footwear must be worn by the children in order to use the playground safely. Socks and sneakers must be worn. Smooth sole and open-toed sandals and “jelly” shoes may not be worn.

During the winter, children should have weather appropriate coat or jacket, snow pants, boots, mittens and a hat.

During the summer, children will enjoy the water sprinkler and water table. In order to participate in these activities, each child will need a bathing suit, bath size towel and water shoes. If parents or guardians would like their child to use sunscreen, they must provide the Center with the sunscreen (labeled) and written permission to apply it to the child.

The Gingerbread House is not responsible for any personal items that are lost, stolen and/or broken.

## Naptime

During naptime, each child will need a crib-size sheet that will fit their cot and a blanket. Blankets and sheets must be taken home each Friday to be laundered. A stuffed animal may also be brought for naptime. The bottom bin of the cubby is for storing items used at naptime.

## Nutrition

The Gingerbread House participates in the *USDA Child and Adult Care Food Program (CACFP)*. Monthly menus are reviewed and distributed to parents or guardians each month and are posted in each classroom. Annual income forms must be completed by all families in the program.

- **Breakfast** is served between 8:30 – 9:00.
- **Lunch** is served each day. Children will be encouraged to try new or different food, but will not be required to eat foods that they do not care for.
- **Snacks** are served each afternoon after naptime.

Dietary Concerns: It is imperative that parents or guardians provide written documentation from their child's physician regarding any dietary needs or food allergies. Meal Modification forms are available in the Main Office for your child's physician to complete.

Food Orders: Parents may order cupcakes made at the Gingerbread House as a peanut-free option for special occasion treats. Forms are available in the Main Office.

## Special Gifts & Fundraising

A charitable gift to The Gingerbread House not only benefits the children involved but also benefits the donor through tax advantages available through charitable giving. Some employers may even match or contribute to charitable giving.

The Gingerbread House conducts fundraisers throughout the year for special projects that enhance our program. The participation of families in these fundraising projects is greatly appreciated.

## Parent Resource Materials

The Gingerbread House has a wide variety of printed resources that deal with developmental issues. Parents or guardians are encouraged to request these resources from staff that would assist them in understanding developmental concerns. Other information is available through the Child Care Council of Onondaga County.

## **Photography/Media Consent**

From time to time, your child(ren) may be photographed or recorded on video. These photos or videos may be used on the Gingerbread House website, in newsletters, or other publications. Occasionally video footage may appear on the local news. No personal information (such as a child's name) is released without parental consent. By signing the acknowledgement on Page 17 of this handbook you are giving The Gingerbread House permission to collect and use photos and/or videos as deemed appropriate. If you do not wish for photographs or videos to be collected and used, separate written notice must be given.

## **Therapist Services**

Parents or guardians may arrange to have a therapist (e.g. physical, speech, etc.) come to the Center to provide services to their child. In these cases, parents or guardians must provide written authorization to The Gingerbread House to permit the therapist to deliver these services within the Center. All therapists authorized to provide students with services on campus must sign in at the office upon arrival at the Center before rendering these services. The Gingerbread House recommends Children's Therapy Network.



# Appendix A

## The Gingerbread House Preschool and Childcare Center

### Childcare Financial Policy 2024-2025

#### Weekly Rates (effective 7/8/24):

	Full Week	4 Days	3 Days	2 Days	Extra Day
Infant	\$390	\$350	\$285	\$206	\$100
Toddler	\$360	\$315	\$260	\$190	\$95
3s/4s	\$348	\$305	\$250	\$186	\$90

**Full-Time vs. Part-Time:** Full-time children are registered Monday through Friday, 6:30 am - 5:30 pm. Parents may bring their child(ren) any or every day, part days or full days. Tuition is the full week rate regardless of attendance. Part-time children are registered for specific days during the week (e.g. Monday/Wednesday/Friday or Tuesday/Thursday). Tuition is the rate set for the number of days your child is registered for (see chart above) regardless of attendance.

#### Payment Schedule - Full-time Children:

- Tuition is due weekly on Monday for the current week. Any other payment schedule must be approved by the Finance Office.
- Tuition is due regardless of your child's actual attendance.

### **Payment Schedule - Part-time Children:**

- Tuition is due on the first day your child attends. For example, if your child attends every Tuesday and Thursday, then tuition is due on Tuesday of that week. Any other payment schedule must be approved by the Finance Office.
- Tuition is due based on the number of days originally signed up for. If your child attends any additional days during the week, the Finance Office will be notified by the Head Teacher, and you will be responsible for an extra day charge (due Monday of the following week). Extra Day charges are shown in the rate table.
- If your child misses a regularly scheduled day, you are still responsible for that day's tuition. If you would like to have your child "make up" his/her absence, it may be done at no additional cost if: (a) the added day is during the same week so that your child is still attending the same number of days that week, and (b) the Director approves the request, since there may not be space in your child's classroom on the "make up" day.

### **Discounts:**

- There is a \$10/week discount for each additional child (per family) enrolled in the childcare program.

### **Receipts:**

- Receipts are available on request. Please call or e-mail the Finance Office with your request, specifying the time frame of the receipt. If you provide an e-mail address, the receipt will be sent electronically. Otherwise, it will be printed and left in your child's cubby.

### **Notice:**

- A two week notice is required for terminating care. You are responsible for tuition through your termination date or the end of the two weeks, whichever is later.

### **Accepted Methods of Payment:**

- Tuition payment must be made by Check or Money Order made out to The Gingerbread House. Cash will not be accepted for tuition payments.
- When writing your checks, please note your child's full name on the memo line.

## Notices from the Finance Office:

The Finance Office reviews all accounts daily, and immediately updates parent(s) on any account abnormalities. Common examples:

- *Missed Tuition Payment* - Forgot a check? It happens. When you get the note, please drop the tuition check in the Tuition Box ASAP.
- *Over/under payment* - Paid too much or too little last week? This lets you know how to adjust the next tuition payment.
- *Balance Due* - If two weeks have been missed in a row, you will find this reminder in your child's cubby, along with a request for payment in full, due immediately. If your account gets more than two weeks behind, your child may be asked not to return to Childcare until the balance is brought to zero.

## Other Fees:

Bounced Check	\$ 15	first occurrence
	\$ 25	second and each additional occurrence

*Please note that the Finance Office reserves the right to request tuition be paid only by Money Order if more than one check is returned NSF.*

Late Pick-Up	\$ 15	5:31 - 5:45 p.m.
(per family)	\$ 25	5:46 - 6:00 p.m.
	\$ 50	6:01 - 6:15 p.m.
	\$ 75	6:16 - 6:30 p.m.

*Please note that after **three** late pick-ups, childcare may be terminated.*

## Appendix B

### The Gingerbread House Preschool and Childcare Center

#### Contact Information

Phone: (315) 471-4198

Fax: (315) 471-7825

Web: <http://www.thegingerbreadhouseofsyracuse.com>

#### Email Addresses:

Executive Director: David M. Cole [dcole-director.gbh@verizon.net](mailto:dcole-director.gbh@verizon.net)

Assistant Director: Jessica Riess [jriess.gbh@gmail.com](mailto:jriess.gbh@gmail.com)

Program Coordinator: Christine Boysen [cboysen579@gmail.com](mailto:cboysen579@gmail.com)

Finance Office: Sheila Zimmerman [gingerbread.finance@gmail.com](mailto:gingerbread.finance@gmail.com)



Preschool and  
Childcare Center

**2024-2025 Handbook and Financial Policy Acknowledgment**

*I have read and understand the handbook and financial policy of the Center.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Child(ren)'s Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\* Please complete and return to the Main Office \*\*\*\*\*