



2225 5th Avenue, # 2B, New York, NY 10037
Director: Subha Ahmed 646-279-6238

Enter on 135th Street between Madison & 5th Ave
Outside gate press 0010 Inside building press #203

2024 Enrollment Packet

Revised May 2024



PARENT-PROVIDER CHILD CARE CONTRACT 2024

I. The following contract is between _____ (Parents of child(ren) in care) and Little Leaders Childcare located at 2225 5th Avenue, Apt 2b, New York, NY 10037 for the child(ren) listed below:

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

II. Standard Tuition Rates and Payment Policies:

Electronic payments via Zelle, Venmo or Cash App are preferred. Cash, credit card, money orders and checks are also accepted. Checks are cashed within a week. If a check is returned- parent is responsible for a \$30 return fee along with repayment and will not be able to pay via check in the future.

*Prior to enrolling a tour must be scheduled. The annual registration fee is **\$125**. Every child must re-register in January.

1. A two week non-refundable deposit of \$ _____ is required. The deposit will be applied to the last two week's payment so long as a full month's written notice of withdrawal is given. Otherwise, the deposit will be forfeited. (see VI. Termination procedure).

2. The tuition fee will be \$ _____ per _____ NOTES:

Days and hours of care provided will be:

3. Payment is to be given monthly on the first of each month or the first Monday of the month.

4. The child care provider will provide (check all that apply):

___ Breakfast ___ Morning Snack ___ Lunch ___ Afternoon Snack ___ Dinner

5. The parent(s)/guardian(s) will provide the following (check all that apply):

___ 2 Changes of Clothes ___ Formula/Breast Milk ___ Diapers & Wipes & Creams ___ Infant Food
 ___ Crib Sheet & Blanket (for toddlers 1+) ___ Water shoes/towel/bathing suit (sprinklers) ___ Water bottle

Other special items should include : Please supply 1 gallon zip lock bags (for soiled clothes). *Infants also need a bottle (to be kept on site), bibs, a crib sheet & sleep sack and 5 onesies. Please label all clothing and sheets.

III. Rates for holidays, absences, vacations, overtime:

1. Holiday and vacation days **do not alter** the tuition costs. Care will not be provided, but payment is due, on the following holidays when they occur on a day children are regularly scheduled for care. Please note the summer (July) and winter (December) recess are the only extended periods we are closed annually and full monthly payment is still required:

2024 calendar

- January 1,- New Years Day
- January 15- Martin Luther King Jr. Day
- February 19th- President's Day
- March 29th & April 1st- Good Friday & Easter Observance
- April 9th- Eid ul Fitr (projected date may change by a day tbd)
- May 27th- Memorial Day
- June 17th- Eid ul Adha (projected date may change by a day tbd)
- July 1st- 5th- Independence Day Observance & Summer Recess*
- September 2nd- Labor Day
- October 14th- Indigenous People's Day
- November 5th- Election Day (Staff Professional Development Day)
- November 11th- Veterans Day
- November 28th & 29th- Thanksgiving recess
- December 25th- 31st Winter recess, reopening January 2, 2025

2025 calendar

- January 1,- New Years Day
- January 20- Martin Luther King Jr. Day
- February 17th- Presidents' Day
- March 31st- Eid ul Fitr (projected date may change by a day tbd)
- April 18 & April 21st- Good Friday & Easter Observance
- May 26th- Memorial Day
- June 6th- Eid ul Adha (projected date may change by a day tbd)
- June 30th- July 4th- Independence Day Observance & Summer Recess*
- September 1st- Labor Day
- October 13th- Indigenous People's Day
- November 4th- Election Day (Staff Professional Development Day)
- November 11th- Veterans Day
- November 27th & 28th- Thanksgiving recess
- December 25th- 31st Winter recess, reopening January 2, 2026

2. The provider will be notified by ____ 7:00am _____ if the child(ren) will be absent for the day.

3. Policy for payment of absences is: _Staffing is dependent upon enrollment. Full time enrollees must pay full time tuition rate and are responsible for full payment irrespective of hours of care provided .

4. Fees and policies for provider's vacation: A calendar of Little Leaders Childcare closures is included above. If you would like to request coverage for a planned closure in advance and it is approved, the rate will be \$60/day.

5. Fees and policies for parent/guardian's vacation: We understand families will spend time away. We have built in breaks around the holidays. In the event that your child will be out for a full week (Mon-Fri) on vacation, please give four weeks written notice. There is no charge for one week. However, longer breaks may result in loss of slots and may require full or partial tuition payment and/or re-enrollment.

6. If the provider is unable to provide care because of illness or emergency, we will make every effort not to disrupt the regular schedule of care. An assistant or substitute will be called if there is an illness or emergency with a staff member. If there are no alternatives, you will be contacted about closure and there will be no charge for the hours care was not provided.

7. Little Leaders Childcare regularly operates from 8am-6pm Monday through Friday. Extended hours are available from 7am-7pm Monday-Friday for an additional fee. If an earlier or later drop off time outside of 8-6pm Monday-Friday is necessary, please speak with the director regarding special accommodations.

8. Late Pick Up: An overtime rate of \$15 for up to 30 minutes- reapplied every 30 minutes will be expected if a child is picked up after 6pm. For example, a child picked up at 6:08 will accrue a \$15 charge. If the child is picked up at 6:35, the fee will be \$30 due the following day.

IV. Damages:

The policy on damage caused by the child(ren) while in the provider's care unless caused by the negligence of the provider is: Repair or replacement if damage is caused intentionally.(This does not apply to normal wear and tear on toys or furniture, only to damage.)

V. Sick Policy:

In order to protect all children in our care from the spread of germs and disease, we insist that your child not come to the center when ill. We will do a morning health check and if we observe anything that indicates your child is ill, we will not admit them for the day. While minor colds are acceptable, the following conditions necessitate your child's absence from Little Leaders:

- A fever of 100 within the past 24 hours. - Diarrhea or vomiting within the past 24 hours. - A rash or blistering - A persistent cough - Conjunctivitis (pink eye) - Chicken Pox, Mumps, Measles, Covid 19* and any other contagious illness. If someone tests positive in a household with coronavirus- the child must follow guidelines as mandated by the Department of Health including but not limited to CoVid testing and at home quarantine.

VI. Termination procedure:

This contract begins on the following date: _____ and may be terminated by either parent/guardian or provider by giving four weeks written notice. The provider may terminate the contract without notice if the parent/guardian is over one week late with scheduled payments. Parent/guardian may terminate the contract without notice if the provider does not comply with NYS child care regulations/laws. Changes to the contract, desired by either provider or parent/guardian, must be made in writing and acknowledged in writing by the other parties at least 4 weeks before the desired change takes effect. A new contract may be signed at that time to reflect the changes. The deposit is not refunded but applied to the last two weeks of childcare after one month's notice is received. If four weeks written notice is not given and the child does not attend, the deposit is forfeited and will not be refunded.

VII. Signatures:

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for child care provided. The provider is responsible for providing all parties a copy of the signed contract.

Provider's signature Date

Mother/Legal guardian signature Date

Address
of Mother/Legal guardian Phone number

Father/
Legal guardian signature Date

Address
of Father/Legal guardian Phone number

Co-signer's signature (Required if parent/legal guardian is under 18 years old. Co-signer must be 18 or older. Your signature acknowledges financial responsibility if payment is not remitted)



2225 5th Avenue, Apt 2B , New York, NY 10037
 LITTLELEADERSCHILDCARE.COM
 (646)-279-6238

CHILDCARE RATES EFFECTIVE July 1, 2024

Little Leaders Age	Part Time Rates (must be paid monthly)	Full Time Rates	After school 3-6pm Rates
<24 months	\$100 per day \$75 half day	\$2000 per month	n/a
2-4 years	\$100 per day \$75 half day	\$2000 per month	3k and pre-k \$1100 per month
5- 12 years	(non school days \$75/day)	n/a	\$100/week. \$60 w/ local pick up

- *A 2 week deposit and \$125 registration fee is required
(please note there is an annual registration fee due in January)
- *Tour must be scheduled prior to enrollment
- *Some vouchers are accepted. Parents are responsible to pay the difference in cost.
- *Prices are subject to change

In addition to cash and money orders, payments can be made to Little Leaders Childcare using the following apps:

Zelle subha@littleleaderschildcare.com
 Venmo @Subha-Ahmed
 Cashapp \$SubhaAhmed

Daily Schedule

Childcare is provided from 8am- 6pm Monday-Friday & Saturday 8am-6pm

*The schedule is subject to change. Please send children with appropriate outdoor gear. Children go out during all seasons.

*Infants typically have two naps per day around 10am and 2pm

*There are evacuation drills (fire drills), soft and hard lockdown drills performed monthly. Log on-site.

8:00-8:45am Welcome/Freeplay/Baby Signing Time (ASL)

8:45- 9:15am Handwashing/Breakfast/Feeding Time

9:15- 9:30am Restroom/ Diaper Changes

9:30- 10:00am Circle Time/ Morning Meeting

10:00-11:00am Freeplay in stations

11:00-11:30am Restroom/ Diaper Changes

11:30- 12:30pm Nature Walk/Outdoor Play

12:30- 1:30pm Handwashing/Lunch/Feeding Time

1:30- 3:15pm Nap Time/ Do Not Disturb

3:15- 3:30pm Restroom/ Diaper Changes

3:30- 4:00pm Storytime/ABC Mouse/Phonics

4:00- 4:30pm Handwashing/Snack/Feeding Time

4:30- 5:00pm Coloring/Arts & Crafts

5:00- 5:30pm Restroom/ Diaper Changes

5:00- 5:30pm Music & Movement/Project time

5:30- 6:00pm Clean up/ Pack Up

About Your Child

The following general information about your child will help your child's caregiver provide a safe and comfortable experience for your child. *Make sure you update this form if the information changes.*

Child's Name _____ Date of Birth _____
Who lives at home with your child _____

Home Address

Cell # parent 1: _____ Cell # parent 2: _____

Email parent 1: _____ Email parent 2: _____

Address and Phone No. of Father/Mother if different than above

School Aged Children (after school/holidays)

Child will be dropped off at daycare home at ___am/pm and picked up by ___am/pm

School child attends (if applicable) _____

Teacher's name Grade/Rm. No. _____ Phone No. of school School Bus No. _____

Parent/Guardian Information:

1)

Name _____ Title/Position _____

Employer or School _____ Work Phone _____

Address _____

Days and hours of employment _____

2)

Name _____ Title/Position _____

Employer or School _____ Work Phone _____

Address _____

Days and hours of employment _____

Where else parents or guardians may be reached _____

In case of an emergency (i.e., child becomes ill, needs transportation home) and the parent cannot be reached, please list two other people who may be called for assistance. Select people who live in the area and have transportation. Make sure you discuss these responsibilities with them.

Persons authorized to pick up the child (other than parents):

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Family Information:

Names and ages of any siblings _____
Other family/household information _____
Pets _____

Medical Information:

Insurance company name _____ ID/Group# _____
Child's Doctor's Name _____ Phone _____
Child's Dentist's Name _____ Phone _____

Please list any allergies or chronic illnesses your child may have and include the symptoms and any special care needed:

Miscellaneous Information: Please list foods that your child particularly likes or dislikes _____ Please give any special information about your child that might be helpful, such as information about nap arrangements, special fears, special words for urination or bowel movements, favorite activities, etc.

Parent - Provider Transportation Agreement

Little Leaders Childcare

I, _____, give permission for my child care provider, or any approved employee of the above program, to transport my child(ren) _____ for the following reasons (check all that apply):

_____ Excursions to the park (walking)

_____ Shopping

_____ Play dates

_____ Field trips

_____ Emergency purposes _____ Any reason deemed necessary by the program

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle from the curb side of the street.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
5. The caregiver will notify me in advance of any instance where my child(ren) will be transported while in care.

(Parent or Guardian Signature)

(Date)

(Provider/Director Signature)

(Date)

INFANT FEEDING SCHEDULE AND AGREEMENT

Provider Name Little Leaders Childcare (Subha Ahmed)

Name of Infant _____ Date of Birth _____

BOTTLE FEEDING (CHECK to consent)

_____ I will provide breast milk or formula for my infant. If necessary, the provider can prepare the formula.

FOOD (CHECK ONE)

_____ The provider can supply my infant with solid foods when I deem it appropriate.

_____ I will bring solid foods for my infant.

*Exclusively breastfed babies are welcomed 😊. Please let us know how we can support you. It is important that you provide enough milk to last throughout the day. In the event that your milk supply decreases please work with us to make a plan to ensure your baby is well fed in our care. I want my infant child to be fed according to the following schedule (please check one): On Demand

As requested

Has your child adjusted to bottle feeding?

What is working? (Please share anything that can help us make the transition easier- location of feedings, environment, timing, preferred positioning)

Signatures on this document imply that both parties understand:

- ✓ Children 6 months of age and under must be held during all bottle feedings (417.12(m)).
- ✓ Microwave heating of infant food and formula is prohibited by regulation (417.12(k)(2)).
- ✓ The Child Care Provider must make every effort to accommodate the needs of a child who is breast-fed (417.12(l))

(Parent or Guardian Signature)

(Date)

Parental Permission to Apply Over-the-Counter Topical Ointments

I, _____, give permission for my child care provider, _____, to administer over-the-counter topical ointments to my child, _____, on an as needed basis. These topical ointments may include, but are not limited to, sunscreen, diaper cream and insect repellent.

Signed by: _____ Date: _____
(Parent/Guardian)

CONSENT TO PHOTOGRAPH AND VIDEO RECORD

The undersigned does hereby authorize Little Leaders and the staff members to photograph or videotape, or permit other persons to photograph audio or videotape my child _____ while in our care and agree that we may use or permit other persons to use negatives, prints or tapes prepared for professional purposes only (ie. Little Leaders media sites and promotional materials). This consent also applies to the use of our internal parent communications via text or apps such as Himama.

Signed by: _____ Date: _____
(Parent/Guardian)

PARENT – CHILD CARE PROVIDER NAPPING AGREEMENT

Little Leaders Childcare uses pack and play cribs for infants under 1 years of age and mats/cots for children 1 years of age and older. Please **circle** the option which applies to your child based on their age.

I agree to have my child , _____ child's name nap in/on a **mat/cot, OR pack and play** (circle one) , which will be placed in the **nursery or living room** while s/he is in Little Leaders Childcare program. *Please note children in pack and play will graduate to mats after their 1st birthday.*

I give permission for my child care provider to use an electronic monitor as an indirect means of supervision while my child is napping. I understand that my child care provider must leave the doors open to all rooms where children are napping. I understand that electronic monitors will be used as an alternate means of supervision only when my child is napping.

____ I authorize my provider to use an electronic monitor as an indirect means of supervision.

____ I want my childcare provider to directly supervise my child during nap time.

I understand that my child care provider must remain on the same level of the home as the children at all times.

Sleeping arrangements for **infants** require that the infant be placed on his or her back to sleep, unless medical information is presented to the provider by the parent that shows that this arrangement is inappropriate for that child.

Parent's signature _____ Date _____

Provider's Signature _____ Date _____

Discipline Policy Statement

The following practices violate regulatory standards for appropriate discipline and are therefore prohibited:

*

The use of corporal punishment is prohibited. Corporal punishment means punishment inflicted directly on the body including, but not limited:

*Shaking,slapping,twisting,or squeezing

* demanding excessive physical exercise, excessive rest or strenuous or bizarre postures

* compelling a child to eat or have in his/her mouth soap, food, spices or foreign substances.

* The use of isolation is prohibited. No child can be isolated in an adjacent room, hallway, closet, darkened area, play area or any other area where a child cannot be seen or supervised.

* Food cannot be used or withheld as a punishment or reward.

* Toilet training methods that punish, demean or humiliate a child are prohibited.

* Any abuse or maltreatment of a child, either as an incident of discipline or otherwise, is absolutely prohibited. Any child care program must not tolerate, or in any manner condone, an act of abuse or neglect of a child by an employee, volunteer, any person under the provider's control or an individual residing in the home.

I _____ (parent/guardian) agree to the terms of this document/statement above and understand this is the policy of Little Leaders Childcare where my child _____ is presently enrolled.

Signature :

_____ Date:_____

CONSENT FOR EMERGENCY TREATMENT OF MINORS IN ABSENCE
OF PARENT(S) OR LEGAL GUARDIAN

Name of Minor: _____ Age: _____ Birth date: _____

Address:

Home Phone: _____ Cell phone: _____

I, the undersigned, am one of the parents of the minor named above. I know that for the following reasons I may not be available to personally authorize medical, dental, surgical care and hospitalization for said minor. Those reasons are:

I hereby give my consent and authorization for any emergency or non-emergency diagnostic procedure, medical, dental, surgical care and hospitalization that any health care provider so determined as advisable, in the best judgment of said health care provider including, but not limited to, any physician, dentist or hospital personnel providing health care to the minor.

In my absence, I would like the health care provider to discuss the matter with the persons designated below. I authorize those persons, insofar as the law of New York State permits me to do so, to enter into the decision, to convey to the provider my consent, and to consent to said treatment.

I hereby authorize the health care provider to discuss in full with those persons designated any medical information that is required to help the input of the persons so designated.

I hereby hold harmless any physician, dentist, hospital or hospital personnel, or other health care provider rendering such care to the minor from any liability resulting from the failure to obtain consent from me as parent of the minor and from any other person. It is my intent that the person or persons appointed herein shall be able to act in my stead in making such decisions.

I have put the important medical facts, if any, on the reverse side of this document. The medical facts are intended to help a doctor, medical personnel, or other health care provider in deciding what treatment is to be given but is in no way intended to restrict the authorization and consent hereby given.

I hereby appoint one person from the following list to be chosen in the order of priority listed when the persons in the prior listings are not reasonably available, willing or competent to participate in the health care decision-making concerning the minor:

Names, Addresses and Phone Numbers of those persons I am so authorizing are as follows:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

The period of time over which this authorization exists is as follows:

Beginning at 12 midnight on: ____/____/____ Month Day Year

Ending at 12 on midnight on: ____/____/____ Month Day Year

It is intended that this document shall be presented to the physician, dentist, or appropriate hospital or medical representative at such time that the medical, dental, surgical care or hospitalization shall be authorized.

It is intended that this authorization relieves the physician, dentist, or any health care provider or any hospital or institution in which such care is given from any liability resulting from the failure of me, as parent, or any other person, from signing a consent or authorization to render such care. It is the intent that the person or persons appointed herein shall be able to act in my stead in making decisions.

Parent's Printed Name & Signature of Parent. _____ Date _____

Parent's Printed Name & Signature of Parent. _____ Date _____

Address City, State, Zip Code _____

Parent 1 (mom) phone #s. _____

Parent 2 (dad) phone #s _____

Allergies: _____

Medications: _____

Last Tetanus Shot: _____

Medical history or other pertinent facts that should be known: _____

For information only, I am listing said minor's usual dentists and doctors so they may be consulted if that is deemed necessary by anyone: