



SHANTY CREEK RESORT

Childcare Policies and Procedures

Ages: 3 months to 8 years old

Hours: 8:30 am to 4:30 pm Thursday through Sunday

Payment:

Payment is due at the time of service. We will accept credit card or Shanty Creek Resort room charges. The fee will be \$70.00 per day or \$40.00 per half day. Half day hours will be from 8:30am -12:00pm or 12:00pm to 4:30pm. If choosing lunch to be provided, there will be an additional charge of \$8 per child.

Late Fee:

A late fee of \$1.00 per minute will be charged every minute you are late for pick up, in addition to the half or day rate. Please call at least one hour before scheduled pick up time and extend your reservation to avoid these fees.

Cancellation Policy:

Please call 24 hours in advance to cancel your child's reservation to avoid a charge of \$35 per child.

Sick Policy:

Shanty Creek Daycare will make every effort to protect the health of the children. If your child has symptoms such as diarrhea, a fever of 101 (infants) and 100 (preschool), vomiting, sore throats, or inflamed eyes, keep your child at home. If Shanty Creek Daycare notifies a parent that a child is sick, we can not provide sick care; that child must be picked up. We will inform the parents in writing of any communicable disease and parents should notify the daycare if a child develops an infectious disease.

Cry Policy:

If a child is crying for 20 minutes, we will call the parent and ask that they pick up their child. We will do everything that we can to comfort and calm your child.

Medical Emergency:

In the event of a medical emergency, we will attempt first to contact a parent on where the child should be transported for care (doctor, hospital). If necessary, the child will be transported to Munson Medical Center Emergency Room located in Traverse City, Michigan.

Injuries:

Shanty Creek Daycare will verbally notify parents of any injuries to the child at the daycare. The accident report kept on file will include information such as where, how, and when the accident occurred, what staff was present and any treatment given.

Discipline:

The environment of Shanty Creek Daycare will be one which will foster positive growth in children. In doing so, classroom management techniques will be employed that work to reinforce positive behavior. Timeout shall be used only as a last resort.

Name of child _____ Age____ Birthdate_____

Name of child _____ Age____ Birthdate_____

Name of child _____ Age____ Birthdate_____



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Parent/Guardian _____ Room/Member # _____

Please provide lunch for my child **Yes**____ **No**____ Parents provided food **Yes**____ **No**____

The child named above will participate in the Shanty Creek Resort's onsite childcare program located at Cedar River Village. I understand the child named above covered by a health-accident insurance policy, at their expense. I will keep the Shanty Creek Resort staff updated on all emergency and medical information.

I have been given and understand Shanty Creek Resort's Daycare Policies and Procedures.

Parent Initials_____

Emergency Information

Family Doctor _____ Phone # _____

Health Insurance Policy and Number _____

Name and phone number of other contact in case of emergency:

Name _____ Phone # _____

Munson Medical Center in Traverse City is the nearest hospital (parent initials) _____.

If necessary, the student will be transported to a hospital for treatment if no one can be reached.

Yes____ **No**____

I give permission to Shanty Creek Daycare to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Parent/Guardian Signature _____

Are there any restrictions or medical information of which Shanty Creek Daycare staff should be aware, such as **allergies** or a **history of problems** which might help us better serve your child? Of course, such information is considered confidential. **Yes**____ **No**____

In case of separated or divorced parents, are there any legal restrictions on the release of a child to either parent? If so, please explain and list who other than yourself may the child be released to. **Name of person(s) whom child may be released to** _____

Thereby giving the child named earlier my permission to participate in the activities planned and supervised by the daycare staff. Such activities include recreational sports, nature walks, outdoor play.

Parent/Guardian Signature _____ **Date** _____