



Little Wings Farm School

2022-2023 Application, Contract and Handbook

Please print and fill out fully.
Enclose \$500 deposit written to Little Wings Childcare LLC and return to:
270 Wing Road, Greenfield, NY 12833
518-450-3924

Name of Child: _____ Gender: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone Number: _____ Circle: AM or PM

Parent/Guardian 1:

Name: _____

Address: _____

Place of Employment: _____

Work Hours and Days: _____

Cell Phone: _____ Email: _____

Parent/Guardian 2:

Name: _____

Address: _____

Place of Employment: _____

Work Hours and Days: _____

Cell Phone: _____ Email: _____

Emergency Contact Information

Please complete the following information for people to contact in the event of an emergency when the parent/guardian cannot be reached. If a child needs emergency medical care, we will contact them in top to bottom order written below.

Name: _____ Relationship to Child: _____

Phone Number(s): _____

Name: _____ Relationship to Child: _____

Phone Number(s): _____

Name: _____ Relationship to Child: _____

Phone Number(s): _____

Authorization for Pick-Up

All parents/guardians on this application are allowed to pick-up their children. Please note that unless there is a legal document on file with Little Wings stating that a parent is not allowed contact with a child, the staff is NOT legally able to keep a non-custodial parent from picking up a child. Please attach the court document or restraining order if this applies to you.

I will not leave my child at Little Wings unless there are Little Wings staff present and will pick up my child at the scheduled time. I understand that failure to pick up my child at the appointed time will result in an additional payment of \$15 for every 15 minutes my child remains beyond the scheduled class time to properly compensate staff.

I give the following people over the age of 18 permission to pick up my child at Little Wings. A staff member must have **written permission** to release the child to someone not appearing on this list (note, text or email). If the staff member does not recognize any individual picking up a child, they have the right to ask for photo identification or call a parent to confirm. Little Wings may not release any child to a person suspected of being under the influence of drugs or alcohol. Little Wings may refuse to release a child into a vehicle that does not have an age appropriate, State approved child restraint.

Name: _____ Relationship to Child: _____
Address & Phone Number _____

Name: _____ Relationship to Child: _____
Address & Phone Number _____

Name: _____ Relationship to Child: _____
Address & Phone Number _____

Name: _____ Relationship to Child: _____
Address & Phone Number _____

Other Members in Household (siblings, elders):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets in the Home (list species and names please):

Languages Spoken at Home: _____

Previous School Experience: _____

Behavior Issues: _____

Allergies to Drugs or Foods:

**In the event your child has severe allergies, it will be necessary for you and your child's doctor to complete additional forms regarding an emergency treatment plan and authorization for your child to receive treatment, i.e. any use of an EpiPen or Benadryl. (OCFS form 6029 and LDSS 7002)*

Special Medications, Blood Type or other Pertinent Medical Information: _____

Little Wings may not administer most medications. A parent or family member must administer any prescription medication or pain reducing medication. If your child requires a breathing treatment for asthma, OCFS form LDSS 7002 must be filled out by a physician before we can offer treatment. Parents are expected to provide all the necessary forms and medications before their child can begin the program.

Does your child have a disability or IEP or do you have concerns with their speech, fine motor or gross motor skills at this time? *If yes please explain. You may be asked to fill out another form explaining their disability and current services or a form to allow a service provider to be alone with your child while at Little Wings. (OCFS form LDSS 7006)*

What are your child's interests?

What are your child's dislikes?

HOLD HARMLESS AGREEMENT

As the above child's parent or legal guardian, I certify that the information contained in this application and contract regarding my child is true and correct. I acknowledge and understand that participation in Little Wings Childcare LLC ("Little Wings") activities involves physical activity and potential risk of injury to my child and I do hereby agree to the fullest extent permitted by NY law to release, protect, indemnify, hold harmless and covenant not to sue Little Wings, or Little Wings staff, from and against any and all losses, injuries, harm, claims, and damage (including court costs and attorneys' fees), causes of action or suits in equity of whatever kind or nature, arising out of or in any way resulting from my child's participation in the Little Wings program or while traveling to off site programming. I understand that Little Wings and Little Wings staff are not responsible for accidental issues or injuries that may occur during my child's participation in the Little Wings program. I hereby hold harmless, release, and forever discharge Little Wings Childcare LLC from all claims, demands, and causes of action which I, on behalf of my child, my heirs, representatives, executors, administrators, or any other persons acting on my or my child's behalf or on behalf of my estate have or may have by reason of my child's participation at Little Wings Farm School.

Signature of Parent or Guardian

Print Name

Date

FIELD TRIP RELEASE

I hereby grant permission for _____ to attend any neighborhood field trips to neighboring farms on foot. I will be informed in advance of the location of monthly field trips to alternative locations unable to be accessed on foot and will be expected to transport and plan for the supervision of the above child for the duration of the field trip.

I do not grant permission for _____ to attend off farm field trips and will make arrangements for alternative care on those dates.

Signature of Parent or Guardian

Print Name

Date

PHOTOGRAPHIC RELEASE

I hereby grant permission for _____ to be photographed for the school newsletter, promotional materials, social media, for special art projects and/or other materials related to the child's participation at Little Wings without payment or other consideration. I further allow Little Wings to edit, publish or distribute the photos for any lawful purpose.

I do not grant permission for _____ to be photographed.

Signature of Parent or Guardian

Print Name

Date

EDUCATIONAL SCREENING RELEASE

I hereby grant permission for _____ to participate in developmental, speech, vision, hearing and behavioral screenings if deemed necessary by the Lead Teacher throughout the year.

I do not grant permission for _____ to be screened.

Signature of Parent or Guardian

Print Name

Date

MEDICAL RELEASE

I hereby grant permission for _____ with a date of birth of _____ to be offered basic first aid treatment by the Little Wings staff such as: the application of Babyganics mineral sunscreen and Babyganics insect repellent or a brand supplied by parent, chapstick or hand cream application (provided by parent), personal care after a toileting accident, wound washing with soap and water, bandaids, ice packs, eye flushing, simple tick removals (not embedded), CPR, Heimlich Maneuver, inhalers for treatment of asthma, emergency treatment for anaphylaxis such as Benadryl and EpiPens, or other necessary first aid or emergency treatment while they are in program. I further authorize and consent to any necessary emergency medical care determined by a physician or emergency medical treatment provider to be necessary for the welfare of my child while in the care of Little Wings if I am not reasonably available by telephone to give consent and I assume all financial responsibility for this treatment. Any major emergency medical treatment will be discussed with a parent/guardian, physician or 911 Technicians. The above authorization is effective from the commencement of the program on September 8th, 2022 to the end of the program on June 22th, 2023.

Signature of Parent or Guardian

Print Name

Date

Witness Signature

Witness Name (Please Print)

INSURANCE INFORMATION

Insurance coverage for accidents or illness while at Little Wings Farm School is the responsibility of the child's family. Please list your family health, accident, medical or hospital insurance coverage in case of an emergency. In the case of an emergency we will call 911 and will notify a Parent/Guardian by phone immediately.

Insurance Carrier/Government Program:

Policy and/or Group Number:

Insurance Phone

#: _____

Name of

Insured: _____

Name of Child's Pediatrician: _____ Phone: _____

Health Plan and Policy

I have read the Little Wings Health Plan and Policy in full: see www.littlewingsfarmschool.com/health-policy and agree to follow its terms. Terms may be updated periodically throughout the year due to Covid policies and you are expected to read changes in full.

Signature of Parent or Guardian

Print Name

Date

***Please initial and sign on the lines provided.**

HOURS OF OPERATION:

Monday –Thursday

9:00 a.m. to 12:00 p.m.

Following the Saratoga Springs City Schools Elementary Calendar, which you will find in your child's folder on their first day of school.

*No care will be provided on days when the Saratoga Springs City Schools are closed except at times disclosed in advance. When Saratoga Elementary has half days, the AM session of Little Wings will still be offered.

Daily Schedule:

9:00- Drop Off/Sign-In
9:00-10:00- Free Play Indoors or Out
10:00-10:30- Circle Time
10:30-10:45- Craft/Fine Motor Project
10:45-11:00 Snack, Tea and a Story
11:00-11:15 Farm Chores
11:15-12:00 Outdoor Play
12:00- Farewell and Pick Up

Snow Days:

If the Saratoga Springs City School has a snow day, we will be closed. If the Saratoga Springs City Schools runs on a snow delay, the AM session will be canceled that day. If the Saratoga Springs City School has an early dismissal for snow, the PM sessions of Little Wings will be closed that day. We reserve the right to cancel if we feel the drive is too dangerous, even if the City Schools are open.

Tuition Rates and Payment:

Tuition style program: \$5,000 per year, \$500 per month

4 days/week: \$500 per month due first day of month

2 days/week: \$250 per month due first day of month

*We do not want to take weekly payments this year but if it is absolutely necessary, please speak to Aaren directly before the start of the school year.

This is a tuition style program. The first tuition check is due September 1st, 2022 and the last is due June 1st, 2023. A \$500 materials fee/deposit is due upon enrolling for **field trips, materials, and guest instruction (Yoga and Spanish). Direct deposit into the Little Wings Childcare LLC ADK Trust account (Routing # upon request) is preferred, but personal checks are also accepted. No credit cards at this time.

Please make checks out to: Little Wings Childcare, LLC

**Rates include MOST activities, crafts, cooking projects, field trips and quality care. Occasionally we may ask for parents to chip in on a high quality craft, a party, or an expensive visitor- like a musician or a visit from some raptors. Field trips will be covered for the student, but often the parent and any siblings will be asked to pay in order to participate as well.

I agree to pay Little Wings Childcare LLC \$500 for full time attendance or \$250 for half time attendance every month by the First of the Month. I understand the tuition rates do not change based on how many days my child attends the program that week/month. If I am 2 weeks behind in payments to Little Wings, I may not send my child to school and Little Wings reserves the rights to turn your child away until payment is made.

Parent Signature: _____ Date: _____

Supervision:

No person other than the provider, assistant or substitute may supervise a group independently at Little Wings Farm School. Our program will never allow a person younger than 18 to supervise a group of children independently.

In the case of absent staff, only approved substitutes with full clearance will be called into work. If a substitute cannot be found, we may not have a program that day. In that case, we may offer a make-up day on a Friday for those who missed the program.

The student to teacher ratio in a Group Family Daycare is 1:6. No teacher may be alone with more than 6 children.

All children who attend Little Wings Farm School will be released to authorized adults that have been authorized by their parent/guardian in writing and stored in their file. If a student is being picked up by someone not on their authorized pickup list, then the parent/guardian needs to have a written note prior to the pick-up time. The note needs to provide their written consent for said person to pick up their child from school. The note needs to provide the full name of the person picking up. Any adult picking up a child who is not known by the staff must show picture identification.

Parent Initial: _____

Snacks:

Please pack a nutritious snack for your child daily and include a no-spill water bottle. Please make sure your snack is labeled with your child's first and last name. We will make all parents aware immediately if we have a student with food allergies and then you will have to plan accordingly. We will occasionally bake or cook a special snack in addition to the daily snack and we will also try a new food most weeks. Please let your child know not to share their food no matter how kind that may seem as some children may have dietary restrictions.

Parent Initial: _____

Vacations, Holidays and Sick Days:

****If a child takes a personal, sick or vacation day, you are responsible for the entirety of the regular fee. Full tuition is still due for school vacation weeks. This is a tuition based program.**

In case of an extended Covid closure of our entire program mandated by the Saratoga County Department of Health, we will still need to charge fees for tuition that week. In the case your child is out for an extended quarantine due to Covid-19, we will still need to charge tuition. If we cannot maintain our program or pay our staff, we may have to close permanently. Please understand that we are a tuition-based program, not an hourly program. If we experience an extended closure longer than a month, tuition will be waived and we will most likely close temporarily.

Parent Initial: _____

Failure to Pick Up:

If your child is not picked up at his/her scheduled time the 1st emergency contact will be contacted. If they are not available we will contact the next emergency contact listed and continue on the list until a responsible party is reached and picks up your child. If no one is reached or a parent has not picked up the child after a reasonable time, we will contact the Office of Children and Family Services.

Parent Initial: _____

What to Bring:

- Your child will need to have a mask on a lanyard, 1 full extra outfit for that season and extra socks in case they get wet; please make sure clothing is kept in a clear plastic bag (ex: Ziploc bag) with your child's first and last name written on the front. You may store in their cubby.
- Bring a simple, nutritious snack daily with a no-spill water bottle. We prefer reusable containers!
- Any personal items brought to Little Wings must be labeled with your child's first and last name. We are not responsible for lost clothing or gear.
- Please refrain from letting your child bring toys to Little Wings. If your child brings something to "show and tell" at school please discuss with your child that the toy/item needs to stay in their backpack until it is their turn. This will eliminate future problems for everyone.
- Parents are welcome to supply special Holiday or birthday treats and snacks for the whole class on special occasions but must consider the dietary restrictions of every student.
- We will stock and use Babyganics Sunscreen and Babyganics Insect Repellent if you have not provided sunscreen or insect repellent for your child. If you want to use your own brand of sunscreen, insect repellent, chapstick or cream, please place it in a ziplock bag with your child's name on it and a note authorizing us to apply it.
- If your child has an emergency medical treatment like an inhaler or Benadryl and an EpiPen, you must fill out the proper forms with your doctor and bring the medication prior to attending in a bag labeled with your child's name and instructions for use.

Parent Initial: _____

Attendance and Health Checks:

Attendance will be taken daily, along with a health check and will be kept on file. If you plan to keep your child home, please let us know via email, call or text. If your child has been unwell, please check our Health policy to know when to return to school. You must tell us each morning if there are any health issues or physical marks on your child's body that need to be explained for the health check.

Parent Initial: _____

Behavior Policy:

The ultimate goal of discipline is self-discipline—self-control and self-direction. Our goals in caring for our children include directing their behavior with words and by example, so that they will learn the skills necessary to control their own behavior and cooperate with others. In our program it is our intention to try to prevent many behavior problems by providing direct supervision and guidance, age appropriate activities, love and interaction, a daily routine, and clear boundaries. Redirecting the child’s behavior often will fix the problem. By just talking with the child, explaining the rule or expectation and showing him how to change his behavior, many problems can be corrected. If at any time a child does not feel they can handle their emotions, they are given a chance to go to a safe and neutral area to yell, cry or work with a teacher until they return to a state of calm. During this time a provider will ask the child if they feel well enough to talk about what is upsetting them. It is at that time that the child and the provider will discuss the issue and talk about different ways to handle the upsetting situation. We use the technique FLIP IT- we discuss and name the feelings they are exhibiting, we share our limit on the behavior they are showing, we ask questions and inquire how the child might find a solution and then we give a prompt to help them find a suitable answer. Occasionally, a child may act in a way that is physically unsafe. At this time, we may block their body or hold their hand to lead them away from the situation. We will never isolate the child, withhold food or affection, leave alone, or punish the child physically in any way. If a child has had a particularly hard day, we may discuss the incident with you after the program or with a phone call. We aim to try to teach and model prosocial behaviors and handle most behaviors here at school without requiring parent intervention. However, we reserve the right to call home to have a parent or guardian pick up a child who is not able to calm down or self regulate and who is repeatedly unsafe with the teachers or other members of our school. This includes failure to move, which can endanger the group if we are in the woods and need to safely stay together as a group to remain in ratio.

I have read and understand the Behavior Management Policy.

**Parent Signature _____ Date: _____

Removal from Program:

If a child is unable to keep themselves, our things or their schoolmates safe and a large burden of care is placed upon the staff to maintain the safety of the children due to extreme behavior difficulty, such as recurring hitting, biting, kicking, running away, or refusal to follow our basic routines and directions, we may decide that Little Wings is not an appropriate environment for your child. We will attempt to help you find a more appropriate and therapeutic environment for your child if we believe it is in everyone’s best interests. In this case, we may “terminate” this contract without giving a 2 week notice.

**Parent Signature _____ Date: _____

Fire Drills and Shelter in Place Drills Policy:

Fire Evacuation Drills are conducted monthly and recorded on a NYS Daycare form that is posted in the daycare facility. The evacuation route is posted in the front entrance and in every room of the

daycare facility. If at any time a fire does occur in the home, the children will be directed to the safest means of egress. The 1st means of egress is the left front door of the home (when facing the home) leading to the front yard and the 2nd means of egress is the kitchen porch door to the fenced in play yard. We will quickly acquire the appropriate footwear and our emergency backpack and proceed to our meeting place- the greenhouse. If at any time it is unsafe here at Little Wings, we will cross the street safely and enter the Holzworth house or porch at 125 Wing Road. You will be notified by a phone call about our situation and location and you will need to pick up your child immediately.

** There are operating smoke detectors in most of the rooms in our home. There are 3 working fire extinguishers on premises: 1 in the kitchen under the sink, 1 near the woodstove and 1 in the back kitchen under the sink near our basement door. Monthly inspections are conducted on these and listed on the fire extinguishers.

**A Carbon Monoxide detector can be found in the basement and living room and is checked monthly.

Shelter in Place Drills occur twice per year to practice using an indoor room to temporarily separate students from a hazardous outdoor situation. The record of these drills is also posted in the daycare facility. If at any time there is a weather or safety hazard, all doors will be locked and your child will be brought into the kitchen or the living room, depending on the situation. The blinds will be closed and we will have quiet calm activities so as not to upset or scare the children. If the outside danger warrants, your child will remain on premises until such danger has been resolved or it is safe for a parent or guardian to come and pick up your child. If any child must stay on premises because the danger is too extensive to leave, food, supplies, diapers and clothing are on premises to keep your child safe and healthy and they will spend the evening with us.

Parent Initial: _____

Immunization Records:

Your child's immunization records need to be up to date or a Dr. needs to sign off that you are attempting to vaccinate or have a medical exemption. There are no longer religious exemptions in NYS. I will need an updated vaccine record every time he/she has an annual physical/shot. Their records will be kept on file and will be reviewed every 6 months; **if he/she is past due and has not met the state requirements he/she will not be allowed into the program until he/she has his/her shots up to date.

Parent Initial: _____

Preventing Lead Poisoning:

If your child has had a lead screening done, please include a copy of the certificate to keep on file. Please see your health care provider for more information and for a lead blood screening test if your child has never had one. NYS mandates that all children have a blood lead screening at age 2 and age 3. It is a simple finger prick and can act as a baseline and alert you to early childhood lead exposure to help you eliminate the source. You can view information about lead poisoning and prevention on the websites listed below.

Department of Health & Human Services Centers for Disease Control & Prevention
www.cdc.gov/nceh/lead/
US Environmental Protection Agency
www.epa.gov/lead/index.html

Parent Initial: _____

Health and Wellness Policies:

Please read the Health Plan and Policy posted online at www.littlewingsfarmschool.com in full and sign below that you have read the document and agree to its policies and procedures. It may change multiple times this year as the situation with Covid 19 changes and our mask policy changes. As parents you are required to notify me any time that your child becomes sick with any illness that is considered to be contagious. For example: Covid, Hand and Mouth Disease, Lice, Pink Eye, Stomach Flu, Impetigo, Fifth Disease, Cold and Flu. If at any time your child becomes ill during school hours with a fever of 100 taken in the ear and or is vomiting or has diarrhea, I will notify you via a phone call and you will be required to come and pick up your child within 45 minutes. They may return to daycare once they have been 24 hours without medicine, vomiting or a fever: please see Covid policy and procedures.

Any child with a mild illness where Covid has been ruled out such as allergies, cough, runny nose and non-contagious illness, is able to attend the program with extra handwashing to ensure no other child becomes ill.

Parent Signature _____ Date: _____

Suspected Abuse or Maltreatment:

If at any time we feel or suspect (with or without proof) that your child may have been abused or maltreated by anyone, as a mandated reporter, I must file a report of child abuse or neglect by contacting the NYS Office of Child of Family Services 1-800-342-3720 or directly 315-423-1202. We may call the Mandated Reporter hotline at 1-800-635-1522.

Parent Initial: _____

**To report an abandoned Infant call 1-866-505-7233

**To report Domestic Violence call 1-800-942-6906

**A copy of NYS Group Day Care Regulations are posted in the daycare entrance or can be found at www.http://ocfs.ny.gov/main/

**A copy of staff CPR/First Aid certification can be found on the bulletin board on the mudroom/porch.

**A copy of the Daycare license can be found on the mudroom porch bulletin board.

Pets in the Home:

We must inform all prospective parents that we currently have pets in our home. Stella is a 14 year old senior collie/golden retriever mix licensed and up to date with her vaccinations. Mazoo is an 18 year old tabby cat who also is up to date with his vaccinations. Maggie is a 1 year old tortoiseshell kitten up to date with her shots. We cannot be held responsible for any allergies or negative interactions with our pets and will try to teach the proper behavior to exhibit around older/younger pets.

Parent Initial: _____

Firearms:

Please be aware that Little Wings does not have any guns on the premises and will immediately notify all parents if a firearm will be stored on the property in the future.

Parent Initial: _____

Notice of disclosure:

Little Wings seeks to formally disclose to you that we have been informed there is currently a level 2 sex offender residing legally on Wing Road. As you know, children in our care will never be out of our immediate supervision. Additionally, we have game cameras to view our property line which are checked regularly to ensure trespassing does not occur. At this time, we do not feel there is a threat to the safety of the children. However, we encourage you to speak to your children regarding how to appropriately respond to strangers and to notify us if they see someone they do not know. More information on this particular individual can be obtained at the Saratoga County Sex Offender Registry which is located at https://www.criminaljustice.ny.gov/SomsSUBDirectory/search_index.jsp.

Parent Initial: _____

Visitors Log:

Everyone that comes into the home to visit during program hours will have to sign in on a visitor log that will be posted on the desk in the mudroom. You as a parent will not have to sign this as you will be signing your child in and out on the sign in sheet daily. As a parent you are welcome to stop by at any time during program hours to see your child, but if you plan to stay to help with an activity or to be our “secret reader”, you will have to sign the visitor’s log.

Parent Initial: _____

Sign In/Sign Out:

When signing your child in and out remember to sanitize your hands first and put the time and your signature. When signing your child in, you are also signing that you have answered all of our daily Covid screening questions “no” and have decided it was safe to send your child to school that day. Please see our Covid policy at www.littlewingsfarmschool.com/health-policy and familiarize yourself with the screening questions.

Parent Initial: _____

Termination of Services:

If the staff or owner of Little Wings feels that a relationship with a family has broken down due to lack of payment, disregard of rules or policies, or severe disrespect we reserve the right to terminate services without giving a 2 week notice. We will not tolerate threats, maltreatment or disrespect.

Parent Initial: _____

Agreement:

As your teacher I agree to:

- Give your child careful and specialized attention, stimulating, educational, hands on activities so they will develop across all domains in a healthy way while in my care
- Keep you informed of your child's progress or problems as they arise
- Cooperate with you in planning for your child's needs
- Maintain confidentiality regarding personal information about your child

As the Parent/Guardian, I agree to:

- Report any changes in address, telephone and or work number to Little Wings
- Inform provider of any special health needs and or problems that my child may have
- Inform the provider of any illnesses and or contagious disease that the child may have that would affect the other children receiving care in the home
- Pick up my child on time daily and within 45 minutes if he/she becomes sick (examples – a fever, throwing up, diarrhea, lice, unknown rash, runny nose/cough/flu symptoms)
- Allow Little Wings to contact my child's physician if emergency medical care is needed for the child. Please note that a conscious effort will be made to locate the parents/guardians before any action is taken.
- Understand that the provider may not release the child if she feels this action is in the best interest of the child. For example: if a parent/guardian is intoxicated or there is a question of custody and or visitation rights. (Keep in mind if this is a concern I may ask for legal documents be provided by the courts to keep on file in case of future confrontations)
- Give Little Wings 2 weeks notice (except in an emergency situation) if I will be removing my child from the program.

Parent Initial: _____

I have read this agreement carefully and with full understanding of the policies of the family day care home. I have initialed and agree to all of the above policies.

Parent/Legal Guardian signature

Date

Parent/Legal Guardian signature

Date

Provider's signature

Date

Please sign, make a copy of every sheet in contract for your records and return original to the provider.

This contract will expire on the final day of school and may be updated every year.

Thank you for your time, we look forward to an amazing year!

Contact Info:

Aaren Harris

Little Wings Farm School

518-450-3924

aaren@littlewingsfarmschool.com

Revised 6/22/22