UAB Child Development Center
Parent Handbook

NAEYC Accredited

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UAB Child Development Center
Parent Handbook
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ROLE OF UAB CHILD DEVELOPMENT CENTER

The University of Alabama at Birmingham defines its role through four mission pillars: Education, Research, Innovation & Economic Development, Community Engagement, and Patient Care. As a component of education the UAB Child Development Center strives to be a part of providing world class, socially conscious education to diverse children and families from the very beginning as they prepare to become future citizens and leaders.

We strive to meet this strategic goal through the shared values of our University as listed below:

- **Integrity** – We act ethically and do what is right.
- **Respect** – We treat others with courtesy and civility.
- **Diversity and inclusiveness** – Everybody counts every day. We actively seek varied perspectives in our decision-making.
- **Collaboration** – We trust each other and work cooperatively across disciplinary boundaries in the spirit of shared governance.
- **Excellence and achievement** – We constantly innovate, solve problems and improve ourselves and others through learning.
- **Stewardship** – Fiscal and environmental sustainability guide our decisions.
- **Accountability** – We are answerable to each other and act with the best interests of the university in mind.

Our vision, mission and values provide a framework and common language for collaboration and strategic goals that will build on our strong foundation. We serve students and patients while recognizing that we are also embedded in a vibrant community.

UAB is one of the nation’s leading research institutions emphasizing both basic and applied research. The university notes that although the majority of research activities are in the areas of biomedical science, all instructional programs are expected to participate in research activities. The university defines its research goal to empower innovative research, scholarship and creative activities that drive knowledge creation focused on empowering society. The parallel role of the UAB Child Development Center is to provide an environment that is open to the provision of appropriate research opportunities that do not compromise the quality of the program that children experience or intrude upon the privacy of children or their families. Professional staff of the UAB Child Development Center participates in research activities with a variety of interdisciplinary faculty teams. These activities may occur in the center or in the community at large.

UAB notes that as the senior public doctoral-level institution in the state’s major urban area, the university has a commitment to comprehensive programs of continuing education that are consistent with the quality and diversity of its other offerings. UAB expects its faculty, staff, and students to serve as resources to the urban area in activities related to professional, economic, and cultural growth and development. The role of UAB Child Development Center is to provide the community with a model of high quality, professional childcare. This model includes provision of a curriculum that reflects the current understanding of the best child care practice. Professional staff of the UAB Child Development Center is expected to be active in the childcare community by participating in professional associations and sharing their expertise with other child care groups in the community.
The UAB Child Development Center is a department of UAB Human Resource Management. The administrative staff, teachers, and the UAB Human Resources Management work as a team to make recommendations concerning programming, planning, and other functions. The Child Development Center Director operates under the direction and authority of the Chief Human Resources Office of UAB. The Center was established to provide a quality child care facility aimed at helping parent-employees fulfill work, study, and family responsibilities without sacrificing their occupational or educational goals or the quality of their family life. The Center program and policies are designed to be consistent with the University mission as an institution of higher education, while placing as foremost the quality of care received by the children enrolled.

**PARENT INFORMATION**

**PARENT ACCESS**
Parents are permitted access at any time their child is in attendance in the center. Making an appointment is not necessary. However, we ask that you be courteous not to interrupt planned activities. An overview of a general daily schedule is provided below.

**OVERVIEW OF DAILY SCHEDULE**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>8:00 a.m. to 8:30 a.m.</td>
</tr>
<tr>
<td>Curriculum</td>
<td>Planned activities, outdoor play and circle time begin at 9:00 a.m.</td>
</tr>
<tr>
<td>Lunch</td>
<td>11:00 a.m.</td>
</tr>
<tr>
<td>Naptime</td>
<td>12:00-2:30 p.m.</td>
</tr>
<tr>
<td>Snack time</td>
<td>2:30 p.m. - 3:00 p.m.</td>
</tr>
<tr>
<td>Curriculum</td>
<td>Planned activities, outdoor play, interest centers, and circle time will follow after snack.</td>
</tr>
</tbody>
</table>

Outdoor play, transitional activities, and interest center time varies by classroom. Each classroom is required to post and follow a daily schedule. Parents can review the daily schedule, lesson plans, and calendar by looking at the Parent Board in each classroom. Lesson plans, parent letters, and calendars are sent out by e-mail from each classroom. Parents who do not have a computer will receive a paper copy of the curriculum for that particular month. As children develop throughout the year, the daily schedule as well as the lesson plans will go through several changes to reflect their increased attention span.

Note: Infant daily schedule in the Lamb’s classroom is “eat and sleep on demand”.

**APPOINTMENTS AND PHONE CALLS**
If you need to speak with a teacher or the director, please make an appointment to ensure that time will be made available for you. If you call during the time when curriculum is being implemented, please let the office know that you are a parent and that it is important for you to speak with a teacher. If we can deliver a message for you, we will be happy to do so. We try to keep classroom interruptions to a minimum so that our teaching staff can teach.
Building Access
For the security of your children, physical access to the center is controlled by a magnetic lock system. UAB Employees who have a One Card issued to provide access to their work area may use the same key for access to the center, if the center is given the card key number. Parents without a One Card can request to use a code that is changed randomly throughout the year. You may also choose to use the secret access code for the security keypad, at no charge. Parents are asked to be courteous and to use the card key or code when entering the building. While child development center staff are happy to help a parent who has really forgotten the key or who has arms filled with diaper bags and other child equipment, parents need to be cognizant that stopping to open a door means that other work is interrupted.

RELEASE AUTHORIZATION
Children will not be allowed to leave the center with anyone other than those persons listed on the registration / release authorization form. Please alert the people authorized to pick up your child that a picture I.D.-driver’s license or non-drivers license as identification will be required. In the event that another individual is required to pick up, the change must be submitted in writing.

PARENT FEEDBACK
We encourage parents to discuss their concerns with teachers and director/management, whenever questions or problems arise. We have an open door policy and encourage you to stop by and speak to management whenever you have a concern. As part of the annual program evaluation of the center, parents are asked to complete a survey rating their satisfaction with various aspects of center operations. The results from the survey are then released in monthly news.

PARENT INVOLVEMENT
We encourage parental involvement with the child development center by:
(1) Inviting parents to participate in parent organizations and other social functions with the center;
(2) Inviting parents to visit the center and share skills and interests with the children;
(3) Inviting parents to accompany us on field trips when possible;
(4) Reviewing monthly newsletters with center news, curriculum information, and parenting information;
(5) Reviewing detailed curriculum plans including learning objectives, daily activities, song and activity ideas for home follow-up for each instructional unit;
(6) Providing informal opportunities for regular written and oral communication;
(7) Providing the opportunity to participate in parent/teacher conferences to discuss your child’s developmental progress. Formal conferences are scheduled two times per year: Fall and Spring. Anytime a parent has a concern or inquiry, a teacher and/or administrator will be happy to schedule a time to meet.

Additional information of interest to parents is posted on the Parent’s Bulletin Board in each classroom.

CONFIDENTIALITY and NOTIFICATION OF CHANGES
Parents are expected to notify the center immediately and in writing of any change in name, address, employment location, and/or phone numbers so they can be contacted in case of an emergency. Parents’ UAB employment status will be checked regularly against campus databases for verification of tuition charges. However, it is the parents’ responsibility to inform the center when changes occur. This information is of vital importance. Without accurate information concerning your place of employment, we cannot inform you if your child becomes ill or has an accident. If the name and/or number of the child’s physician changes, this information must be provided to the center as soon as possible. A form for these purposes can be obtained from the office.
While under the care and supervision of UAB Child Development Center, all information concerning a child, including child files, developmental evaluations, enrollment records and any other information pertaining to screenings or assessments are kept confidential within the program staff and/or administration of the CDC. Families have rights to this information as part of their access to the CDC. All information relating to enrollment, child assessment and family information is kept confidential within the administrative offices or online under the Teaching Strategies servers. This information will only be accessible to designated staff, parents, or legal guardian, and regulatory authorities.

**CENTER POLICIES**

**EQUAL OPPORTUNITY**
UAB Child Development Center is an equal opportunity provider of childcare services. Applications for admission from UAB employees and faculty are accepted without regard to race, religion, sex, or national origin.

**ELIGIBILITY FOR SERVICE**
UAB Child Development Center is open only for children of UAB staff and faculty with the following exceptions:

- International visitors assigned to a UAB department or faculty member will be considered as having faculty status, if they present a letter from a UAB department chair requesting this accommodation.
- Children of parents who leave the employment of UAB can remain in the center for three months following their drop date or separation date as determined by the ORACLE database.
- Employees of UAB affiliated entities (CEH, HSF, HS, VIVA)

For the purposes of UAB Child Development Center, a UAB employee will be defined as anyone whose employment can be verified by use of the ORACLE database, or who can present proof of employment by those affiliates listed above; CDC management will check the UAB CDR database to confirm employment. In the special case of foreign visitors associated with a faculty member, the center will accept a letter from a department chair as documentation of UAB affiliation.

**DAYS AND HOURS OF OPERATION**
The UAB Child Development Center serves children of UAB faculty and staff. The center is open daily from 6:30 a.m.-6:00 p.m. Monday-Friday. Regular full-time enrollment assumes a contract for 50 hours of service per week. Hours of operation are subject to change, parents will receive a written 90-day notice. A week begins on Monday morning and ends on Friday evening. Service beyond 50 hours during a single week will be billed at an additional hourly rate. **The center will be closed on all UAB designated holidays.**

For additional information regarding the university’s holiday policy, please refer to the UAB Policies and Procedures Library.

**NOTICE OF WITHDRAWAL FROM THE CENTER**
The center requires a one month written notice of your intent to withdraw a child from the center. If this notice is not received, “one month’s” tuition will be charged. If the center determines that a child should be withdrawn, parents will receive at least two weeks’ written advance notice. Parents who pay tuition by
personal check are required to pay an advance deposit. This deposit will be refunded provided the one month written notice of withdrawal is given and the parents’ account is current.

TUITION AND FEES
Tuition rates, schedules of payment, and other fees are fully explained in APPENDIX A. A signed tuition agreement is required in order to enroll a child into care APPENDIX B. Failure to keep your account current will result in disenrollment.

FEE AND TUITION INCREASES
Notice of any fee increases will be posted 90 days prior to the date of the increase.

ENROLLMENT
All enrollment and permission forms must be completed prior to the child’s first day in the center. Securing a position also requires completion of the UAB CDC Tuition Agreement for enrollment (See Appendix B).

Before a child can attend the center, a current “blue card”, verifying that immunizations are up-to-date, is required at the time of enrollment. UAB does not accept under immunized children.

Note: Our center submits to an ongoing immunization card inspection by the Jefferson County Department of Health. By complying with the health requirements set forth by Jefferson County Department of Health and the accreditation requirements of NAEYC, we assure parents that children attending our center have not been exposed to communicable illnesses that could be deemed epidemic in nature, (Hepatitis, Tuberculosis, etc.)

CUSTODY
Persons identified as parents on a child’s enrollment forms will be allowed to pick up that child. If a court has issued an order limiting or restricting access of a parent to a child, a court stamped “filed” copy of such an order must be presented to the Director of the child development center and a new enrollment form completed before we will restrict a parent’s access to his/her child.

WAITING LIST
When a parent requests full-time enrollment in the center and space is not available, the parent has the option of being placed on the waiting list. Please see Appendix C for additional information.

CHILDREN WITH SPECIAL NEEDS
UAB Child Development Center will accept children into the center who will profit from the group experiences provided here. The center reserves the right to determine whether or not any particular child will profit from the program, and whether the program and/or facility can be adapted to meet a child’s needs. Enrolled children who are identified as having special developmental, educational, or behavioral needs may be referred to University or Community Services. The University assumes no responsibility for the costs of services associated with these referrals.

WHEN A CHILD MAY BE ASKED TO LEAVE THE CENTER
It is our goal to limit or eliminate the use of suspension, expulsion, and other exclusionary measures. However, in the event that behavior or policy issues lead to this, the staff will work with the family to try all possible resources first. Exclusionary measures will only be sought after all other interventions have been explored and the team of staff and parents have concluded that exclusion is in the best interest of the child.
Parents are expected to follow the policies and procedures of the center and to cooperate with center staff. All parents are provided with a Parent Handbook, which describes policies, procedures, and expectations. Parents receive notice of changes in policies and procedures through memos and through the monthly newsletter. Repeated failure to follow center policies and/or to cooperate with center staff may result in a child being withdrawn from the center. Children who cannot follow appropriate behavior limits, and whose behavior endangers the safety of other children in the group, may have child care service withdrawn. If such a situation arises, parents will be given at least a two weeks’ notice.

DEALING WITH INAPPROPRIATE BEHAVIOR:
When a child persists in inappropriate behavior that is excessive and beyond age expected behavior, the classroom teacher will monitor the child’s classroom interactions and document problematic behavior. Parents will receive written documentation to include the action taken by the teacher/director to discontinue the behavior. If the child’s negative behavior continues to escalate, a meeting between the Lead Teacher and parent will take place in an effort to explore options to deal with the behavior. Once a strategy has been decided upon by both parent(s) and teaching staff, it will be implemented immediately. If parents are uncooperative or appear inconsistent and the behavior of the child continues or escalates, a meeting with the parents, Lead Teacher, and Director will occur. All documentation will be discussed and the plan of action will be re-emphasized. If the behavior of the child is so severe that the child is creating a major disturbance in the classroom, creating an unsafe atmosphere where the child or other children could be harmed, or hitting, kicking, biting or harming assigned teachers in any way, the center administration may make one of the following recommendations:

1) Immediate professional counseling
2) Place the child on reservation until professional services dealing with behavioral issues can be sought.
3) Immediate dismissal of child from the program. If this occurs staff will support family with referrals and resources to seek alternate care.

All federal and state civil rights laws will be acknowledged and complied with.

*UAB Child Development Center does not assume any financial responsibility for referrals or medical assistance/counseling.*

**LICENSING REGULATIONS**
UAB Child Development Center is governed by The University of Alabama at Birmingham and ultimately by the University’s Board of Trustees. Because the center is governed by a state institution of higher education, it cannot be licensed by the Alabama Department of Human Resources. However, the center meets or exceeds these licensing standards. A copy of the state regulations is available in the Director’s Office, or can be obtained through the local office of the Alabama Department of Human Resources. If parents have concerns, they are encouraged to discuss them with the Director.

**CHILD ABUSE**
UAB Child Development Center adheres to the Alabama Child Abuse and Neglect Reporting Law. Copies of this law are available in the Director’s office. According to the law, professionals who work with children, including childcare workers, are required to report suspected child abuse.

**SOLICITATIONS**
UAB Child Development Center policy does not allow the distribution of literature, materials, or products for the solicitation of the sale of such materials or products unless approved by the University.
EMERGENCIES AND ACCIDENTS
In the case of an accident or illness requiring immediate emergency treatment, parents will be notified as soon as possible. If the parents cannot be reached immediately, the child’s physician may be contacted. In some cases, paramedics will be called and the child may be transported to the hospital. Parent’s choice of hospital will be used when appropriate. A UAB Child Development Center staff member will stay with the child until parents are located. Staff physicians will be used if the child’s doctor is not immediately available. UAB Child Development Center and/or its designated employees shall be authorized to secure and consent to such medical attention, treatment, and services for a child as may be deemed necessary. Parents are reminded that many health insurance plans require parents to notify the primary care physician to obtain an authorization number for emergency medical treatment. The charges for this transportation and any medical care will be the responsibility of the parents.

In less serious situations, parents will be contacted and asked to transport the child.

It is the parents’ responsibility to be certain that the center has current work and home phone numbers. Without current information, the center has no way of contacting parents in an emergency.

Parents must leave information that will allow us to make contact in the event of an emergency or an illness. If a parent is not at his place of employment on a particular day, it is important that the office be given temporary contact numbers.

In the case of a minor accident, when a teacher witnesses an accident or determines an accident occurred, the teacher will fill out an accident report with the details of the event. A copy of the report will be made available to the parent when the child is picked up.

HEALTH AND WELLNESS

ALLERGIES
If your child has allergies, please discuss them in detail with the Director and provide a written description on the enrollment forms. The staff of the center will take appropriate precautions. If at any time your child develops an allergy, please let us know immediately.

INFECTION CONTROL AND PERSONAL HYGIENE
UAB Child Development Center uses the National Health and Safety Performance Standards for Out of Home Child Care Programs as its guidelines for health and safety issues. These standards were developed by the American Public Health Association and the American Academy of Pediatrics. Diapering procedures used in the center are those recommended by the Centers for Disease Control. These are posted in the classrooms.

Beginning with infants, children are encouraged to develop desirable habits of personal hygiene, including washing hands after toileting and diapering and before and after meals, brushing teeth, and eating a variety of nutritious foods. In addition to instructing children in these habits, teachers model the behaviors. A toothbrush (with your child’s name) and toothpaste may be requested to help your child develop an awareness of proper dental hygiene.

Children’s fingernails can be sharp and they also collect germs. For your child’s health and safety, please keep nails closely trimmed.
ILLNESS
The goal of UAB Child Development Center is to provide child care to healthy children. Neither the physical facility, nor the staffing is designed to care for children who are sick. Sick children need closer supervision than we can provide. Lack of separate ventilation systems mean that having ill children in the center presents the possibility of infecting others.

We understand that parents need to be at work without interruption and that UAB stresses the importance of employees reporting to work in a dependable manner. However, if we take a child who is ill and that child infects other children, work schedules of many people can be interrupted. We use the guidelines developed by the American Academy of Pediatrics and The American Public Health Association to protect the children and to minimize the inconvenience to parents. Parents who repeatedly fail to follow policies related to the exclusion of ill children from the center may be required to withdraw their child from the center.

NOTE: The director reserves the right to require a doctor’s excuse for the purpose of verifying that a child is well enough to return to group care and participate in the daily activities.

Health Consultant

All UAB Child Development Center policies are reviewed annually by our health consultant. The qualifications of the health consultant may vary and may include a pediatrician, a pediatric nurse practitioner, or an R.N. Ph.D. with experience in child care health. Any changes in center policies related to health issues are reviewed by the consultant before they are implemented.

WHEN SHOULD A CHILD STAY HOME?

1. Fever
   The child’s temperature should be normal without medication for 24-hours before the child is brought to the center (this includes temperatures due to teething and/or ear infections). If your child has a fever in the evening, he/she should not be brought to the center in the morning, even if his/her temperature is normal. Temperatures often are lower in the morning and rise again in the afternoon. Your child must remain at home for 24 hours fever-free without medication.

   Fever is defined as: 100.0 axillary

2. Vomiting
   If your child vomits during the night, he should not be brought to the center the next day, unless you are confident that the vomiting was not due to an infectious condition and he/she can eat a normal diet. A child will be sent home from school after 2 vomiting events or if vomiting is associated with another symptom.

3. Diarrhea
   Diarrhea is defined by the Centers for Disease Control as uncontained, abnormally loose or watery stool. While loose stools can have many causes, a child who has two abnormal loose stools should not return to the center until bowel movements have normal consistency and frequency. A child can also be excluded from the center after one loose stool if the stool can’t be contained.
4. **Colds**
   If there is no FEVER associated with the cold, and if the child is not terribly uncomfortable, the child can come to the center.

5. **Earache**
   Keep your child at home and see your pediatrician. The child can return to the center when the pediatrician advises. In case of ear discharge, even without pain, contact your physician. After a physician has determined that a serious condition does not exist, the child can be cared for in the group, unless he/she cannot be comforted and/or if he/she runs a fever of 100 or higher. Your child must remain at home for 24 hours fever-free without medication.

6. **Conjunctivitis (pinkeye)**
   Your child’s eyes must be COMPLETELY free of discharge and your child must have been on medication for at least 24-hours before returning to the center.

In the case of impetigo, lice, ringworm, pinworms, rashes, chicken pox, thrush, etc. your child must be NON CONTAGIOUS before returning to the center. See APPENDIX D for more information about infectious diseases.

**DAILY HEALTH INSPECTION.**
For the safety and protection of children, each receiving teacher will follow the recommendation of the Centers for Disease Control by providing each child with a day health check prior to his/her entering the group. Each child will be checked for the following:
- Severe coughing
- Breathing difficulties
- Yellowish skin or eyes
- Pinkeye (tear, redness, of eyelid lining, irritation, swelling, discharge of pus, etc.)
- Infected skin patches
- Feverish appearance
- Unusual behavior-crying more than usual, less active, or seeming unwell.

**WHEN CHILDREN LEAVE THE CENTER**
Parents are expected to have an alternative child care arrangement to use when children are ill. Parents are also expected to promptly (within one hour) remove their children from the center when any of the following conditions exist:
- Fever, Vomiting, Diarrhea, Pinkeye, (as defined above)
- Signs of possible illness: Lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs.
- Mouth sores or white patches: Unless a pediatrician, a pediatric nurse practitioner, or the Center’s Health Consultant determines the condition is non-infectious.
- Rash with fever or behavior change: Until a health care provider determines that these symptoms do not indicate a communicable disease.

**PRESENCE OF SYMPTOMS OF KNOWN CONTAGIOUS DISEASE OR INFESTATION**
Examples: chicken pox, impetigo, pertussis, mumps, measles, shingles, hepatitis A, rubella, lice, scabies, herpetic, gingivostomatitis, etc. even in the abuse of fever. Symptoms of contagious diseases common in childhood are summarized in APPENDIX D.

COMMUNICATION WITH PARENTS
When a communicable disease has been introduced into the center, parents will be notified. The center also will report these occurrences to the local health department when required. Parents are urged to notify the center when their child is known to have been exposed to a communicable disease outside the center.

If a child is diagnosed with a communicable disease that could be considered dangerous to other children and staff, UAB leadership reserves the right to close the center to protect the health of the children and staff. The decision to close the center for illness, and the decision for how long to remain closed, will be made after consultation with local care professionals and the health and safety professionals of the institution.

The Director may determine that a child who does not appear to be fully recovered from an illness cannot be re admitted to the Center without a statement from a physician stating that the child is able to return and participate in the activities of the Center, or is no longer infectious. UAB Child Development Center reserves the right to refuse care due to illness.

MEDICATIONS
Medications (prescription or over-the-counter) will be given to a child only when the parent has completed and signed an “Authorization to Administer Medication” form. All medications are administered by administration of the CDC. This form must be filled out by the parent each day the child is to receive the medication. If the medication is an antibiotic or other long-term medication you may use a WEEKLY medication form instead of the daily form. A copy of daily forms will be returned to each child at the end of the day and a copy of all weekly forms will be returned to the child at the end of the week. For purposes of administering medication, all medication forms are placed on the medication board in the office. You may check the board to verify the time of the medication your child received.

Only out of medical necessity will we administer medications multiple times at the daycare center. We advise you to give any medications to your child at home whenever possible.

ADMINISTERING MEDICATIONS
UAB Child Development Center will only administer over-the-counter medications according to the medication labels. Many medications require doctor’s permission for administering to children less than 2 yrs. of age. Please check the label before sending medication to school. Medications for teething and ear pain, colic, tummy gas, eczema, severe diaper rash are acceptable as long as the label allows them to be administered to the child. This includes over the counter diaper creams, insect spray with DEET, and sunscreens. Any alterations to the label must be accompanied by a letter from your child’s physician. This letter must state the purpose, dosage, and the length of time the medicine is to be administered. This letter must contain the actual and current date(s) of administration.

Medications will only be administered by a member of Administration.

Storage of Medication
A locked medicine cabinet is provided in the outer office area for storage of all medications. Please write your child’s first and last name on the medication bottle/box. UAB Administration reserves the right to dispose of expired medications and we do not administer any type of expired medication. All medications must be taken home on a daily basis if they are not presently being used. The only type of medication that can be left in the medicine cabinet for extended periods are epi-pens and medications that we may need to have access to due to possible severe allergic reactions.

DAILY ROUTINES

DAILY CHECK IN AND CHECK OUT
Parents must bring children into their classroom each morning and come in the classroom to pick up the child in the evening. Children will not be allowed to leave the Center with anyone except the persons designated on the enrollment form. Please let the person(s) you authorize to pick your child up know that identification will be requested.

Parents are required to check children in and out each day using the computer system. Each child is assigned a PIN (Personal Identification Number) for parents to use for this purpose. This computer sign in/out is the official record that you have signed over responsibility to us each morning and that you have resumed responsibility for the care of your child each evening. In addition, the computer record is used to tally the number of hours of service that you use.
NOTE: In the event we experience technical difficulties and you are not able to clock in, please see your child’s classroom teacher. They will have a sign in/out sheet available.

SUPERVISION OF CHILDREN—PARENTS
Please do not allow your children to run ahead of you to the front entrance of the building when you pick up. This is a high-traffic area with many parents arriving to pick up children. While our front entrance is secure, we do not want young children, inadequately supervised, running into the parking lot.

DISCIPLINE
The goal of UAB Child Development Center in the area of discipline is to develop independent, self-disciplined children. Self-disciplined children conform to acceptable standards of behavior from inner motivation rather than from external controls and fear of being caught and punished. Discipline at UAB emphasizes limits and rules that are understandable to the children, and consistency.

We try to prevent problems before they arise by arranging rooms to meet the developmental needs of the children. Such arrangements include the number of children assigned to each teacher; having a wide selection of toys/ duplicates of popular items whenever possible; arranging the classrooms so that children can be as independent as possible and not having to wait for long periods; arranging the daily schedule to balance the needs of children to be physically active and to rest; allowing children a choice of challenging activities suited to their developmental level.

When correction is necessary, teachers will use a kind, firm voice to redirect or restate the rule. No physical or harsh verbal discipline of children is allowed. Discipline that is associated with food, naps, or bathroom procedures is not permitted. Yelling, screaming, humiliating, shaming, threatening or frightening children or making derogatory comments about children or their families are not permitted.
Any form of physical discipline is not permitted, even if parents request such discipline. While as a parent you reserve the right to discipline your child in the manner you believe is best, we must require that you refrain from using physical discipline when you are on the premises of the child development center.

When a child will not or cannot respond to the above described disciplinary measures, parents will be notified. In some cases, parents may be required to come immediately and take their child home.

MEALS AND NUTRITION, CHILDREN 6-8 MONTHS OR OLDER

Mealtimes and snack times are part of the learning component of UAB Child Development Center. Lifelong eating habits are developed during the early childhood years. Children learn to eat a well-balanced and healthy diet association.

Children are served breakfast, lunch, and an early afternoon snack each day. Children, who remain in the center past 5:00 p.m., may receive an additional snack, if they appear to be hungry. Weekly menus are posted and e-mailed in advance for the convenience of parents. Whenever possible, these menus are followed. When substitutions are made, the parents are informed on the menu posted by the front door. UAB Child Development Center follows the United States Department of Agriculture recommended meal patterns and portion sizes for preschool children. Copies of these guidelines are available in the center office. Healthy and nutritious foods are emphasized. No artificial juice or fruit flavored drinks are served. Milk is offered at least twice each day. Foods and beverages sweetened with NutraSweet or other artificial sweeteners are not served. USDA standards will be met for all meals and snacks that are regularly scheduled.

Children are encouraged, but not forced, to eat the foods that are offered. Teachers eat with the children to set an example for desirable social conduct and provide information about nutrition and eating habits.

Children should not bring food to the center. Food exceptions will be made only in the case of allergies or a special diet prescribed by a physician or religious dietary restrictions. If allergies or special dietary preferences exist, parents must file a request for special diets that fit these exceptions.

NAPS

Children will be given an opportunity to nap or rest each day. Children who do not sleep will be encouraged to rest quietly for at least 45 minutes. Children who do not fall asleep after this time will be offered quiet alternative activities such as looking at a book or playing quiet games. Nap time is part of the daily schedule posted in the each classroom.

OUTDOOR PLAY

Outdoor play is essential for providing adequate opportunities for large motor activities important for physical development. Outdoor exercise increases general fitness and resistance to infection. In addition, some evidence suggests that outdoor play encourages make-believe play particularly for boys. The outdoor setting allows for freedom of movement and expression that is inappropriate in most indoor settings. Finally, playing outdoors, particularly during the winter months, allows children to breathe fresh air that is virtually free of airborne infectious agents. Opportunity for play outdoors is, therefore, an important component of a developmentally appropriate child care program.

At UAB Child Development Center, Children play outside every day, unless it is raining or the wind chill is below 32 degrees F. On days when the temperature is above 90 degrees, outdoor playtime will be shortened,
but not eliminated. On days when outdoor play is unavailable, similar activities will occur indoors. Please make sure that your child wears suitable clothing each day. During winter months, hats/caps, warm jackets, and gloves/mittens are necessary every day. If your child is taking prescription medication, or is unable to participate in outdoor play, please discuss the situation with the Director or office staff.

CLOTHING
Children should wear washable, comfortable clothing each day. A variety of activities including physical exercise, water/sand play, and art (using tempera and finger paint) are planned each day.

Children’s jewelry items, especially pierced earrings, present potential safety hazards. Earrings can become caught or be accidentally pulled causing a tear of the ear lobe. Earrings, rings, and other removable small objects present choking hazards for your child and other children in the group. For these safety reasons, you are asked not to allow your child to wear jewelry to the center.

EACH CHILD MUST HAVE AT LEAST ONE COMPLETE CHANGE OF CLOTHING (INCLUDING SOCKS AND UNDERWEAR) AVAILABLE IN THE CENTER AT ALL TIMES. The center does not provide changes of clothing. If your child’s clothing becomes wet or soiled and you have not provided fresh clothing, the center will provide new clothing (shirt, shorts, or sweat pants, socks) and will charge your account. Children in the process of toilet training may need several complete changes of clothing (including socks and underwear) available each day. Since children will play outside each day, and the temperature may fluctuate during the day, it is advisable to have a jacket or sweater left at school for use at outdoor time. All clothing (including underwear, caps, gloves, jackets, as well as extra pants, shirts, or dresses) must be marked with the child’s name. The Center is not responsible for lost clothing.

PERSONAL ITEMS
From time to time, children may want to bring a favorite toy or an interesting object to the center. Sharing an important item with friends at the child development center helps children feel more at home. Bringing a familiar object may help ease the transition from home to the center. Please remember that many children own identical or very similar objects, and that center staff cannot be responsible for the care of toys brought from home. It is important for you and your child to understand that other children in the group will want to play with toys brought from home. If the toy becomes a source of repeated conflict, it will have to remain in the child’s cubby. When a child brings an item to the center, we recommend that the object be clearly marked with the child’s name.

LEARNING EXPERIENCES
The goals of UAB Child Development Center include providing a high quality early childhood program that equally promotes physical, social, emotional, and cognitive development in a safe and caring environment. The philosophy of the center holds that young children learn from interactions with other children and from interactions with the environment, as well as from interaction with adults. UAB Child Development Center bases its learning program on the recommendations of developmentally appropriate practice as defined by the National Association for the Education of Young Children (NAEYC). NAEYC is the national professional association of early childhood teachers. The following statements are taken from Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8; Expanded
Edition by Sue Bredekamp (NAEYC, 1998). These statements serve as the framework for the activities and policies of the UAB Child Development Center.

Developmental appropriateness has two parts that are equally important:
(1) Age Appropriateness
(2) Individual Appropriateness

Age appropriateness refers to the universally accepted norms of human development—the “ages and stages” of childhood. These changes are typical and predictable phases that occur as children grow. Individual appropriateness refers to the individual’s unique needs, personally, family background and experiences. Principles of child development which are used for the basis of planning and implementing daily activities are listed below.

CURRICULUM
A. Developmentally appropriate curriculum provides for all areas of a child’s development: physical, emotional, social, and cognitive through an integrated approach.
B. Appropriate curriculum planning is based on teachers’ observations and recording of each child’s special interests and developmental progress.
C. Curriculum planning emphasizes learning as an interactive process. Teachers prepare the environment for children to learn through active exploration and interaction with adults, other children, and materials.
D. Learning activities and materials should be concrete, real and relevant to the lives of young children.
E. Programs provide for a wider range of developmental interests and abilities than the chronological age range of the group would suggest. Adults are prepared to meet the needs of children who exhibit unusual interests and skills outside the normal developmental range.
F. Teachers provide a variety of activities and materials; teachers increase the difficulty, the complexity and the challenge of an activity as children are involved with it and as children develop understanding and skills.
G. Adults provide opportunities for children to choose from among a variety of activities, materials, and equipment; and time to explore through active involvement. Adults facilitate children’s engagement with materials and activities and extend the child’s learning by asking questions or making suggestions that stimulate children's thinking.
H. Multicultural and nonexistent experiences, materials and equipment are provided for children of all ages.
I. Adults provide a balance of rest and active movement for children throughout the program day.
J. Outdoor experiences are provided for children of all ages.

ADULT CHILD INTERACTIONS
A. Adults respond quickly and directly to children’s needs, desires, and messages and adapt their responses to children’s differing styles and abilities.
B. Adults provide many varied opportunities for children to communicate.
C. Adults facilitate a child’s successful completion of tasks by providing support, focused attention, physical proximity, and verbal encouragement. Adults recognize that children’s misconceptions reflect their developing thoughts.
D. Teachers are alert to signs of undue stress in children’s behavior, and are aware of appropriate stress-reducing activities and techniques.
E. Adults facilitate the development of self-esteem by respecting, accepting, and comforting children, regardless of the child’s behavior.
F. Adults facilitate the development of self-control in children.
G. Adults are responsible for all children under their supervision at all times and plan for increasing independence as children acquire skills.

RELATIONS BETWEEN THE HOME AND PROGRAM
A. Parents have both the right and the responsibility to share in decisions about their children’s care and education. Parents are encouraged to observe and participate. Teachers are responsible for establishing and maintaining frequent contacts with families.
B. Teachers share child development knowledge, insights, and resources as part of regular communication and conferences with family members.

DEVELOPMENTAL EVALUATION OF CHILDREN
A. Decisions that have a major impact on children such as enrollment and group placement are based on developmental assessment or screening along with other relevant information, including observations by teachers and parent’s reports.
B. Developmental assessment of children’s progress and achievements is used to adapt curriculum to match the developmental needs of children, to communicate with the child’s family, and to evaluate the program’s effectiveness.
C. Developmental assessments and observations are used to identify children who have special needs and/or who are at risk and to plan appropriate curriculum for them.
D. Developmental expectations are based on standardized measurements and norms. The norms used (Denver II) are age-matched, gender, culture, and socio-economically appropriate.
E. Children are assessed during the first 30 days of enrollment and then on-going to develop individual lesson plans and activities. The assessments are completed by the parents and trained staff members. One of the main purposes of assessment is to provide information for planning and overall program improvements.
F. Each lead teacher will complete the introductory training for Ages and Stages and Teaching Strategies Gold, to ensure their success.

INFANT AND TODDLER INFORMATION
Parents of children under 1 year of age must furnish a written feeding and rest plan to the Center. This plan includes information about the times food or beverage is offered to the child, as well as the types and amounts of food or drink to be offered. The rest schedule identifies the usual times the child naps and the approximate length of naps. For children under 1 year, staff will attempt to follow the eating, sleeping, and activity rhythms, of each individual child. After 1 year, structuring of activity times is gradually introduced.

DAILY REPORT
Parents of children under 2 ½ years and special needs children will receive a written daily report of food and beverage consumed or appetite, rest, bowel movements, and general activity. For older children, only unusual occurrences will be reported in writing. Parents are encouraged to speak with Teachers frequently to check on a child’s progress of any problems. All parents will receive at least daily updates through our parent communication app to ensure constant information exchange of child’s development and activities.

FOOD AND DIAPERS
The center does not provide formula, baby food, diapers, or wipes. Parents are responsible for providing adequate supplies. Diapers are checked hourly and are changed if soiled or wet and when children awake from nap. We suggest that you keep in mind the fact that we check diapers immediately after wakening, and
that the diaper is changed even if only slightly wet. This is the procedure recommended by the American Academy of Pediatrics for providing the best protection against the development of diaper rash. Older children are diapered slightly less frequently.

If parents have not provided an adequate supply of disposable diapers, the center will provide those needed. Parents will be charged $1.00 for each diaper provided by the center.

The center requires the use of disposable diapers that fit the child well enough to contain urine and stool. Only if your child is allergic to disposable diapers, and you provide a physician’s statements to that effect, will the Center make arrangements to use cloth diapers and waterproof covers.

**Formula, bottles, and baby food containers must be clearly marked with the child’s name.** As a safeguard against accidental food poisoning, milk, formula, and open baby food will NOT be stored overnight for future use. Opened jars and formula cans will be placed in the classroom refrigerator. Parents are requested to check daily and take leftovers home, if desired. Refrigerators will be emptied each evening. Anything remaining will be discarded. Formula should come to the center in ready to eat containers prepared at home.

**BITING**

Biting is one of the most distressing behaviors of young preschool children. While biting is a painful and dangerous behavior, it is important for parents and teachers to realize that it is not an abnormal behavior. Children who bite are not “bad” or “disturbed”. Biting is most often found among children younger than three years of age. Children may bite for a variety of reasons including over-stimulation, boredom, hunger, and frustration over the inability to communicate needs or wants. (See Appendix E)

When biting occurs, the following procedure is used:

1. The child who was bitten receives immediate attention. Appropriate care is provided for the bite (washing, cold compress, etc.), and the child is comforted.
2. Closely following the biting incident, teachers explain to the biter that biting hurts and is not acceptable. Teachers may suggest an alternative behavior to relieve frustration (stamping feet, squeezing a “nerf” ball, biting a plastic toy, etc.) Teachers stress the pain and discomfort felt by the child who was bitten.
3. Teachers are required to fill out a detailed “Biting Incident Report”. The purpose of this report is to help teachers analyze the factors that may have contributed to the incident. Such factors may include having to wait for a prolonged period, being crowded together, over-stimulation without relief, anger, tiredness, etc. Teachers are expected to use the information gathered to correct contributing factors whenever possible.
4. Information from the “Biting Incident Report” will be shared, at the end of the day, with parents of both children. Parents of the child who was bitten will not receive the name of the biter.
5. If the measures implemented after the analysis of the biting incidents do not stop the behavior, the center reserves the right to ask parents of the child who bites to remove the child from the center until the behavior is under control. It is the responsibility of the Director to make this decision using input from the Teachers and the Manager.

**SEPARATION**

Separation from parents is sometimes difficult with children this age. Parents can help with this difficulty by bringing (and staying with) the child on visits, before the actual first day arrives. Having a short, simple routine
for leaving also is helpful. For example, hug your child, remind the child that you love her (him) and that you are going to work now. Be sure to tell your child good-bye and remind her/him that you are coming back in the afternoon. Then leave, even if your child is crying. Do not go back into the room. Teachers will spend time comforting your child and will remind your child that you love him (her) and will come back in the afternoon to take him (her) home. If you are upset about leaving, upon arrival at work, please call us and we will be happy to give you an update. If your child is experiencing typical separation anxiety, within 15 minutes following your departure, they will be okay and the teachers are very good about re-directing your child into activities for the morning session. (See Appendix F for additional information that may be helpful.)

SHARING
Sharing and taking turns are just beginning with this group. Children at this age are very egocentric. We try to have multiples of favorite toys and objects. Teachers will encourage sharing and taking turns and will model the language and techniques. Ex. “See, I’m sharing the teddy bear with John. Next it will be Rachel’s turn,” “I noticed that you shared your blocks with Alice that was very grown up of you.”

INDEPENDENCE
Personal independence is important to two year olds. Teachers will give many opportunities for these developing abilities. Wiping spills, cleaning tables, putting toys away, selecting material to use all help children feel more capable and independent. Teachers will try to avoid frustration whenever possible. For example: A child may want to mop up a spill, but not be able to handle the complete task. Teachers will help, but stress the child’s accomplishment.

TOILET TRAINING
Toilet training is a major accomplishment for every child. It is important to understand that the right time is different for each individual. Several factors need to be in place, before toilet training can be successful: (See article on toilet training in Appendix-F)

1) The child must demonstrate that he/she has control over sphincter muscles. This control begins to be in evidence when a diaper stays dry for a long time, then is completely soaked through.

2) The child must have a fair amount of skill in managing clothing (pulling down pants independently).

3) Most importantly, the child must demonstrate some interest in the process of using the toilet and a desire to leave diapers behind.

Sometimes waiting for your child to be ready is frustrating and bothersome. Sometimes taking the time to provide consistent opportunity to use the potty is inconvenient. Your child’s success in this important milestone of self-control is worth the wait and the inconvenience.

At UAB Child Development Center, teachers will give all children, in this age group, opportunities to experiment with using the potty. When the three major factors are evidenced, teachers will provide more encouragement, more opportunities, and more reminders. We will work with you to try to make the routines at the center similar to the ones used at home.

PROGRESSION FROM GROUP TO GROUP
Our goal is to keep children in the same classroom for one year, making only minor moves during the winter or late spring if necessary. Our “big move” typically takes place in mid to late August when our oldest group, Pathfinders, “graduate” to kindergarten. All classes participate and move at the same time. The curriculum at UAB Child Development Center equally emphasizes age-typical developmental abilities and individual abilities. Teachers plan for a variety of ability levels within any single group of children. Our curriculum also stresses the
importance of building strong and lasting emotional bonds between children and teachers. Since teachers plan for individual developmental differences, moving to the next class is not necessary in order for children to experience appropriately challenging activities. When teachers and director agree that a change in classrooms would be desirable, parents will be consulted. Before a child’s classroom assignment is changed, the child will be given many opportunities to “go visiting”, to meet and become comfortable with the new children and the new teachers. When a classroom assignment occurs, parents will receive basic information about the new class. This information will include introduction to the teachers who work in that room, a typical daily schedule, a description of the usual types of activities and special events, the developmental goals for children in the group, and the methods teachers use for communication with parents.

SPECIAL EVENTS

Holidays and Religious Instruction
At UAB Child Development Center we look forward to holidays because of the educational and rich cultural diversity it brings to our center. We recognize that our families do not celebrate holidays in the same manner. We desire to remain respectful and neutral when planning activities for the children. We invite and encourage parents to visit the older classrooms and share a family holiday tradition with the children. We believe our children benefit greatly in knowing how other families celebrate the holiday season. Each classroom will send out a survey asking parents how they would like to celebrate in their classroom. Depending on the ages of the children in the class, it may be appropriate to engage them in a cooking activity, look at family albums, sing a special song, make a special art project, or read a special book. This is appropriate provided that parents present the information within the context of their family. At UAB Child Development Center we do not teach any religious doctrine. We believe this is a parent choice and responsibility and we desire to be respectful to each family’s beliefs and customs.

BIRTHDAYS
A child’s birthday is an event to celebrate and we encourage you to include your child’s center friends in the birthday plans. If you would like to provide a special treat for your child’s birthday, please schedule the date and time with the teachers for your child’s group. You need to plan to provide enough for each child in the group. Parents are asked to limit chocolate and caffeinated beverages on birthday party menus. We don’t want to discourage the custom of sharing small treats or “favors” with those children who participate in the celebration but we ask you to limit the amount of sugary treats. At the same time, it is important to remember that NutraSweet and other artificial sweeteners are not appropriate for preschool children. (Older infants and toddlers are perfectly happy with a cupcake with only a teaspoon-size amount of icing, or none at all.) Small toys, crayons, booklets, or stickers are good substitutes for candy. Remember that latex balloons present a choking hazard for children less than 4 years, and Mylar balloons can be enjoyed by all ages. Please understand that children in the group cannot be expected to bring gifts for the birthday child.

SCHOOL PICTURES
UAB Child Development Center will arrange opportunities to have school pictures made by a professional photographer. Purchase of the portrait packages is optional. Children may be photographed informally while participating in classroom activities. These snapshots will be shared with the children and with parents. Snapshots may also document developmental progress and may become part of the child’s evaluation file. Contained in each registration package is a parental permission form each parent signed stating whether they give permission for their child to be photographed by any other agency/organization other than UABCDC. A reminder to parents will be sent out whenever a photographer expresses interest in taking pictures.
TRANSPORTATION/FIELD TRIPS
From time to time, UAB Child Development Center may make field trip opportunities available to the children. Whenever a field trip is planned, parents will receive written notice in advance specifying the date, destination, and departure time, time the children are due back at the center, and any fee required. Parents must sign a permission form for each field trip experience. Children without signed permission forms must stay at the center. Parents are always welcome to join in field trips when their work/class schedule allows this participation. If transportation is necessary for any field trip, only vehicles with appropriate child restraints will be used. The center follow established transportation procedures; the purpose of these procedures is to insure the safety of children. A copy of the transportation procedures is available in the Director’s office.

INCLEMENT WEATHER PLAN INFORMATION
In the event that that University Hospital and/or Children’s Hospital must activate their inclement weather plan, the UAB Child Development Center will be open to parents of both hospitals who must report to work. The university will announce to the UAB Community that it will be closed and that only ESSENTIAL status employees must report to work. (Non-essential status employees will not be allowed to use the center during this time, even if your child presently attends our facility.) Any essential status employee that needs child care services during this time must pre-register with the Hospital in order to use UAB Child Development Center. Upon completion of forms and turning them into the appropriate hospital personnel, all forms will then be forwarded to our offices. During the later half of September, the hospital will begin advertising emergency child care service registration in the Monday Mailing and notify administrative personnel to make announcements throughout the hospital. It is in your best interest to pre-register whether or not you anticipate needing care. Inclement weather is unpredictable and we do not want you to get caught without child care. Pre-registration makes it easier for our administrative staff to anticipate how many children we will have and how many staff members must be called in to work. When the possibility of bad weather is announced administrative staff will call all applicants to find out if they have been called in to work or if they are listed as “on call” essential status personnel.

NOTE: During bad weather, the UAB Child Development Center receives direction from the UAB Hospital Command Post. The administrators assigned to this emergency post make decisions regarding the need for child care services and whether or not we will provide around the clock care.

This plan will also be implemented in case of a city-wide or state-wide emergency disaster.

Employees of UAB should visit www.uab.edu/emergency — for information regarding UAB closings and/or subscribe to UAB B-ALERT system. Local TV stations will also provide additional information: Channel 6, 13, 21, 33/40, 42. Employees can also call 934-2165 when weather is threatening to receive information about the status of the Hospital Bad Weather Plan.
APPENDIX-A
TUITION AND FEES

REGISTRATION AND MATERIALS FEE
An annual non-refundable registration fee of $150.00 is charged to all children. This fee is due at registration and during the annual registration period (typically August). An additional charge is calculated each year for children in the Bees, Explorers and Pathfinders classrooms for field trips which are planned throughout the school year. This fee is approximately $60 each year.

TUITION AND FEES
Full-time five-day enrollment assumes maximum service of up to 50-hours per week. Any service provided over 50 hours per week will be billed at the rate of $3.50 per hour, for any portion of an hour.

Full-time UAB-employed parents are encouraged to pay fees by payroll deduction. Payroll deduction is done either bi-weekly or monthly, depending on the parent’s pay classification.

Parents who pay by personal check or money order are required to make an advanced deposit. This deposit is the same amount as the classroom tuition in which your child has been enrolled. This deposit is refundable when the child leaves the center, only if a one month notice has been given and if the parent’s account is clear. Termination forms are located in the office or you may send a request via email to the center director.

FULL-TIME TUITION RATES FOR UAB AFFILIATED PARENTS

<table>
<thead>
<tr>
<th>Classroom</th>
<th>MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambs</td>
<td>$925</td>
</tr>
<tr>
<td>Waddlers</td>
<td>$900</td>
</tr>
<tr>
<td>Huggers</td>
<td>$875</td>
</tr>
<tr>
<td>Bears</td>
<td>$875</td>
</tr>
<tr>
<td>Busy Bees</td>
<td>$875</td>
</tr>
<tr>
<td>Explorers</td>
<td>$825</td>
</tr>
<tr>
<td>Pathfinders</td>
<td>$825</td>
</tr>
</tbody>
</table>

The University reserves the right to introduce new fees for each fiscal year (our fiscal year is October to September), provided they give parents a 90-day notice.

For monthly paid employees, all tuition fees are due on the 1st of each month. These fees will be deducted in advance, on the prior payroll. For bi-weekly paid employees, all tuition fees are due on the following business day of the most recent payroll deduction, and this deduction schedule will occur twice per month, totaling 24 times per year.

Registration, field trips and other occasional fees will be paid by check or money order. The center does not receive cash. Registration and other occasional fees are due during the month they are invoiced and fees are not allowed to be “ carried over” for an additional month.

An additional $3.50 per hour or fraction of an hour is charged when hours of service exceed 50 in one week (Monday-Friday).
*Biweekly amounts are based on a 24-week pay period.

Children of parents who leave the employ of UAB can remain in the center for three months following their drop date or separation date as determined by the UAB databases. Parent may also join the UAB Alumni to remain affiliated with UAB and remain in the center.

**Late Pick Up.** The UAB Child Development Center wants your child to receive the full attention and supervision from our excellent teachers. We also want to keep the cost of child care affordable for parents. When a parent comes to pick a child up after 6:00 p.m. or if a parent clocks their child out but remains in the building after 6:00 p.m. a late fee will be imposed as follows:

1 minute to 10 minutes ........................................... $10.00
Over 10 minutes .................................................. $1.00 additional for each minute

**Field Trips:** Sometimes the cost of field trips is covered by the child Development Center. At other times, a field trip may require an additional fee borne by parents.

**Extra-Curricular Activities.** Tumblebus, dance, swimming, gymnastics and other special lessons may be offered at the center. Parents are billed by the provider of the service.
APPENDIX-B
Tuition Agreement

A non-refundable registration fee of $150.00 is charged to all children at the time of enrollment and during the time of annual registration, which is August of each year.

At the time of the registration fee payment, parents will need to sign the following agreement for payments of all tuition and fees. All tuition will be due according to this agreement even if, for some unforeseen circumstance, the child never attends the program. At the time of initial enrollment, the administration of the CDC will prepare this document for your signature, to be placed in the child’s file.

Parent Name: ___________________________ ___________________________
              First                                                Last

____________________’s (Child Name) first day in the ______________________’s classroom will be ___/___/_____. If we have space available before this date, we will notify you as soon as possible.

____________________’s (Child Name) first day in the ______________________’s classroom will be ___/___/_____. If we have space available before this date, we will notify you as soon as possible.

I agree to enroll the child (children) listed above into care at the University of Alabama at Birmingham, Child Development Center on the following date:

Enrollment Date: ________________________________________________
              Month   Day   Year

Monthly Tuition
As part of this agreement, I understand that regular monthly tuition is due beginning on ___/___/_____, for the __________________’s and/or __________________’s classroom(s). Your total monthly tuition will be $_______. This amount will be payroll deducted from the account of _____________________________________________.

Enter applicable UAB employee name above

For anyone paying by check, we require an advance deposit of the total monthly tuition. This deposit is refundable when you terminate our services, providing we receive a one month notice of withdrawal and your account balance is clear. For accounting purposes, this option is not available for employees of the Child Development Center.

***Pro-Rated Tuition agreement (for enrollees enrolling during the middle of a month only)***

For parents enrolling during the middle of a month, or during any time when pro-rated tuition is approved by the Director of the program, please complete this section:

I understand that an initial pro-rated tuition is due in the total amount of $_______ for the month of _____________. After this payment, regularly monthly tuition will occur, according to the monthly tuition statement above.

Signature: ________________________________________________        Date: ___/___/_____
          Parent Signature                                           month/day/year

Signature: ________________________________________________        Date: ___/___/_____
          Director Signature                                         month/day/year
APPENDIX-C
WAITING LIST

When all spaces in the center are filled, parents have the option of getting on the waiting list. Parents must complete an application for EACH child needing care and send a check or money order for $30.00 per child. The waiting list application fee is non-refundable.

SIBLING PRIORITY
At this time we honor only one priority for the waiting list: Siblings of children presently enrolled in the center. Siblings are listed at the top of the list without a priority number. Parents must complete a waiting list application and pay the non-refundable $30.00 application fee. We will notify you as soon as we have a space available.

Other Priority Considerations: In the event University Hospital announces an official nursing shortage, an RN priority may go into effect at the center. This has been a long-term agreement between the Human Resource Management Department at UAB and University Hospital.

HOW LONG WILL I BE ON THE LIST?
The average waiting period is approximately one year. We cannot guarantee you a space. We advise you to contact other child development facilities and place your name on their waiting lists as well.

WHEN I AM OFFERED A SPACE, HOW LONG DO I HAVE TO DECIDE?
If we have a space available, we will notify you immediately. You will have 2 days from the date of notification to accept and to enroll.

If you refuse the space when we notify you, we will call the next person on the list. It is advisable that you contact our office immediately! If we leave messages at home and/or work, and we do not hear from you, your failure to respond will be counted as a pass or refusal. The third time you refuse, we will drop your child’s name to the bottom of the list.

NOTE: We do understand that you may have to enroll your child in another center, but we will still contact you, if we have an opening. The only way we will remove your name from the list is if you notify us in writing.

CHANGES OF VITAL INFORMATION
You must notify us, if there are changes regarding your phone number(s), address, and UAB affiliation. Failure to do so may result in losing an available space.

WHEN I GET A SPACE, WHAT ELSE WILL I NEED TO DO?
When you are offered a space in the center, the following are required PRIOR to your first day in our center:

1) Complete and return an enrollment packet, including the tuition agreement.
2) Pay the non-refundable registration fee of $150.00
3) Pay field trip fee (if applicable)
4) Pay classroom deposit if you are NOT choosing to participate in the employee payroll deduction program
5) Turn in the immunization “blue” form.
6) Read the Parent Handbook and the Curriculum Statement
7) Arrange several visitations for your child prior to his/her first day
8) Set up an appointment to meet your child’s teachers
TOURING THE CENTER:
We give tours of our program by appointment only on Thursdays and Fridays. For security reasons we do not allow drop-in visits until after your initial tour.
APPENDIX-D
MORE ABOUT INFECTIOUS DISEASES
FROM: AMERICAN RED CROSS CHILD CARE COURSE

BRONCHITIS OR BRONCHIOLITIS
Signs and symptoms-Coughing and breathing difficulties.
How disease spreads-By contact with germs from saliva, mucous, or tears of an infected person; From one to two days before symptoms appear and for several days after they appear.
Child may return-When the teacher can meet the child’s needs and only if they are fever-free for 24-hours without medication.

CHICKEN POX
Signs and symptoms-Like those of a cold, with a mild fever and an itchy rash that starts as pink bumps that turn into blisters and finally into scabs.
How disease spreads- By close contact or from airborne droplets from one to two days before, and until about 5 days after the rash appears. New cases can appear up to 20 days after contact. Chicken pox is very contagious.
Child may return- When the teacher can meet the child’s needs, or when all blisters are crusted over and dry, (which is usually not until the sixth day after the rash starts.) Your child must be fever-free for 24 hours without medication, prior to returning to group care.

COLDs
Signs and symptoms-Sneezing, runny nose, sore throat, cough, watery or irritated eyes, headache, and crankiness; sometimes a fever.
How disease is spread-By contact with germs form the saliva or nose mucous of an infected person, from one to tow days before symptoms appear until several days after symptoms appear.
Child may return-When teachers can meet the child’s needs and the child has been fever-free for 24 hours without medication.

EAR INFECTIONS (OTITIS)
Signs and symptoms-Earache, pulling at the ear, unusual crankiness, difficulty in hearing or funny sensations in the ear caused by a mucous and/or pus backup in the middle ear and Eustachian tube.
How disease spreads—not contagious
Child may return-When well enough to participate in program’s activities, if they are not experiencing chronic pain, and when the teacher can meet child’s needs and only if your child is fever-free for 24 hours without medication.

FIFTH DISEASE
Signs and symptoms-A distinctive rash beginning on the face that makes the child appear to have very red slapped cheeks. After one to 4 days, a lacy-looking rash appears on the arms and moves to the trunk, buttocks, and thigh. The body rash may come and go for one to 3 weeks, usually appearing when the child is hot.

HEPATITIS A
Signs and symptoms-Fever, weakness, loss of appetite, nausea, dark urine, and yellowing of the skin and the whites of the eyes. Children rarely have any of these symptoms.
How disease spreads-By contact with virus-infected food, stool, water, or environment. The virus is shed for up to 3 weeks, starting 2 weeks before symptoms appear. The illness may occur up to 50 days after contact. The disease is a major problem when it occurs in a child care setting. The child development center must contact public health officials and follow their recommendations about measures needed to control the spread of the disease.
Child may return-One week after illness starts, and when FEVER is gone.
APPENDIX-E
Additional information about why young children bite

Biting is fairly common amongst young children and it is one of the things that worries adults most. Biting is often very painful and frightening for the child who is bitten. It can also be frightening for the child who bites, because it upsets the other child and makes adults very angry. Biting can make the child who bites feel very powerful because of the strong reaction that it brings. This feeling of power can also be frightening for children because they need to feel secure that their feelings can be controlled.

There are four different kinds of biting:

1) **Experimental biting**- Biting is the way that infants explore the world. They put everything into their mouths. At some stage many infants will try biting the breast when they are feeding or biting a parent or care giver. Sometimes it almost seems like a game to the child.

   **What you can do for experimental biting**: Don’t let the children see that you think it is funny or a game. Say firmly, “No! Biting hurts!” Remove them quickly from the breast or arm or whatever they are biting. Infants and toddlers will usually soon learn not to bite in this situation. When children are teething they need lots of things to bites on because often their gums feel sore. Give them things that they can safely bite on, i.e., teething rings.

2) **Biting from frustration**- Frustrating happens when children get into situations that they can’t handle. Children under three or so are not usually ready to play in a cooperative way with other children in groups. If they are in a group and another child takes their toy they may respond by hitting or biting. They have not yet learned other ways to cope. If biting gets a strong response, which is likely, they will see that it is successful and may try it again. Sometimes, too, the youngest children bite when they are playing with others who are bigger and stronger than they are.

   **What you can do about biting from frustration**-
   - If you can, get in first and cut down the situations that the child cannot cope with. Try to keep group play to short periods and small groups.
   - Children in this situation need close adult supervision, especially if they are known to bite. However, even the best supervision, unless it is one-to-one, will not prevent some children from getting in a quick bite.
   - If your child does bite, say firmly “We don’t bite, biting hurts” and remove him immediately from the situation. Keep him with an adult for a while. The child needs you to understand his feelings and start teaching him to manage them differently. This takes a long time to learn. Feelings are very hard for young children to control. You might say something like, “You were very cross when Peter took your truck” or “You wanted to play with the truck. If you feel cross tell me and I will help you.”

3) **Biting because of feeling powerless**- Often it is the youngest child in the family who bites. The older children seem stronger and more able to get what they want and the youngest feels small and powerless. The same can happen in groups. The child can then discover that biting is a way of getting some power in the situation.
What you can do about biting because of feeling powerless-

- The first step is to try to make sure that the child’s needs are protected so she doesn’t need to bite. Make sure that she is not getting the worst of the deal.
- If she is playing with older children explain to them how the younger one might be feeling. Get their help to make things more equal.
- If biting happens between very young children more adult help is needed. Try to get in first and make sure that the needs of the less powerful child are taken care of.
- Make separate play places for older and younger children if necessary.
- If the child has already bitten, quickly tell her that she is not to bite and remove her from the situation. Keep her with your for a while before letting her return.

4) Biting under stress-Biting often occurs when a child is under emotional stress that she cannot handle. This biting is an expression of distress and pain and the child may seem very upset or angry. Young children are not easily able to know what they are feeling. They just act!

What you can do about biting under stress-

- Try to find out what is causing the stress if you can. Keep watch on when the biting happens and what is happening just before. For example one child always bit someone when a new child arrived at the playgroup and took the leader’s attention. Another child started biting soon after his much loved grandfather had died.
- It isn’t always possible to remove the cause of the stress, but sometimes if you can work out what is triggering the biting, you can get in first.
- The child will need to help find other ways to express his feelings through play and stories. When the child bites, remove him from the situation promptly and respond as above. Sometimes it helps to offer something else to bite on. Offer as much comfort as you can at other times.

Reminders:
Plan ahead if possible to avoid situations where you know your child might bite.
Respond promptly, firmly and calmly to biting.
Show your disapproval, remove him from the situation
APPENDIX-F
UNDERSTANDING CHILDREN
TOILET TRAINING

READY OR NOT?
Toilet teaching is easiest when children are physically and emotionally ready, which happens between the ages of 2 and 4 years. Girls usually gain control over their bowel and bladder muscles before boys do. On the average, most girls are potty-trained by age 2 ½ and most boys around the age of 3. But don’t be alarmed if your child doesn’t follow this pattern closely; individual children mature physically at different rates.

The secret to success is patience, timing and consistency. Emotional readiness is also important. Many bright, normal, and healthy 3-year olds may not be interested in learning to use the toilet. Learning new things is a full-time job for most toddlers and toilet learning may not be as important as learning to climb, jump, and run, and talk. A toddler who resists toilet training now may be ready in 3 to 6 months, then often learns almost overnight.

How do you tell if your child is ready?
Can my child:
  ___ follow simple directions?
  ___ remain dry at least 2 hours at a time during the day?
  ___ walk to and from the bathroom, pull down pants, pull pants up?

Does my Child:
  ___ remain dry during nap time?
  ___ seem uncomfortable with soiled or wet diapers?
  ___ show interest in the toilet or potty chair?
  ___ Are bowel movements regular and predictable? (Some children move their bowels two to three times a day; others may go 2 to 3 days without a bowel movement.)
  ___ has your toddler asked to wear grown-up underwear?

If you answered “yes” to most of the questions, you may want to introduce your child to toilet training. If you answered “no” to many questions, wait a while longer. Rushing a child through toilet training will only result in tears and frustration. In fact, starting too soon may actually delay learning. When a child is truly ready, toilet training will seem much easier.

Ten steps to toilet learning
The steps listed below will assist parents for in-home potty-training. Consistency between home and school is extremely important.

Step 1
Relax! A calm, steady going approach to toilet training seems to work best. Remember that learning to use the toilet takes time and that each child is different. If you find that one of your children learns to use the toilet at age 2 and another learns at age 3 ½, be assured that you are not alone.

Step 2
Show children what they are to do in the bathroom. Toddlers love to imitate adults or older children. Next time your toddler follows you into the bathroom, talk about what you do when you use the toilet. If you are comfortable with the idea, it may be a good idea to let the child watch you use the toilet. Ideally, fathers should set an example for sons and mothers should set an example for daughters. Children also can learn
about bathroom practices from older brothers, sisters, or relatives. Always show children good hygiene practices, flushing the toilet, washing hands, and drying hands.

**Step 3**

*Teach your toddler the words your family uses for body parts, urine, and bowel movements.*

Make sure it's a word you feel comfortable with because others are sure to hear it. There is nothing quite like a toddler loudly announcing in the checkout lane of the grocery store that it's time to go "Poo Poo!"

**Step 4**

*Help your child recognize when he or she is urinating or having a bowel movement.*

Most children will grunt, squat, turn red in the face, or simply stop playing for a moment. Children need to be aware that they are urinating or having a bowel movement before they can do anything about it. For most children, bowel movements are generally easier to recognize.

**Step 5**

*Borrow or purchase a potty chair or a potty attachment for the toilet.* If you purchase a potty attachment, be sure to get one with a footrest. This will allow your child to sit more comfortably and make it easier for the child to "push" during a bowel movement. The American Academy of Pediatrics suggests that parents avoid urine deflectors because they can cut a child who is climbing on or off a potty chair. You may want to let your child practice sitting on the potty fully clothed just to get used to the idea.

**Step 6**

*Begin reading potty books to your child.* There are many wonderful books about learning to use the potty at your local library or bookstore. Reading a book together helps children understand the general process and that other children also learn to use the potty (see book list).

**Step 7**

*Purchase training pants and easy-to-remove clothing, just getting to the potty on time is a major task for most children.* You can help make the job easier by letting them wear pants that are easy to pull down, and by being around to assist. Avoid snaps, buttons, zippers, and belts. Some parents prefer to keep children in diapers at first and then switch to training pants when their child is urinating in the potty several times a day. (If your child attends daycare, most teachers prefer diapers to pull-ups, simply because the pull-up is so super-absorbent that many children do not experience the uncomfortable feeling of wetness when they urinate.)

**Step 8**

*When your child tells you that he or she needs to use the potty, help with clothing and sit the child on the potty for a few minutes. Stay with your child.* It’s a good idea to keep a few books close by. Reading a book together makes the time go by easier and takes the pressure off for an immediate result.

**Step 9**

*After 4 to 5 minutes, help your child off the potty.* Reward with hugs and praise if your child’s efforts have been successful. Don’t be surprised if your child has a bowel movement or urinates right after being taken off the toilet. This is not unusual. Accidents and near misses are generally not an act of stubbornness. It simply takes time to learn this new skill. If accidents seem to be frequent, it may be best to hold off and try toilet training a few months later.

**Step 10**

*Wipe your child carefully.*
Wipe girls from front to back to prevent infection. Teach your child to always wash hands with soap and water after using the potty.

More Ideas
If possible, plan to devote at least 3 to 4 days to begin toilet training. Maintaining the same routine for 3 to 4 weeks also helps.

Some parents find it helpful to establish a routine by putting a child on the toilet for 3 to 4 minutes right after he or she gets up in the morning, before naps, after naps, after meals, and before bedtime. Realize however, that your child will not always use the potty.

If you are anticipating a new baby, moving to a new home, or another major life event, you may want to wait a few months. Toilet training is easiest when both parent and child can give it their full attention.

Remember that it’s OK to keep your child in diapers or disposable training pants for sleeping. Nighttime control generally comes many months after daytime control.

It may be helpful to use a plastic mattress cover underneath the fitted sheet and mattress until children gain nighttime control.

Treat accidents casually. Avoid punishing, scolding, or shaming. Give your child support by keeping an upbeat, positive attitude.

Cleaning up
Children often are quite curious about bowel movements. If you find your child trying to remove fecal material from the toilet, or worse yet “finger painting” with it on the bathroom floor, try to remain calm. Simply explain that it’s not OK to play with feces or urine; help your child clean up the mess. Then you both can wash your hands with soap and water. It is generally a good idea to help with clean up and flushing during much of the toilet process.

The Big Flush
Children often have one of two reactions to flushing. Either they are fascinated by it (and would be willing to do it for hours) or they are quite fearful. Children who enjoy flushing will often delight in emptying the potty chair into the toilet, waving bye-bye, and watching everything “flush away”.
Children who are fearful prefer that parents take charge of this process. Before flushing the toilet, make sure the child is off the potty attachment. Many children are not only fearful of the noise and swirling water, but also may think that they will be flushed down too. Reassure your child that only body wastes and toilet paper will be flushed away.

A NOTE ABOUT BEDWETTING
Bedwetting is common in children under the age of 7. Remember that learning to control the bladder generally comes after bowel control. Many children who have mastered the toileting process during the day may not be able to stay dry at night for many months. Most children will achieve nighttime dryness by age 5, but one out of four children may continue to wet the bed for several more years.

Bedwetting appears to be related to the size of the bladder, the amount of liquid consumed before bedtime, and how soundly the child sleeps. Bedwetting also is more likely to occur when a child is ill, excited, or when a routine is upset.
For children who tend to wet the bed, it may help to wake them once during the night to use the toilet. An easy time to do this is just before parents go to bed. Persistent bedwetting, particularly after age 7, may be caused by an infection and a physician should be consulted.

**BOOKS FOR CHILDREN**

*No More Diapers, J. G. Brooks*—A popular book with toddlers. Toilet training is illustrated through two stories. The first story is about Johnny and the second is about Susie. The text is simple and drawings are in black, white, and orange.

*Your New Potty, Joanna Cole*—This book tells the story of two children, Ben and Steffie, who are learning to use their new potties. Illustrated by colorful photographs. Information for parents is included in the introduction. Uses adult terms for elimination.

*Once Upon a Potty, Alona Frankel*—Simple text with cartoon-like illustrations. Available in both a boy’s and girl’s version as well as a book and toy package, complete with an anatomically correct doll and toy potty.

*All By Myself, Anna Grossmickle Hines*—One of the few books that talks about nighttime dryness, Josie, like most children, has successfully mastered daytime control, but at night still needs help from her mother to get to the bathroom. In time she learns how to manage by herself.

*Going to the Potty, Fred Rogers*—Part of the Mister Rogers Neighborhood First Experience series, this colorful book discusses toilet training. Photographs show children of all sizes, ages, and ethnic groups.


**Books for Parents**

*Parents Book of Toilet Teaching, Joanna Cole*

*Practical Parenting: Toilet Training, Vicki Lansky*

*Toilet Learning, Alison Mack*

--Written by Lesia Oesterrich, Iowa State University  
Reprinted June 1997
APPENDIX-G
A Word about Separation Anxiety

The first experience with separation anxiety can start as early as 7 months, but is more common among infants within the 8 to 9 month range. Separation anxiety is a social-emotional developmental stage. Separation anxiety is a healthy manifestation. It demonstrates the infant’s healthy emotional attachment to their parents and/or any other adult that may be very important to that child. All children pass through this stage several times throughout the early childhood years. This developmental stage is over for the most-part by the time the young child enters first grade. Several factors will determine how long each stage of separation anxiety lasts: The child’s age, the child’s personality, how the parents manage the emotional state, and how the teaching staff support the child and parent.

Children who are experiencing separation anxiety react in several ways: Crying, screaming, clinging to the parent (usually mom), and/or refusing to go to the teacher. Once the parent leaves, the child will cry for approximately 5 to 10 minutes then stop. After a few more minutes the child will start to engage in various activities in the classroom. The child will usually take comfort from the teacher once the parent leaves.

What You Can Do to Help Your Child (and yourself) Cope:

1) Establish a nighttime routine. Make sure your child goes to bed at a decent time so they will not be too tired to get up the next morning.

2) Get your child up each morning at the same time. Give yourself and your child enough time to get ready. Trying to rush children out the door, creates an environment full of stress, not only for your child, but for you as well.

3) Take a few minutes to pick out one storybook and read to your child prior to leaving the house. This time of “settling” will help calm young children down and help both of you relieve a little stress. Take the time to enjoy just being together.

4) Be upbeat about going to daycare. Tell them they are going to daycare to see their favorite teachers (name the staff) and to play with their friends (name several friends in the classroom). Make sure you have a copy of the lesson plans for that day so you can name off some of the things they will get to do.

5) Once you arrive at the daycare, greet and talk briefly with your child’s teacher. Warm and friendly interactions between parents and teachers demonstrate to young children that you trust this person to care for them and that it is okay to stay with them. Most teachers will be happy to take little ones from your arms and hold them for a few minutes until after you leave. Teachers of older children will usually take them by the hand or place their arm around them for comfort. All teachers try to direct and encourage young children to participate in activities set out for the morning. This helps establish a consistent and repetitive morning routine that the young child can depend on each day when they enter the classroom.

6) Make sure you don’t linger in the classroom. The longer you stay the harder it will be for your child. Give your child a kiss and a hug, and tell them you will be back to pick them up after naptime and playtime. Make sure you do not go back into the room after walking out. Don’t ever leave without telling your child goodbye.

7) If you need re-assurance that your child is okay, once you arrive at work, call back and ask an administrator to check on your child to see if he/she is okay.

Try not to worry; you and your child will make it through this stage!
Parental Acceptance of Policies

I acknowledge receipt and understanding of the UAB Child Development Center Parent Handbook, revision August 2019.

Child Name(s): ___________________________ ___________________________

Parent's Signature ___________________________ Date ____/____/____

(Please sign and return to the office)