

SOLID FOUNDATION

ENROLLMENT PACKAGE



SOLID FOUNDATION

Providing Quality Child Care



PURPOSE

Our purpose is to provide an enhanced beginning for your child through quality Childcare in a warm loving atmosphere. We encourage social, emotional, physical and intellectual growth for your child.

LOCATION

The Solid Foundation learning center is located inside the 4405 Getwell Road, Memphis, TN 38118.

ENROLLMENT PROCEDURES:

- Telephone or visit for an interview with the Director
- Secure application, policies and medical forms
- Bring your child for a visit
- Child will be assigned to a class, according to age, and start on date agreed by Parent and Director...

OUR GOALS

- We promote self-esteem, to help the child believe in his/her own abilities
- We provide a loving wholesome atmosphere for preschool children while they are away from home..
- We nurture the physical, mental, social and emotional needs of the child...

GENERAL INFORMATION

- Infants – 6 weeks to 14 months
- Toddler – 14 ½ months to 3 years
- Pre-K – 4 to 5 years
- School Age – 5 to 12 years (after school and summer months)





DAILY SCHEDULE

- Breakfast Time
- Activity Time
- Group Time
- Morning Snack
- Outdoor Playtime (weather permits)
- Quiet Time
- Hot Lunch
- Rest/ Naptime
- Afternoon Snack
- Activity / Group Time
- Clean-up prepare for pick-up



SOLID FOUNDATION

Infants/Children need protection against 10 vaccine prevented diseases

IMMUNIZATION SCHEDULE

2 months	DTP	HIB	POLIO	HEP B
4 months	DTP	HIB	POLIO	HEP B
5 months	DTP	HIB	HIB B	
12 months	DTP	HIB	POLIO MMR VARICELLA (Chickenpox)	
4-5 Years	DTP	POLIO MMR VARICELLA (Chickenpox)		



SOLID FOUNDATION

Child Information Form

Child's Name :

Nickname :

Age :

Birthday :

Scheduled Days :

Mother's Name :

Father's Name :

Home Number :

Cell Number :

Address :

Name and
Ages of Siblings :

Has your child been cared for by anyone other than the Parents ?

Has your child previously attended any other Day care Center ?

Does your child use the rest room independently?

Does your child need help to get dressed or undressed?

Does your child have any special fears?

If so what are they?

Does your child require any special medical care?

If so explain;

Does your child have any allergies

If so what are they?

Does your child have a history of physical impairment?

Vision

Speech

Hearing

Explain :

Current medications :

Doctor's names :

Phone Number :

Play Experience

Favorite Games

Favorite Toy

Does your child like to be outdoors ?

Does your child play well with others?

Favorite Books

favorite TV Show

Parents Signature

Date

My child

is currently enrolled in Memphis City Schools therefore not required to have shot records on file at this childcare facility.

Parents Signature

Name of school attending



Payment Contract

Year

I do hereby agree to pay the amount of \$ per wk

I understand that my payments are due on the Friday by 6:00 p.m. I also understand if my child is absent from care, the normal weekly rates will still be due in order to hold my child's slot unless arrangements are made with the director in advance. I further understand that if payments are not received by 6:00pm Friday there will be a \$25.00 late fee (per day) until payment is made. If payment is not received by Wednesday of the same week your child will not be permitted to school until payments are made or arrangements are made and approved by the director.

I understand I will not receive credit or prorated fees if my child does not attend the center for the full week. Additionally, fee will not be prorated when the center is closed for inclement weather. I will receive a full credit week after 12 months of payments, if I am paying full tuition rate.

I understand that this is a legal and binding contract and that if payments are not made Solid Foundation has the right and will pursue any and every effort to collect payments and I will be responsible for any and all legal fees or cost involved...

Solid Foundation agrees to provide quality childcare in a safe environment for the above child/children.

****Refer to Solid Foundation price list for the exact amount of pricing related to your childcare. Pricing is based on the center Department of Human Services Star Rating and the age/birthday of your child.**

Parent's Signature Date

Address Phone

Solid Foundation Representative Signature

SOLID FOUNDATION CENTER

Center Policies and Procedures

01. The Center will be open from 6:30a.m. to 6:00p.m. Monday through Friday. Children will not be accepted earlier or kept later unless in extreme emergencies.
 02. A child may not remain at the center if they are ill. If your child becomes ill while at the center the child may be isolated from other children until picked up. Parents will be notified immediately if child ill.
 03. All child application forms, including Application, Health History Checklist, and Health Record must be completed prior to admission.
 04. An annual Health Examination is required for each child. Date of requirement is anniversary of child's enrollment. It is the parent's responsibility to provide Center with examination report.
 05. If child is to be given medication by staff, each container must be clearly labeled with child's name and clear instructions for giving medication.
 06. No one other than parent will be allowed to pick child up unless individual's name is listed on child's application. In addition, individual must show valid Driver's License or other form of photo identification.
 07. Parents will be notified of any diseases that occur at center.
 08. Children are not allowed to bring food, money or toys to center.
 09. Each child must have a change of clothing clearly labeled with their name. Change of clothing must be left at the center.
-

10. Outdoor play is a part of our curriculum. Please dress your child in suitable season appropriate clothing for outdoor activities. All children will be required to participant in outdoor activities unless a signed form is received from parent stating reason child cannot be allowed to play outside.
11. All formulas, cereal, baby food, etc. must be clearly labeled with child's name.
12. The Center will provide breakfast, two snacks and lunch.
13. Parents are responsible for notifying center of change of phone numbers or address, etc.
14. Children fees are to be paid each Monday morning for the current week. Weekly fee is to be paid even if your child does not attend center. At the end of one year your child will receive one week in which child can be away from center without paying. This time MUST be taken at the same time.
15. At two-week notice is required when planning to withdraw your child from the center.
16. The center will observe the following holiday:
 - A. New Year's Day
 - B. Dr. King's Birthday
 - C. Memorial Day
 - D. Independence Day
 - E. Labor Day
 - F. Thanksgiving Day
 - G. Christmas Day
17. A \$20.00 fee will be charged for returned checks. After two (2) returned checks, CASH will be the only acceptable payment...



SOLID FOUNDATION CENTER

Children Tuition and Fees

The rates below will began May 1, 2019

Full-time Infant 6 wks to 13mos	\$213.00 per week
Full-time Toddlers 13mos to 31mos	\$186.00 per week
Full-time Preschool 31mos to Kindergarten	\$143.00 per week
School Age (School In)	\$ 72.00 per week
School Age (School Out)	\$ 108.00 per week

- **Registration fees** \$50.00 per family due annually and is non-refundable
- **Tuition** is due each Friday prior to the up coming week or the first day of attendance, a \$25.00 latefee is charged for late payments per day until paid...
- **A late fee** of \$10.00 plus \$5.00 per minute, per child until the child/children is picked up; effective at 6:01p.m.
- Returned check fee \$35.00
- **The official school year** is from September to September, children are assigned to programs according to age. Fees are effective until the next school year...
- **DROP-INS** welcome \$30.00 per day, per child.

Supply List

Please send the following items with your child on the first day of class:

\$20.00 for a Happi Nappi (sleeping pad)

Baby wipes (no trail sizes)

Kleenex (no pocket size)

Change of clothes (season appropriate)

Diapers (4 per day = 20 per week)

2 Writing Tablets

Bottle of Glue (no glue stick)

1 pair of scissors

Crayons (1 box Jumbo 8 count & Regular 48 or 64)

1 package Flash Cards

Spillproof Cup

One photo of your child



SOLID FOUNDATION CENTER

Parental Responsibilities

01. TUTORING

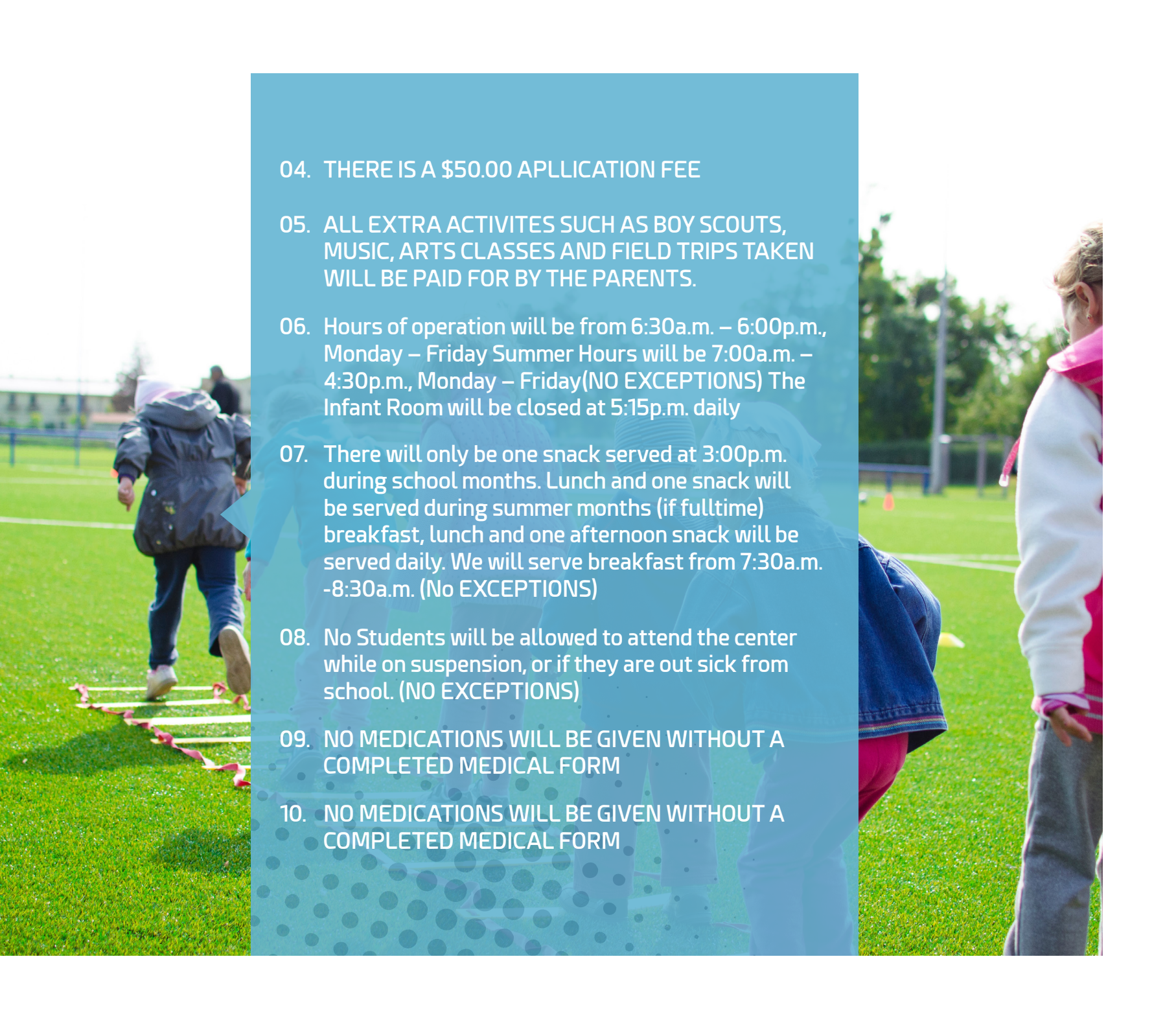
- Parents please make sure that we are aware of the subjects that your child may need assistance with.
- We also encourage-close monitoring of your child's scholastic records
- There will be regular progress reports

02. INJURIES

- Unfortunately accidents do happen; if your child has any major medical emergencies, we will notify you immediately.
- It is very important that all emergency contact numbers are current
- There will be a report filed for any injury or medical situation that may occur

03. MISCONDUCT

- Our staff will appreciate your assistance in monitoring your child's conduct
- Since good conduct is important in a child's education, discipline is needed; the primary forms of discipline are time-out, heads down on desk, and even suspension from school if needed.
- Each child enrolled at the Solid Foundation Center will be treated fair and equal.

- 
04. THERE IS A \$50.00 APPLICATION FEE
 05. ALL EXTRA ACTIVITIES SUCH AS BOY SCOUTS, MUSIC, ARTS CLASSES AND FIELD TRIPS TAKEN WILL BE PAID FOR BY THE PARENTS.
 06. Hours of operation will be from 6:30a.m. – 6:00p.m., Monday – Friday Summer Hours will be 7:00a.m. – 4:30p.m., Monday – Friday(NO EXCEPTIONS) The Infant Room will be closed at 5:15p.m. daily
 07. There will only be one snack served at 3:00p.m. during school months. Lunch and one snack will be served during summer months (if fulltime) breakfast, lunch and one afternoon snack will be served daily. We will serve breakfast from 7:30a.m. -8:30a.m. (No EXCEPTIONS)
 08. No Students will be allowed to attend the center while on suspension, or if they are out sick from school. (NO EXCEPTIONS)
 09. NO MEDICATIONS WILL BE GIVEN WITHOUT A COMPLETED MEDICAL FORM
 10. NO MEDICATIONS WILL BE GIVEN WITHOUT A COMPLETED MEDICAL FORM

PARENT MEETING POLL

Parents

What are the best times for you to attend meetings?

Day of the Week

Monday

Tuesday

Wednesday

Thursday

Friday



HEALTH HISTORY CHECKLIST

Child's Name :

Birthday :

Parent or Guardian :

The answer to the following questions will help us to know if your child has any medical problems. We need this information in case they become ill and we are unable to reach you right away.

Pregnancy and Birth

Yes No Were there any problems with pregnancy and birth?

Yes No Was his/birth weight under 5 ½ pounds?

Yes No Did the baby have any problems in the hospital?

Pregnancy and Birth

Yes No Has your child ever been in the hospital overnight?

Yes No Any allergic reactions to medicine, DTP or other shots?

Yes No Any allergic reactions to insect bites?

Yes No Does your child have asthma or wheezing?

Yes No Does your child have speech or hearing problems?

Yes No Has your child had more than two infections in a year?

Yes No Has your child had tonsillitis

Yes No Does your child have trouble with his/her eyes?

Yes No Has your child had a bladder or kidney infection?



- Yes No Does your child have burning when urinating
- Yes No Does your child have seizures
- Yes No Have you ever been told your child has a heart murmur?
- Yes No Is your child able to play hard with other children?
- Yes No Has your child ever had a reaction to the TB Skin test?
- Yes No Has your child ever been with anyone who had TB?
- Yes No Has your child ever had worms?
- Yes No Does your child scratch their genital area?
- Yes No Is your child genital area sore or red?
- Yes No Does your child have hemophilia (free bleeder)?
- Yes No Is your child on a heart monitor?
- Yes No Does your child have tubes in their ears?

Older Girls

- Yes No Does your child menstruate?
- Yes No How old was she when she started?
- Yes No Does she have any problems?

General Development

- Yes No Is your child in a special education class in school
- Yes No Does your child get along with other children?
- Yes No Is your child usually happy?
- Yes No Does your child have special problems not indicated above?

When did your child last see a Doctor:

Birthday :



SOLID FOUNDATION CENTER

Emergency Contact Form

CHILD'S NAME	<input type="text"/>		
MOTHER'S NAME	<input type="text"/>		
HOME PHONE	<input type="text"/>	WORK NUMBER	<input type="text"/>
CELL NUMBER	<input type="text"/>		
FATHER NAME	<input type="text"/>		
HOME PHONE	<input type="text"/>	WORK NUMBER	<input type="text"/>
CELL NUMBER	<input type="text"/>		
NAME OF EMERGENCY CONTACT (OTHER THAN PARENT)	<input type="text"/>		
RELATIONSHIP TO THE CHILD	<input type="text"/>		
EMERGENCY CONTACT NUMBER	<input type="text"/>		
DOCTORS NAME	<input type="text"/>		
HOSPITAL	<input type="text"/>		
COMMENTS	<input type="text"/>		



PERMISSION TO PHOTOGRAPH CHILD

Solid Foundation has my permission to photograph my child for the purposes of, but not limited to, display in teacher made books, bulletin boards, art projects, child portfolios, and prospective parent viewing. I understand that these photographs are the property of Solid Foundation and may be displayed at the center or any other form of advertisement.

I agree

I do not agree

Child's Name

Parent Signature

This authorization is valid from

to end of enrollment.

Acknowledgement

I have received and read a copy of the Tennessee Child Care Law and Rules and a copy of Solid Foundation operational policy and each item have been discussed with me. I agree to abide by all policies stated herein.

Parent/Guardian Signature

Date



SOLID FOUNDATION CENTER

Emergency Form



Child's Name

Child's Home Phone

Parent's Name

Parent's Contact Number (Work)

Parent's Contact Number (Cell)

Emergency Contact Person

Hospital of Choice

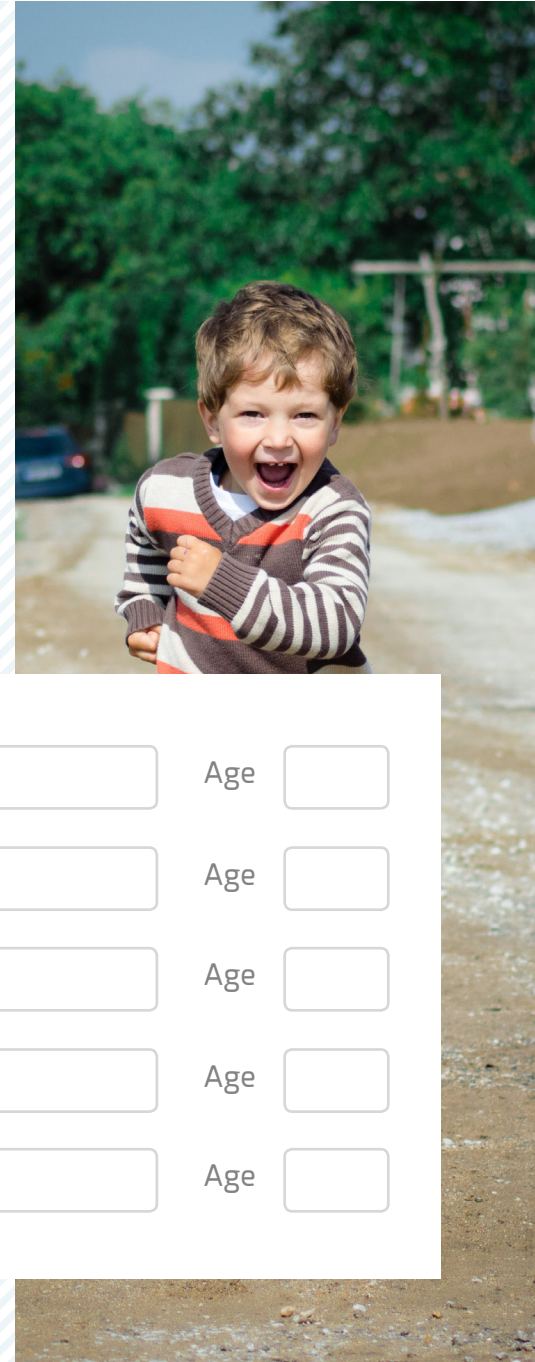
Comments

SOLID FOUNDATION CENTER

Pick-Up Authorization Form

Dear Parents,

Please list the names of those authorized to pick your child/children up from Solid Foundation. They must be 16 years or older. They must present identification.



Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>	Age	<input type="text"/>

SOLID FOUNDATION CENTER

Grievances - Appeals Procedure

Purpose

This Grievance and Appeals Procedure is established for the prompt review, impartial consideration and equitable disposition of grievances presented by enrollers, parents or employees of Rich Enhancement Development, hereinafter referred to as Solid Foundation.

General

01. All enrollees, parents and employees will be notified in writing of the grievance appeals procedures and will be advised of their rights to file a grievance/appeal of any complaint they may have.

When Solid Foundation proposes to take adverse action against an enrollee, parent or employee, such procedures shall also include a notice setting forth the grounds for any adverse action proposed to be taken and giving the affected party an opportunity to respond.
02. Enrollees, parents and employees are to be treated fairly in all respects. Enrollees, parents and employees who feel that they have been subjected to unfair treatment or discrimination shall have the right to present their grievance according to the grievance/appeals procedure as set forth below.
03. A grievance, as recognized by these procedures is defined as an enrollee, parent, and employee's unresolved dissatisfaction with any adverse or unfair action taken against him or her by Solid Foundation, which he/she brings to the attention of the director. All grievances shall be documented from the time of filing through the completion of the process.
04. The person filing a grievance shall be free from restraint, coercion, discrimination or reprisal. When grievances arise, they should not be considered as reflecting unfavorably on either the participant or management, but are to be considered a participant's expressed right.

A. Grievance Procedure – STEP 1 (Director)

01. The aggrieved party shall present his/her grievance, either orally or in writing to the director.
02. The director should, within five (5) working days of notification of the grievance, arrange with the aggrieved party to discuss the grievance. A decision regarding the disposition of the grievance should be conveyed in writing to the aggrieved party, either at the meeting or within two (2) working days following the conclusion of the meeting.
03. If the aggrieved party has not heard from the director within five (5) working days after submitting the grievance, he/she may present grievance directly to the next person in the line. Solid Foundation's representative. If the aggrieved party is not satisfied with the director's decision, he/she may appeal the decision to Solid Foundation representative. The appeal must be submitted to Solid Foundation's representative within five (5) working days of the date of the director's decision.

B. Grievance Procedure – STEP 2 (Solid Foundation Representative Or Board Member)

01. Upon receiving notice of the grievance appeal, Solid Foundation representative should arrange to meet with the aggrieved party within five (5) working days after notification of the grievance.
 02. The Solid Foundation representative's decision should be conveyed in writing to the aggrieved party either at the meeting, or within five (5) working days following the conclusion of the meeting. If the aggrieved party is not satisfied with the Solid Foundation representative's decision, or if the Solid Foundation representative does not convey in writing his/her decision to the aggrieved party within (5) working days following the conclusion of the meeting, the aggrieved party may request a hearing before Solid Foundation's board. The appeal must be filed within five (5) working days of R.E.D.'s representative's decision, or within (10) working days following the conclusion of the meeting with Solid Foundation's representative.
-

C. Grievance Procedure – STEP 3 (Solid Foundation’s Board)

01. Upon receiving notice of the appeal of the aggrieved party from Solid Foundation Representative’s decision, the board should consider the appeal within fourteen (14) working days
02. The aggrieved party may present his/her case before the board orally, in person, through the use of a representative, or in writing. The board may request an additional meeting or meetings to consider the matter and call witnesses as required in evaluating the relevant circumstances involved in the appeal/grievance..
03. A final decision by the board should be determined by a majority vote of board members present. The board’s decision should be conveyed in writing to the aggrieved party within five (5) working days following the conclusion of the meeting in which disposition of the case is determined.
04. The decision of the board is final.





SOLID FOUNDATION

✉ info@sfcenter.net

📍 4405 Getwell Road, Memphis, TN 38118

📞 901-305-3551

📞 901-305-3557

🌐 www.sfcenter.net

