



**BROOKTOWNE**

# Peoria Child Care

LLC

*Love to Grow By  
Policy and Procedure*

[www.peoriachildcare.net](http://www.peoriachildcare.net)

## *Philosophy and Mission Statement*

**Brooktowne Peoria Child Care**, is under the ownership of Crystal Alley. We are open Monday through Friday from 6:30 AM to 6:00 PM and cater to children from the age of 12 months through 5th grade.

Our philosophy is one that puts its primary emphasis on making each child feel loved and accepted. We believe that a child who feels that acceptance will establish a secure foundation and a high self esteem. This then paves the way for academics and social conduct to become freely absorbed. When you couple this primary emphasis with a preschool curriculum as with hands on experience gained from an extensive field trip program and healthy, nutritional meals, you have the makings of a well rounded future adult.

Our teacher hiring process is one that focuses on attitude more than anything else. A teacher that understands that the way we treat each child has a direct effect on who they will eventually become, seems to have a greater appreciation for each child as an individual as well as their job as a child development teacher. This helps to explain our low teacher turn over and longevity of tenure at **Brooktowne Peoria Child Care**.

**Our Mission Statement:** *Because of on-going early childhood education and experience, we will use our ever growing skills and knowledge mixed with a warm unconditional love to assess each child's individual strengths and weaknesses so that we may enhance the future of each child physically, scholastically, socially, emotionally and spiritually.*

## *Tuition and Fees*

### ***Enrollment Fee***

Our enrollment fee is 50.00. This is a non-refundable one time fee as long as enrollment is continuous.

### ***Rates & Payment Process***

Split families MUST designate only one parent as the responsible party for tuition payments.

The tuitions posted below reflect amounts only offered for those who pay their tuition's in advance.

Weekly rates relate to the class your child is in and not to their age, and are as follows:

***Toddlers*** - 205.00 if paid by 6-PM Tuesday.

***The 2 Year Olds - Pre 3s & 3 Year Old Classes*** - 195.00 if paid by 6-PM Tuesday.

***The Pre K Class*** - 185.00 if paid by 6-PM Tuesday.

***School Age (Kindergarten - fifth grade) Class*** - 100.00 if paid by 6-PM Tuesday.

***When School is Out*** - 160.00 if paid by 6-PM Tuesday.

***School Age Summer Activity Fee*** - 100.00 non refundable due at the start of each Summer.

Add \$15.00 after 6-PM each Tuesday for Late Fee. All Public School Children, add 12.00 per day, to the tuition for each day that the public schools are not in session whether your child is in attendance or not.

## ***Tuition and Fees Continued***



### ***Delinquent Tuition Termination***

If an account remains delinquent for 2 weeks, child care services will be terminated effective Tuesday at 6-PM of the third delinquent week. If collection proceedings must be activated then all cumulative late fees, legal fees and or collection percentages will be added to the outstanding balance.

### ***Withdrawing Child***

A two weeks notice is required before withdrawing your child from our facility. If we do not receive notice of your child's withdrawal you will be liable for all tuition payments up until notification has been made.

### ***Please Read The Following***

All tuition's are paid to hold your child's space at *Brooktowne Peoria Child Care* and therefore are payable 52 weeks per year, regardless of whether or not your child is in attendance.

### ***State Assistance Families Only***

All state assistance families who have not paid for their monthly co-payment, or their child's missed EBT swipes for days attended before the last day of the current month, will lose their child's space at Peoria Child Care beginning the first day of the following month. We will only accept those families who qualify as W5.

Due to state assistance budget cuts, families who consistently miss EBT swipes for days in attendance, and or fail to have their child(ren) in attendance at least 16 days each month, will also lose their child's space.

### ***Late Pick-up Fee***

Our operating hours are from 6:30 AM to 6:00 PM. Doors will not open before 6:30 AM. There will be a 5.00 late charge assessed any time within the first 10 minutes after 6:00 PM, our time. Then 1.00 will be charged for every minute until the child is picked up by an authorized adult. This payment should be made payable immediately, and will be used to compensate for overtime pay.

## ***Holidays Closed***

***News Years, Memorial Day, July 4th, Labor Day, Thanksgiving/day after Thanksgiving and Christmas***

A full weeks tuition is paid even though we are closed these 7 holidays. (This helps us give the teachers paid holidays.) When any of these holidays fall on a Saturday or Sunday, the most prevalent day recognized by local business, government agencies, schools etc. will be the day observed by *Brooktowne Peoria*

## ***Morning and Evening Procedure***

### ***Dropping Off And Picking Up Your Child***

All adults that the parents or legal guardians deem as authorized to drop off, pick up or call in case of an emergency MUST be in our files, with photo. All adults should be prepared to show identification to any staff making that request. In the event that an adult who has ***not*** been authorized to pick up a child is needed do so, we must be contacted by an authorized parent or guardian in advance and given specific identifying information such as a Social Security number, name, physical features, etc.

For your child's safety all parents MUST escort their children into and out of the classroom, making sure the teacher knows your children have arrived or are about to depart. Because some children have run into our parking lot when their authorized adults arrive in our facility, we must claim that our responsibility for the care of your child(ren) ceases at any time an authorized adult is on *Brooktowne Peoria Child Care* property.

Please DO NOT drop your child(ren) off between 11:00 am and 2:30 pm. This is a period that includes preparing for and eating lunch as well as nap and is a rough time for any child to transition in to.

## *Meals*



### *Meals*

Breakfast will be served until 8:30 AM and lunch no later than 11:30 AM. Please make sure your child is here in plenty of time to be served. In order to plan for enough lunch to go around, please call us by 10:30 AM if your child will be late. It is important to be aware of the activities which are posted in the monthly calendar of events or on the front door. Some, not all, field trips may involve the need for a sack lunch to be brought from home, or enough funds for admission and or the purchase of a lunch.

## *Transportation Procedure*

### *Transportation And Field Trips*

*Brooktowne Peoria Child Care* will be authorized to transport your children to and from school and on various field trips taken throughout your child's stay at our facility. It is important to be continually aware of the activities which are posted on the monthly calendars, (located on the front entry counter). Activities of particular importance, such as field trips and or events involving an additional fee, will also be posted on a sign in the hall next to your child's classroom door as well as the front door.

### *Late Arrival*

Children who arrive too late for scheduled field trips will be placed in any of the remaining classes with available space. If there is no class with available space a parent or authorized adult will be notified and asked to make arrangements for the child to be either transported to the site of the field trip or picked up until his or her class returns to the facility.

### *Car Seats*

Our 30 passenger bus has been built to meet State and Federal safety requirements, and so, does not require the use of car seats. If you still want your child to ride in a car seat please let us know and be responsible for leaving a car seat with us the day of the field trip, and be sure to label the car seat with the child's name.

## *Things to Bring*

Each child should have a complete change of clothing on hand at all times. Milk for baby bottles, formula and disposable diapers should be supplied as needed. All children must wear shoes. Coats, clothing, blankets and bottles should be labeled with child's name. A charge of \$1.00 per diaper will be made if they are provided by the center, unless those diapers used are replaced the next day along with an additional supply for that normal days use. Any clothing supplied by the center should be cleaned and returned the following day.

## *Records*

Our compliance file records are accessible to all and are located in the wall mounted file holder on the parent bulletin board over the front counter as you enter our facility.

## *Child Abuse*

As you know it is mandatory, by law, to report any and all instances of child abuse. The child care industry is especially targeted with liability by the state, and rightfully so, to report any suspected child abuse.

## *Discipline*

There is NO spanking at *Brooktowne Peoria Child Care*. We use tried and tested appropriate consequences that involve positive reinforcement and redirection or a calming down period, not to exceed 5 minutes.

# Illness Procedure



## **Illness And Injury**

During an illness outbreak of any kind, special notice will be posted concerning any changes to our child pickup and quarantine policy that **MUST** be revised to address associated outbreak symptoms in an effort to maximize safety for all BPCC kids and families. Below is our Illness policy under normal conditions.

What we consider to be symptoms of a contagious illness that must be picked up are:

- A fever of 99.7 degrees or more,
- One or more occurrences of Vomiting,
- Two or more occurrences of Diarrhea (unless any children in the same class have had occurrences of Diarrhea in the last 24 hours. At that time one occurrence will be considered a contagious illness),
- The development of any rash,
- Any discharge from the eye,
- Any appearance of head lice or nits attached to any hair strand,
- Any moist sores or pus filled blisters especially showing up on exposed parts of the body.

Any child showing symptoms of a contagious illness **MUST NOT** be brought to the Day Care Center. If a child becomes ill at the center he or she will be isolated and the parents notified to have the child taken home. All children sent home must be symptom and fever free for 24 hours without aid of medication to return to the center. This is our pandemic policy and will remain until further notice.

If a medical emergency occurs and no authorized adult can be reached, then we, here at *Brooktowne Peoria Child Care* will be authorized to take the child to the nearest medical center. However, we will not be responsible for further complications due to delay in prompt medical attention. (It is very important that all authorized adult forms be kept current).

If illness or injury should occur away from the facility the day care center will be contacted and informed of the procedure to be taken depending on severity and proximity to treatment.

## **Covid**

Due to ever changing variants and guidelines as well as each unique situation surrounding positive cases and extent of exposure, our Covid guidelines, concerning quarantine periods and possible closure of either classroom(s) or School will vary. We have implemented a mass-group texting means of communicating our Covid policy. Make sure we have current Text Messaging numbers at all times

## **Medication**

All medication must be kept in our administrative office and administered by office personnel. An authorized adult must give signed permission along with detailed instructions with dosage amounts and times to be given. Any prescription medication must be dropped off in original prescription packaging.

# Communication

We want to create a growth environment that is as consistent as possible with each child's home. We encourage your communication with either the director, owner or your child's teacher to help us to create that consistency in your child's life.

*Love to Grow By*

I have read and understand all of the provisions including amendment page set forth by  
*Brooktowne Peoria Child Care*

Parent \_\_\_\_\_

Director \_\_\_\_\_

Date \_\_\_\_\_

[www.peoriachildcare.net](http://www.peoriachildcare.net)

Revised 5/1/2022

## Expulsion Policy

- Private pay families who get 2 weeks behind on their weekly tuition, must submit a payment plan that shows amounts and dates to be paid that will bring them back to an advance payment status. The children's enrollment at BPCCC will be terminated if agreed upon payment plan is not strictly followed.
- State Assistance families must have all co-payments and all in attendance missed swipes paid before the last day of the current month of care, to avoid enrollment termination.

## Emergency Plan Procedures

- Our fire evacuation plan is posted on the front entry bulletin board.
- Each staff member is aware of our severe weather plan. Each classroom has their own designated area to congregate. These areas are chosen based on their strength of design and structure as well as the safe distance they are located from windows.
- Both Fire and tornado drill are conducted monthly

## Behavior & Discipline Methods

- While each child may have behavioral issues that will require an individualized approach, BPCCC primarily uses redirection and safe, natural and logical consequences to help children take responsibility for their actions.

## When children do not arrive as Scheduled

- We will contact an authorized adult to get clearance for an absence anytime a child does not show up as scheduled either at BPCCC or at the bus after school. To avoid delays we ask that we be notified of any such planned absences.

## Occurrences of Communicable Disease or Infestation Exposure

- We will make sure to communicate to an authorized adult any time there is any exposure to any communicable disease or infestation.

## Handling Illness, Injuries and poison exposures

- Whether on or off site an authorized adult will be contacted any time an illness, Injuries or exposure to poison occurs. If we are unable to reach an authorized adult in such an instance, see Illness Procedure above.

## Sun Safety

All parents are required to bring sunscreen and insect repellent, labeled with child's name, to the classroom during the months of May through September. Our staff will be authorized to administer as needed.

## Child's belongings

- Each child will be have their own personal labeled cubby space for there belongings. We still ask that you label each of their items, including coats with permanent name tags.

## Field Trips

- Keep an eye on the monthly calendar (Kid Kalendar) for a listing of Class field trips as well as signs that pertain to those trip on either the front door or outside the classroom door or both.

## Compliance Files

- BrookTowne Peoria Child Care's compliance file are located on the front entry bulletin board in a red file

Parent \_\_\_\_\_

Director \_\_\_\_\_

Date \_\_\_\_\_

Amended 5/1/2022

# Brooktowne Peoria Child Care Enrollment Form

Child's First Name	Last	Date of Birth	Sex	Date of Enrollment	Cash or DHS

Home Address	City	State	Zip	Phone number

Family Doctor	Family Dr. Phone	Family Dr. Address	Health problems other notes
Please attach a copy of all immunization records			

I give my permission to Brooktowne Peoria Child Care to transport my Child(ren):

- To nearest medical facility, if a medical emergency occurs and I cannot be reached
- To and from School
- On field trips

Sign for Transportation Authorization: \_\_\_\_\_

Mothers First Name	Initial	Last Name	Last 4 SS#.	Email Address

Home Address (if different from child)	City	State	Zip	Cell number	Home number

Place of Employment	Address	City,	State	Zip	Work number

Fathers First Name	Initial	Last Name	Last 4 SS#.	Email Address

Home Address (if different from child)	City	State	Zip	Cell number	Home number

Place of Employment	Address	City,	State	Zip	Work number

## Complete below for all other individuals Authorized to pick up your child:

First Name	Initial	Last Name	Relationship to child	Cell number

Home Address	City	State	Zip	Home number

First Name	Initial	Last Name	Relationship to child	Cell number

Home Address	City	State	Zip	Home number

First Name	Initial	Last Name	Relationship to child	Cell number

Home Address	City	State	Zip	Home number

Sign & date confirming the above information is correct: \_\_\_\_\_

# Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

## Credit Card Information

Card Type  Master Card  Visa  Discover  Other

*(We are sorry but we do not Accept AMEX)*

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ CVV# \_\_\_\_\_ Zip Code \_\_\_\_\_

All charges are to be made in advance of care given unless prior arrangements have been agreed upon.  
Please indicate desired frequency to charge card:

- Every Tuesday
- Every Friday
- 1st of Each Month
- Friday of Every Other Week

Other (explain) \_\_\_\_\_

I \_\_\_\_\_, authorize Brooktowne Peoria Child Care to charge my credit card above for agreed upon charges. I understand that my information will be saved to file for future transactions on my account as agreed to on this form.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date



# Brooktowne Peoria Child Care LLC

**All State Assistance Families  
Please Read, Sign & Return**

4241 S. Peoria Ave  
Tulsa, OK. 74105

918-747-4567 Phone  
918-747-4586 Fax

peoriachildcare@gmail.com  
www.peoriachildcare.net

1. No catch up swipes on days we are not open or days your child was not here.
2. All families Must swipe in on arrival and out on departure. If you forget your EBT card you will need to go get it.
3. During the school year, those school age children who are on a blended rate, need only to preform one "In" swipe for each day their child was, both in attendance at public school and Peoria Child Care.
4. Both parents and grandparents need their own card so that all previous swipes can be avoided. These cards are available through the DHS office.
5. All denied swipes must be paid for by the responsible parent at Peoria Child Care's private pay rate by the Friday of the week that includes any denied swipes. When and if DHS reactivates your EBT card and they pay us for any or all denied swipes, we will reimburse you for those dates where we have been double paid.
6. All children, with the exception of School age children MUST qualify as W5 (W5 is a state assistance payment code that will pay for up to, 5 absences each month).
7. It is important to remember that ALL children coded for W5, full time care MUST be in attendance at least 16 days each month to maintain their space at Peoria Child Care.
8. If you mistakenly swipe your child present for a day that your child was not in attendance we will void out that day. This will be indicated on the Swipes Chart, next to the EBT machines, by the letter "V". If you do make this mistake and realize it, please let us know immediately.
9. The Swipes Chart will continue to color highlight the days that have not been swiped, strictly for the purpose of keeping you updated as to your 5 absent day per month limit. Once we update the Swipes Chart and know that your child was not in attendance on any given day, we will indicate that absent day with an "X". Remember that absent days as well as Holidays will be color highlighted as days counting toward your 5 absent day per month limit.

Please feel free to call or stop by the office if you need any clarification on any of the above policies.

\_\_\_\_\_ Signature \_\_\_\_\_ Date **Contract #29602**

*My Signature indicates I have read and understand the EBT Policy above.*

\_\_\_\_\_ Child's Name



# Brooktowne Peoria Child Care LLC



## Love to Grow By

4241 S Peoria Ave.  
Tulsa, OK. 74105

T 918-747-4567  
F 918-747-4586  
peoriachildcare@gmail  
www.peoriachildcare.net

## Photo Release Form

Dear Brooktowne Peoria Child Care parents, we post photos of our facility on a regular basis to either our website [www.peoriachildcare.net](http://www.peoriachildcare.net), or our Peoria Childcare Facebook Page

Please only an authorized parent or legal guardian may indicate below whether or not Brooktowne Peoria Child Care may post photos of daily activities that may include you child(ren)

Please Circle One

**Yes** - Brooktowne Peoria Child Care may post photos of my child(ren) to any or all above stated web related pages.

**No** - Brooktowne Peoria Child Care may not post photos of my child(ren) to any or all of the stated web related pages.

Please feel free to call if you have any further questions. 918-747-4567.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Authorized Parent or Legal Guardian

\_\_\_\_\_  
Date



**Program Information**

Brooktowne Peoria Child Care		K830056041	
Program name		License number	
4241 S. Peoria Ave	Tulsa	OK	74105
Street address	City	State	ZIP code
4241 S. Peoria Ave	Tulsa	OK	74105
Mailing address			
918-747-4567	Crystal Alley		
Phone	Owner		

**Child Information**

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

**Agreement and Signature**

- I understand and am aware:
  - this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
  - of the Compliance File location and its contents.
  - this form is to be completed:
    - upon child enrollment; and
    - every 12 months thereafter.
  - a copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

\_\_\_\_\_  
Parent or legal guardian name      Parent or legal guardian signature      Date

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 2024-2025**

**Enrollment Section: (To be completed by Parent/Guardian)**

*If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3*

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

Normal Days In Care : Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**PART 1: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Mark one ethnic identity:

Mark one or more racial identities:

- Hispanic or Latino  
 Not Hispanic or Latino

- Asian  
 White  
 American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander

- Black or African American

**PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME**

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, FDPIR #	Zero Income
1.	\$	\$	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

**PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER**

*I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant receiving meals may lose the meal benefits and I may be prosecuted.*

Signature of Adult Household Member \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_

Date \_\_\_\_\_

Last four digits of social security number: \*\*\*\* - \*\* - \_\_\_\_\_

I do not have a social security number

**FOR INSTITUTION USE ONLY:**

Annual Income Conversion: Weekly x 52    Every 2 Weeks x 26    Twice a Month x 24    Monthly x 12

Application Approved For:

- Free  
 Reduced  
 Not Eligible

SNAP/TANF/FDPIR

Foster

Income: Total Income : \$ \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_

Date \_\_\_\_\_

How often Paid? (circle one):    Weekly    Every 2 weeks    Twice a month    Monthly    Annually

Household Size \_\_\_\_\_

\*The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov) This institution is an equal opportunity provider