The Crayon Box – Key Policies & Procedures (2025–2026)

1. Who to Contact

- **Director:** Kristy Conklin – 740-398-4345
- **Staff in Charge:** Teacher Stephanie or Teacher Bev (usually in Room 102)
- **Lead Caregiver:** For classroom-specific and daily child needs
- **Emergency:** Andrews University Campus Safety – ext. 3321

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2. Discipline & Guidance Policy

Positive methods of discipline that encourage **self-control, self-direction, self-esteem, and cooperation** are used at The Crayon Box.

Our practices include:

- Offering choices to encourage cooperation
- Redirecting children to new activities when needed
- Modeling respectful communication
- Supporting children in problem-solving
- Using positive reinforcement such as verbal praise or stickers

Time-Outs / Cool-Downs

- Used only for children age 3+
- Limited to one minute per year of age
- Always supervised, supportive, and explained to the child
- Used to help children calm down and understand that certain behaviors are not acceptable
- Never used as isolation or punishment
- Staff document consistent behavioral concerns and conversations with parents

Prohibited Practices

The following are never permitted:

- Hitting, spanking, shaking, biting, pinching, or any corporal punishment
- Placing substances in a child's mouth (e.g., soap, hot sauce, vinegar)
- Restricting movement by binding or tying
- Inflicting mental or emotional punishment (humiliating, shaming, threatening)
- Depriving a child of meals, snacks, rest, or toilet use
- Excluding a child from outdoor play, gross motor activities, or daily learning experiences
- Confining a child in an enclosed area such as a closet, locked room, or box

Exception:

Non-severe, developmentally appropriate restraint may be used when reasonably necessary to prevent a child from harming self, others, or property — excluding prohibited practices above.

If a child's behavior becomes consistently dangerous to the safety of others, The Crayon Box reserves the right to require removal of that child from the program. Staff will partner with families to problem-solve and support positive behavior.

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3. Child-to-Staff Ratios & Supervision

We follow **State of Michigan licensing requirements** for ratios and group sizes:

- **Infants:** 1:4 (max 8 with 2 staff)
- **Toddlers (Young Toddler):** 1:4 (max 12 with 3 staff)
- **Twos (Older Toddler 1):** 1:4 (max 12 with 3 staff)
- **Twos (Older Toddler 2):** 1:8 (max 20 with 3 staff)
- **Preschool (33+ months):** 1:10 (max 30 with 3 staff)
- **Pre-Kindergarten (45+ months):** 1:12 (max 40 with 4 staff)
- **Young 5s/School Age:** 1:18 (max 54 with 3 staff)

Nap Time Supervision:

- One staff member may supervise if all children are asleep, visible, and no other duties are performed.
- Additional staff must be on-site and available to assist immediately.
- Full ratios are restored as soon as one child wakes.

Staff Coverage for Breaks:

- Staff may step out briefly (under 5 minutes) for a restroom break if another staff member is immediately available to monitor the room.
- If a restroom break will last **longer than 5 minutes**, a substitute or float staff must cover to ensure licensing ratios are always maintained.

Cell Phone Policy: Staff may not use personal cell phones while they are responsible for children.

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4. Outdoor Play & Supervision Policy

Outdoor play is an essential part of healthy child development. The Crayon Box requires:

- **A minimum of 2 hours of outdoor play daily** (weather permitting).
- Lessons that can be taught outside should be **adapted for outdoor learning** whenever possible.
- **Room schedules, laundry schedules, and playground schedules must be followed** to ensure smooth daily operations.

Safety & Counting Procedures:

- Teachers must **count children immediately upon entering a room** and stay aware of who is present.
- Each classroom keeps a **whiteboard near the door** with the current number of children listed.
- Teachers must **count children regularly**, matching physical headcounts with attendance/child cards.
- A teacher must always keep **eyes and ears on the children** during play. Active supervision means scanning, positioning, and listening to ensure children are safe and engaged.
- **No one is ever left behind.** In the words of *Lilo & Stitch*: *"Ohana means family, and family means nobody gets left behind."*

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5. Health Policies

Families must provide:

- A current **Health Appraisal Form** signed by a licensed health professional
- **Immunization records** or waiver
- **Special diet/allergy forms** signed by a physician (for almond milk, vegan diets, medical needs)

Children cannot attend without up-to-date health paperwork. Staff work with families to support medical, developmental, and dietary needs.

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6. Illness Procedures

For Children:

- Parents will be contacted for immediate pickup if a child becomes ill during care.
- Children must remain home with fever, vomiting, diarrhea, contagious illness, or other state-defined exclusionary conditions.
- Return requires **24 hours symptom-free without medication** or a doctor's note.
- In emergencies, staff call **9-911** and remain with the child until parents arrive.

For Staff:

- Staff with contagious symptoms must notify the Director as soon as possible so coverage can be found and stay home.
- Staff who become ill during their shift must inform administration and leave once coverage is arranged.
- Administrative staff step in as needed to maintain ratios.

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7. Handwashing Policy

All staff, volunteers, and children must wash hands:

- Before and after meals, snacks, or food preparation
- After contact with bodily fluids

This policy applies equally to adults and children to protect health and safety.

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8. Daily Safety & Classroom Practices

To maintain a safe, healthy, and organized environment for all children:

- **Headcounts:** Staff must count children as soon as they walk into a room and remain aware of which children are present at all times.
- **Drinks:** All staff drinks must have **secure lids** and be stored out of children's reach.
- **Photos:** No photos of children may be taken on personal devices.
- **Food Safety:** Food must be kept **out of children's reach** at all times unless it is part of a supervised meal or snack and approved by the lead teacher.

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FIRE EMERGENCY

Drill Information

Fire drills will be held quarterly. All fire drills will be documented in the fire drill log which is available in the office. Fire drills will be conducted by Andrews University Campus Safety.

Actions

STAFF MEMEBER who discovers a fire:
Sound the fire alarm immediately upon discovery of any kind of fire in the building.

Upon hearing the fire alarm, staff members will immediately react as follows

THE LEAD CAREGIVER in charge of the class:
Provide instructions for how children will safety exit the building
Grab the Lead Teacher emergency backpack
Immediately take the children, along with the daily attendance log, cards and emergency backpack, out through the closest approved exit. The designated meeting place is the second sidewalk from the front of Marsh Hall – between Marsh and Harrigan.
If it becomes necessary to move father away from the building due to excessive heat, fire department activities or any other reason, all children will be moved to Harrigan. Instruct the children on how to safety move to the new location.
Once at the designated meeting place, instruct the children to sit down quietly and take roll using the daily attendance log. If any child is unaccounted for, Campus Safety and/or the fire department personnel must be advised of this immediately upon their arrival. **DO NOT LEAVE THE REST OF THE CHILDREN UNATTENDED FOR ANY REASON.**
Reassure the children and keep them calm and quiet while making sure their needs are met with the activities and items located in the emergency backpack. Do not separate the children. Keep them all together and stay with them at all times. Do not release children to anyone other than their parents or other designated guardian as outlined in their enrollment forms.
THE ASSISTANT CAREGIVERS in the classroom:
Follow instructions of the Lead Caregiver for how to help the children safety exit the building
Grab an emergency backpack
Immediately take the children, along with the emergency backpack, out through the closest approved exit. The designated meeting place is the second sidewalk from the front of Marsh Hall – between Marsh and Harrigan.
Once at the designated meeting place, assist the children to sit down quietly**.**
Reassure the children and keep them calm and quiet while making sure their needs are met with the activities and items located in the emergency backpack. Do not separate the children. Keep them all together and stay with them at all times. Do not release children to anyone other than their parents or other designated guardian as outlined in their enrollment forms.
THE DIRECTOR, ADMINISTRATIVE ASSISTANT OR DESIGNATED ASSISTANT CAREGIVER
Immediately call Campus Safety at 3321 and report the fire
Provide them with location information: The Crayon Box. We are at Andrews University at 8475 University Blvd
Grab the office emergency backpack and the box of Child Information Records
Proceed to the designated meeting place. Communicate with Lead Caregivers on unaccounted children and/or staff.
The officers of Campus Safety will search the building for unaccounted children and/or staff.

Special Needs Care Plan: In case of the above described emergency, the Head Teacher in each classroom will designate an assistant to personally assist any student that may have special needs that need accommodations. The designated assistant will stay with the specific child until the parent arrives to pick up the child.

Parent Reunification: In case of the need to evacuate or when parents/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians (or other contacts designated by parent/guardian) as soon as it is safe. Parents/guardians will be notified once the immediate threat has passed. If children are being relocated, parents must be notified. Methods for contacting parents include, but are not limited to: a mass email or text message, phone calls from caregivers, notifying the local police department so they can let parents know where their children have been taken if a parent calls them and/or posting the relocation site address in a conspicuous location at the center that can be seen from outside.

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TORNADO

Drill Information

Tornado drills will be held twice between the months of April through October. All tornado drills will be documented in the fire drill log which is available in the office. Tornado drills will be conducted by the Director.

Actions

THE DIRECTOR, ADMINISTRATIVE ASSISTANT OR DESIGNATED ASSISTANT CAREGIVER
Upon learning of a **tornado watch** in the area, immediately monitor the weather on the NOAA Weather Alert All Hazard Public Alert Certified Radio. Monitor weather conditions until the facility is closed and all children have been picked up or the weather watch is canceled.
Should weather conditions deteriorate and a **tornado warning** is issued, the tornado alarm will sound on campus.
Grab the office emergency backpack and the box of Child Information Records
Bring the radio and check on all classrooms in their designated shelter locations. Communicate with Lead Caregivers on unaccounted children and/or staff.

Upon hearing the tornado alarm, staff members will immediately react as follows

THE LEAD CAREGIVER in charge of the class:
Provide instructions for how children will safely move to the designated shelter location.
Grab the Lead Teacher emergency backpack
Immediately take the children, along with the daily attendance log, cards and emergency backpack, to your designated shelter location. **IN/YT:** Kitchen. **OT:** Under cubbies in 102A**. PS:** Laundry room. **PK:** Against wall in 102B. **Y5**: At chalkboard in 107.
Once at the designated meeting place, instruct the children to sit down quietly and take roll using the daily attendance log. If any child is unaccounted for, notify the director or designated assistant caregiver. **DO NOT LEAVE THE REST OF THE CHILDREN UNATTENDED FOR ANY REASON.**
Reassure the children and keep them calm and quiet while making sure their needs are met with the activities and items located in the emergency backpack. Keep the children at the designated shelter location until the tornado warning is canceled. Do not separate the children. Keep them all together and stay with them at all times. Do not release children to anyone other than their parents or other designated guardian as outlined in their enrollment forms.
THE ASSISTANT CAREGIVER #1 in the classroom:
Grab an emergency backpack
Immediately begin a systematic search of the facility.
Quickly search in lavatories, closets, room corners, under desks, behind curtains, anywhere where a scared child might have hidden in your room
Once the search is completed, proceed to the designated shelter location and assist The Caregiver in keeping all children reassured, calm and quiet while making sure their needs are met with the activities and items located in the emergency backpack
ASSISTANT CAREGIVERS #2-#5 in the classroom:
Grab an emergency backpack
Proceed to the designated shelter location and assist the Lead Caregiver in keeping all children reassured, calm and quiet while making sure their needs are met with the activities and items located in the emergency backpack

Special Needs Care Plan: In case of the above described emergency, the Head Teacher in each classroom will designate an assistant to personally assist any student that may have special needs that need accommodations. The designated assistant will stay with the specific child until the parent arrives to pick up the child.

Parent Reunification: In case of the need to evacuate or when parents/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians (or other contacts designated by parent/guardian) as soon as it is safe. Parents/guardians will be notified once the immediate threat has passed. If children are being relocated, parents must be notified. Methods for contacting parents include, but are not limited to: a mass email or text message, phone calls from caregivers, notifying the local police department so they can let parents know where their children have been taken if a parent calls them and/or posting the relocation site address in a conspicuous location at the center that can be seen from outside.

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SERIOUS ACCIDENT OR ILLNESS

Actions

THE LEAD CAREGIVER in charge of the class:
Remain with the sick or inured child. Administer emergency first aid as necessary: • Ensure and maintain an open airway • Control any bleeding with direct pressure • Ensure proper circulation as necessary (CPR)
Reassure the child and keep him/her calm and quiet until the emergency medical personnel take over the child's care.
If a caregiver has to accompany the child to the hospital, the administrative assistant will take their place in the classroom to meet ratio requirements.
ASSISTANT CAREGIVER #1 in the classroom:
Immediately call 9-911 and report the emergency (as needed) Provide them with location information: The Crayon Box. We are at Andrews University at 8475 University Blvd Directions to Center: Enter at main entrance off Rt. 31. Go to rotary and go around to the left. Go straight ahead from rotary and follow that around beside the church. Keep going straight around a parking lot and past playing fields. After the bend in the road – there will be tennis courts on the left and then a water tower. Our drive is straight across from the tower – Marsh Hall. We are on the bottom floor. Enter on the end of the building between the two playgrounds.
Notify the parents of the sick or injured child.
Upon arrival, direct emergency medical personnel to the injured or sick child.
ASSISTANT CAREGIVERS #2-#5 / ADMINISTRATIVE ASSISTANT
Keep remaining children calm and care for them until the emergency situation is resolved.

POWER OUTAGE

Actions

THE DIRECTOR, ADMINISTRATIVE ASSISTANT OR DESIGNATED ASSISTANT CAREGIVER
Immediately upon discovery of a power outage, determine why the power is out. Check circuit breaker and contact Plant Services, if necessary, to connect the generator.
Close the facility if compliance with the licensing rules cannot be maintained, such as running water, flushable toilets, temperature, visibility of children, etc.
Assign caregivers to call parents to inform them that children need to be picked up. Send notice through REMIND and on Facebook.
Then call parents of children scheduled to arrive to inform them not to come.
Post a notice on the entrance door that the facility is closed due to a power outage.
THE LEAD CAREGIVER in charge of the class:
Account for his/her group of children and keep them calm and engaged in activities.

If at any time it's determined that the building is unsafe, fire evacuation procedures will be followed.

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GAS LEAK

If there is a gas leak detected in or near the building, evacuate immediately according to fire emergency procedures.

Once evacuated, the **DIRECTOR** or staff member in charge will contact the Plant Services or Campus Safety to determine if the facility needs to go to the relocation site. Follow your relocation procedures, if necessary.

WATER MAIN BREAK OR WATER OUTAGE

If there is a water main break in or near the building, or total loss of water at the facility for any reason, the facility must close. The DIRECTOR or staff member in charge, along with emergency responders, will determine if the facility needs to be evacuated or if the children can remain in the building until parents can arrive to pick up their children. In the case of evacuation, follow the fire emergency procedures. If children can remain in the building, follow the procedures for power outage.

WINTER STORM

Should a winter storm occur or be predicted while children are present, the **Director** will follow Andrews University's snow policies. If the facility must close, parents will be called to inform them that children need to be picked up and then call parents of children scheduled to arrive to inform them not to come.

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FLOOD

Actions

STAFF MEMEBER who discovers a flood:
Notify the Director or staff member in charge.

Upon hearing of the flood, staff members will immediately react as follows

THE LEAD CAREGIVER in charge of the class:
Provide instructions for how children will safety exit to Nursing (2nd floor)
Grab the Lead Teacher emergency backpack
Immediately take the children, along with the daily attendance log, cards and emergency backpack, out through the closest approved exit to Nursing (2nd floor).
Once at the designated meeting place, instruct the children to sit down quietly and take roll using the daily attendance log. If any child is unaccounted for, Campus Safety and/or the fire department personnel must be advised of this immediately upon their arrival. **DO NOT LEAVE THE REST OF THE CHILDREN UNATTENDED FOR ANY REASON.**
Reassure the children and keep them calm and quiet while making sure their needs are met with the activities and items located in the emergency backpack. Do not separate the children. Keep them all together and stay with them at all times. Do not release children to anyone other than their parents or other designated guardian as outlined in their enrollment forms.
ASSISTANT CAREGIVERS #-#5 in the classroom:
Follow instructions of the Lead Caregiver for how to help the children safety exit to Nursing (2nd floor).
Grab an emergency backpack
Immediately take the children, along with the emergency backpack, out through the closest approved exit to Nursing (2nd floor).
Once at the designated meeting place, assist the children to sit down quietly**.**
Reassure the children and keep them calm and quiet while making sure their needs are met with the activities and items located in the emergency backpack. Do not separate the children. Keep them all together and stay with them at all times. Do not release children to anyone other than their parents or other designated guardian as outlined in their enrollment forms.
THE DIRECTOR, ADMINISTRATIVE ASSISTANT OR DESIGNATED ASSISTANT CAREGIVER
Immediately call Campus Safety at 3321 and report the flood
Grab the office emergency backpack and the box of Child Information Records
Immediately begin a systematic search of the facility.
Quickly search in lavatories, closets, room corners, under desks, behind curtains, anywhere where a scared child might have hidden in your room
The officers of Campus Safety will continue search the building for unaccounted children and/or staff.

Special Needs Care Plan: In case of the above described emergency, the Head Teacher in each classroom will designate an assistant to personally assist any student that may have special needs that need accommodations. The designated assistant will stay with the specific child until the parent arrives to pick up the child.

Parent Reunification: In case of the need to evacuate or when parents/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians (or other contacts designated by parent/guardian) as soon as it is safe. Parents/guardians will be notified once the immediate threat has passed. If children are being relocated, parents must be notified. Methods for contacting parents include, but are not limited to: a mass email or text message, phone calls from caregivers, notifying the local police department so they can let parents know where their children have been taken if a parent calls them and/or posting the relocation site address in a conspicuous location at the center that can be seen from outside.

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CRISIS MANAGEMENT PLAN

Crisis management plans are not posted, but must be kept in a place known and easily accessible to staff.

LOCKDOWN/SHELTER-IN-PLACE

Lockdown Information

Parents will not have access to the building during a lockdown. During emergencies, AU Alert will send text messages, emails and voice calls to registered recipients. Parents should register to AU Alert by texting "AUALERT" to 78015.

Actions

THE DIRECTOR, ADMINISTRATIVE ASSISTANT OR DESIGNATED ASSISTANT CAREGIVER
In the event that a lock down of the center must occur, such as for an intruder or a dangerous situation near the center, Campus Safety will alert the center on AU Alert.
Alert staff. Center doors will lock automatically.
Grab the office emergency backpack and the box of Child Information Records
Proceed to the pre-determined safe spot

Upon hearing the lockdown announcement, staff members will immediately react as follows

THE LEAD CAREGIVER in charge of the class:
Shut and lock classroom doors and windows, if not already done. **DO NOT open the door for anyone, for any reason.**
Grab the Lead Teacher emergency backpack
Notify local authorities of the status of individuals in the room – has someone been hurt? Is there a physical threat inside the room? Use red (threat/injury) and
Join the rest of the classroom in the safe spot.
Assist **AC#1** and **other caregivers** with keeping the children occupied, quiet and making sure their needs are met with the activities and items located in the emergency backpack.
THE ASSISTANT CAREGIVER #1 in the classroom:
Grab an emergency backpack
Instruct all children to keep quiet and proceed to the predetermined safe spot.
Make sure all children and adults are safe and unhurt. Reassure the children and keep them calm and quiet.
Keep the children occupied, quiet and make sure their needs are met with the activities and items located in the emergency backpack
ASSISTANT CAREGIVERS #2-#5 in the classroom:
Grab an emergency backpack
Proceed to the predetermined safe location and assist AC#1 and the Lead Caregiver in keeping all children reassured, calm and quiet while making sure their needs are met with the activities and items located in the emergency backpack

Special Needs Care Plan: In case of the above described emergency, the Head Teacher in each classroom will designate an assistant to personally assist any student that may have special needs that need accommodations. The designated assistant will stay with the specific child until the parent arrives to pick up the child.

Parent Reunification: In case of the need to evacuate or when parents/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians (or other contacts designated by parent/guardian) as soon as it is safe. Parents/guardians will be notified once the immediate threat has passed. If children are being relocated, parents must be notified. Methods for contacting parents include, but are not limited to: a mass email or text message, phone calls from caregivers, notifying the local police department so they can let parents know where their children have been taken if a parent calls them and/or posting the relocation site address in a conspicuous location at the center that can be seen from outside.

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INTRUDER OR OTHER DANGEROUS SITUATION NEAR THE FACILITY

If there is an intruder or other dangerous situation near the center, lock-down the facility according to the lock-down/shelter in place procedures. Director or staff member in charge will push the emergency alert button in the office unable to call 911.

BOMB THREATS

The person receiving the bomb threat call should engage the caller in a conversation to get as much information as possible:

· Ask what time the bomb is set to go off.
· Ask questions regarding the specific location of the bomb.
· Ask about the appearance of the bomb package.
· Listen for background noise, e.g., radio, other people, traffic sounds, etc.
· Was the caller calm or hysterical?
· Was the caller's voice young or old?

Notify the DIRECTOR or staff-member-in-charge and call 911 to report the bomb threat.

Evacuate immediately according to fire emergency procedures.

SUSPICIOUS BOX OR PACKAGE FOUND AT THE FACILITY

Anyone that believes a box or other type of package/container appears to be suspicious should not touch the item.

Notify the DIRECTOR or staff-member-in-charge and call 911 to report the box/package to the police.

Evacuate immediately according to fire emergency procedures. Keep away from the suspicious box/package

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MISSING CHILD

Actions

THE LEAD CAREGIVER in charge of the class:
Immediately upon discover of a missing child alert the **DIRECTOR** or staff-member-in-charge of the missing child.
Assist AC #1 in searching the facility for the missing child.
Quickly search in lavatories, closets, rom corners, under desks, behind curtains, anywhere where a child might have hidden or gone.
THE ASSISTANT CAREGIVER #1 in the classroom:
Immediately begin a systematic search of the facility.
Quickly search in lavatories, closets, rom corners, under desks, behind curtains, anywhere where a child might have hidden or gone.
ASSISTANT CAREGIVERS #2-#5 in the classroom:
Keep remaining children calm and care for them until the missing child is found.
THE DIRECTOR, ADMINISTRATIVE ASSISTANT OR DESIGNATED ASSISTANT CAREGIVER
Immediately call 9-911 and report the missing child (if necessary). Provide them with location information: The Crayon Box. We are at Andrews University at 8475 University Blvd Directions to Center: Enter at main entrance off Rt. 31. Go to rotary and go around to the left. Go straight ahead from rotary and follow that around beside the church. Keep going straight around a parking lot and past playing fields. After the bend in the road – there will be tennis courts on the left and then a water tower. Our drive is straight across from the tower – Marsh Hall. We are on the bottom floor. Enter on the end of the building between the two playgrounds.
Assist Lead Caregiver and AC #1 in searching the facility for the missing child.
Quickly search in lavatories, closets, rom corners, under desks, behind curtains, anywhere where a child might have hidden or gone.

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Registration 2025-2026

Forms are due no later than 5 pm on the Wednesday two weeks before the start date.

Child's Name _____ **Date of Birth** _____

Enrollment Number _____ **Class Entering in Fall 2025** _____

Expected Start Date _____ **Child's T-Shirt Size: circle one YS YM YL S M L XL**

All enrolled children receive a school T-shirt and water bottle.

Complete and return registration forms and provide documents.

- **Child Information Record (required)**
- **Developmental History (required)**
- **Enrollment Agreement (required)**
- Fluid Milk Substitute Request (completed by parent for soy milk)
- **Health Appraisal Form (required)**
- **Household Income Eligibility Statement (required)**
- **Illness During Childcare Hours Policy Acknowledgement (required)**
- **Immunization records (required)**
- Infant Formula/Food Sign Off Statement (required for infants)
- **Meal Sign Off Statement (required)**
- **Parent Agreement Schedule Form (required)**
- **Participant Enrollment Form (required)**
- Professional Character Clearance Volunteers/Parents (recommended)
- **School Activity and Medical Release Form (required)**
- School Age Child Good Health Statement (replaces physical for school age children)
- Special Diet Statement *(completed by physician for almond milk or special meals including vegan)*
- **Topical Non-Prescription Medication Form (required)**
- **Transportation Authorization (required)**
- **Written Permission to Photograph (required)**

❑ Pay registration fee of $55 per child to reserve enrollment Date paid _____

❑ Turn in first week schedule to the office by 5 pm on the Wednesday two weeks before your child will begin care.

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge

Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State	Zip Code
Parent/Legal Guardian's Name	Primary Phone ( )	Parent/Legal Guardian's Name (Optional)		Primary Phone ( )
Home Address (if not child's address)	2nd Phone (if applicable) ( )	Home Address (if not child's address)		2nd Phone (if applicable) ( )
City / State / Zip Code		City	State	Zip Code
Email Address (optional)		Email Address (optional)		
Employer Name	Work Phone ( )	Employer Name		Work Phone ( )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ( )		
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? Yes ☐ No ☐ If yes, explain: (Attach additional sheets, if necessary.)				

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	**( )**	**2.**	**( )**
3.	**( )**	**4.**	**( )**

Parent/Legal Guardian Initials:

_____I give permission to The Crayon Box, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian — Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

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Infant Developmental History Form

Baby's Name: ..... Date of Birth: .....

What would you like us to call your baby? .....

Does your baby speak English? ☐ Yes ☐ No

Is any language other than English spoken in your home? ☐ Yes ☐ No

If yes, what languages are spoken at home? .....

Parent/Guardian Name: .....

Parent/Guardian Name: .....

Does the baby's father live in the same home as the baby? ☐ Yes ☐ No

Does the baby's mother live in the same home as the baby? ☐ Yes ☐ No

Is there a step-parent in the home? ☐ Yes ☐ No

Is your baby adopted? ☐ Yes ☐ No If yes, age of adoption _____ If yes, does baby know he/she is adopted? ☐ Yes ☐ No

Name of Person Completing Form: .....

In the columns below list the names of family members residing with the baby. Please include siblings, extended relatives, and pets. For each person listed provide the name the baby uses to address that individual and include ages of siblings.

Name	How baby addresses this individual?	Age

Please list words in your language corresponding to the English below.	
I'll take good care of you	
I see that you are crying	
Time to go outside	
I like your smile	
Time for snack/lunch	
Everyone is resting now	
Daddy will be back	
Mommy will be back	
Let's change your diaper	

If parental custody is shared, describe the custody arrangements: .....

.....

.....

Please tell us about cultural family customs, rituals, or traditions that will help us make your baby's experience more meaningful, including languages spoken at home: .....

.....

.....

DEVELOPMENTAL HISTORY

Age Baby Began: Sitting: _____ Crawling: _____ Standing: _____ Walking with support: _____

Walking independently: _____ Cooing: _____ Babbling: _____

Saying audible words:_____ Saying 2 or 3 simple sentences: _____

Do you have developmental concerns about your baby? .....

.....

.....

How does your baby communicate his/her needs? .....

.....

.....

CHILD'S HEALTH

List medications regularly taken and conditions requiring them: .....

.....

.....

.....

Describe serious illnesses or hospitalizations:.....

.....

.....

.....

Describe special physical conditions, disabilities, allergies, or concerns: .....

.....

.....

.....

Does your baby have a special need? .....

.....

.....

.....

Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel): .....

.....

.....

.....

Does your baby have frequent stomach aches? ☐ Yes ☐ No vomit easily? ☐ Yes ☐ No

Does your baby run high fevers easily? ☐ Yes ☐ No

NUTRITION PRACTICES AND ROUTINES

How is your baby fed? (Check all that apply): ☐ Breast ☐ Bottle ☐ Cup

Does your baby know how to drink from a bottle? ☐ Yes ☐ No If no, explain your plans to help them achieve this: .....

.....

.....

In the corresponding row, provide your baby's feeding details.

	Brand	Amount	Preferred time of day given
Formula/Milk			
Breast Milk			

If your baby is exclusively breast fed, please outline your daily plan: :.....

.....

.....

If your baby is breast fed or receiving expressed breast milk, how can we support you?.....

.....

.....

Does your baby have any eating difficulties? ☐ Yes ☐ No If yes, explain:.....

.....

List special dietary requests^, food allergies^ and restrictions^ (^Doctor signed form required):.....

.....

.....

Have solid foods been introduced? Yes No If yes, please identify: .....

.....

.....

Are there any foods you do not feed your baby? .....

Does your baby have strong food likes or dislikes? .....

.....

Do you or will you feed your baby? (choose all that apply)

Eggs ☐ Yes ☐ No^ (^Doctor signed form required.)

Cheese ☐ Yes ☐ No^ (^Doctor signed form required.)

Dairy ☐ Yes ☐ No^ (^Doctor signed form required.)

Soy ☐ Yes ☐ No^ (^Doctor signed form required.)

Baby eats with: ☐ Spoon ☐ Fork ☐ Fingers ☐ Other .....

Baby is fed in: ☐ Highchair ☐ In Arms ☐ Bouncy seat ☐ Other .....

Preferred time of day to feed baby: _____ A.M. _____ A.M. _____ P.M. _____ P.M.

SLEEPING ROUTINES

Pre-nap routines/rituals: .....

.....

Number of naps daily: _____

From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

Preferred sleep position*: .....

At home baby sleeps in (Check all that apply): ☐ Bassinet ☐ Crib ☐ Bed

Baby's typical waking behavior/routine/mood: .....

.....

.....

Special sleeping concerns:.....

.....

* Note: The Crayon Box places infants to sleep on their backs in crib unless an infant cannot rest or sleep on her or his back due to disability or illness and written instructions, signed by the infant's licensed health care provider, detailing an alternative safe sleep position or other special sleeping arrangements for the infant must be followed and kept on file at the center. The instructions must include an end date. Following the recommendation of the American Academy of Pediatrics, soft items such as bumpers, stuffed animals (including pacifiers with a stuffed animal attached), blankets and quilts are not allowed in cribs.

DIAPERING/TOILETING ROUTINES

Please check which type of diapers you will provide: ☐ disposable ☐ cloth* (*see handbook for policy on cloth diapers)

Words used for urination: .....

Words used for bowel movement: .....

COMFORTING CHILD

Position baby prefers to be held: .....

Security object (if any): ..... Name baby uses for object/when needed: .....

.....

.....

Does your baby use a pacifier? ☐ Yes ☐ No If yes, when: .....

Describe how adults can comfort your baby? .....

.....

.....

.....

.....

Security object (if any): ..... Name baby uses for object/when needed: .....

.....

.....

SOCIAL RELATIONSHIPS

Describe your baby's temperament: ☐ Determined ☐ Outgoing ☐ Shy ☐ Relaxed ☐ Assertive Explain: .....

.....

.....

How does your baby react to new situations and new children and adults? .....

.....

.....

Has your baby had previous child care experience? ☐ Yes ☐ No If yes, explain how it met, or did not meet, your expectations? .....

.....

.....

Baby's favorite indoor play activity .....

Baby's favorite outdoor play activity .....

Is your baby frightened by any of the following? ☐ animals ☐ dark ☐ storms ☐ loud noises ☐ bugs ☐ other .....

Please describe how your baby acts in a group play situation. (Check all that apply)

- ☐ Nervous, worried
- ☐ Pushy, bullies others
- ☐ Social, friendly
- ☐ Gets angry easily
- ☐ Hyper, restless, can't sit still
- ☐ Relaxed, calm
- ☐ Shy, withdrawn, keeps to self
- ☐ Scared, fearful

.

ADDITIONAL PERTINENT INFORMATION

Is there additional information you feel is important for the staff to know about your baby or family? .....

.....

.....

What do you as a family, hope to get out of this child care experience?.....

.....

.....

Parent/Guardian Signature: ..... Date: .....

Staff Signature: ..... Date: .....

Sections of this Personal Care Plan will be updated every 3 months or sooner if requested by a parent/guardian.

Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	

Andrews University
Children's Learning Center

Toddler Developmental History Form

Child's Name: ..... Date of Birth: .....

What would you like us to call your child? .....

Does your child speak English? ☐ Yes ☐ No

Is any language other than English spoken in your home? ☐ Yes ☐ No

If yes, what languages are spoken at home? .....

Parent/Guardian Name: .....

Parent/Guardian Name: .....

Does the child's father live in the same home as the child? ☐ Yes ☐ No

Does the child's mother live in the same home as the child? ☐ Yes ☐ No

Is there a step-parent in the home? ☐ Yes ☐ No

Is your child adopted? ☐ Yes ☐ No If yes, age of adoption _____ If yes, does child know he/she is adopted? ☐ Yes ☐ No

Name of Person Completing Form: .....

FAMILY INFORMATION

In the columns below list the names of family members residing with the child. Please include siblings, extended relatives, and pets. For each person listed provide the name the child uses to address that individual and include ages of siblings.

Name	How child addresses this individual?	Age

Please list words in your language corresponding to the English below.

I'll take good care of you	
I see that you are crying	
Time to go outside	
I like your smile	
Time for snack/lunch	
Everyone is resting now	
Daddy will be back	
Mommy will be back	
Time to use the bathroom	
Let's change your diaper.	
It's free play. You can choose what you want to do	

If parental custody is shared, describe the custody arrangements: .....

.....

.....

Please tell us about cultural family customs, rituals, or traditions that will help us make your child's experience more meaningful, including languages spoken at home: .....

.....

.....

DEVELOPMENTAL HISTORY

Does your child: Crawl? ☐ Yes ☐ No Walk with support ? ☐ Yes ☐ No Walk without support? ☐ Yes ☐ No

Does your child: Say audible words? ☐ Yes ☐ No Speak in 2 or 3 audible sentences? ☐ Yes ☐ No

Do you have developmental concerns about your child? .....

.....

.....

Does your child have any speech difficulties? ☐ Yes ☐ No If yes, explain: .....

.....

.....

How does your child communicate his/her needs? .....

.....

.....

CHILD'S HEALTH

List medications regularly taken and conditions requiring them: .....

.....

.....

.....

Describe serious illnesses or hospitalizations:.....

.....

.....

.....

Describe special physical conditions, disabilities, allergies, or concerns: .....

.....

.....

.....

Does your child have a special need? .....

.....

.....

.....

Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel): .....

.....

.....

.....

Does your child have frequent stomach aches? ☐ Yes ☐ No vomit easily? ☐ Yes ☐ No

Does your child run high fevers easily? ☐ Yes ☐ No

NUTRITION PRACTICES AND ROUTINES

Does your child have any eating difficulties? ☐ Yes ☐ No If yes, explain:.....

.....

.....

List special dietary requests^, food allergies^ and restrictions^ (^Doctor signed form required):.....

.....

.....

.....

Are there any foods you do not feed your child? .....

Does your child have strong food likes or dislikes? .....

.....

What does milk does your child drink? (choose one)

☐ Cow Milk

☐ Soy Milk* (*Parent signed form required.)

☐ Almond Milk^ (^Doctor signed form required.)

Do you feed your child? (choose all that apply)

Eggs ☐ Yes ☐ No^ (^Doctor signed form required.)

Cheese ☐ Yes ☐ No^ (^Doctor signed form required.)

Dairy ☐ Yes ☐ No^ (^Doctor signed form required.)

Soy ☐ Yes ☐ No^ (^Doctor signed form required.)

Child eats with: ☐ Spoon ☐ Fork ☐ Fingers ☐ Other .....

Child is fed in: ☐ Highchair ☐ In Arms ☐ Bouncy seat ☐ Other .....

SLEEPING ROUTINES

Pre-nap routines/rituals: .....

.....

Number of naps daily: _____

From: _____ To: _____ From: _____ To: _____

What time does your child go to bed at night?..... Wake in morning? .....

At home child sleeps in (Check all that apply): ☐ Bed ☐ Crib ☐ With parents

Child's typical waking behavior/routine/mood: .....

.....

.....

Special sleeping concerns:.....

.....

TOILETING ROUTINES

Is your child reluctant to use the bathroom? ☐ Yes ☐ No If yes, how do you handle this?.....

.....

.....

Is your child toilet trained? ☐ Yes ☐ No ☐ Urination ☐ Bowels ☐ Both If no, does child wear diapers? ☐ Yes ☐ No

Does your child have accidents? ☐ Yes ☐ No If yes, how often/when? .....

Does your child wear diapers during the day? ☐ Yes ☐ No

Does your child wear diapers when napping? ☐ Yes ☐ No

If yes, which type of diapers you will provide: ☐ disposable ☐ cloth* (*see handbook for policy on cloth diapers)

What is used at home for toileting? ☐ Potty chair ☐ Special seat ☐ Regular seat Explain: .....

.....

How can we support toilet learning?.....

.....

Words used for urination: .....

Words used for bowel movement: ..... .

Are bowel movements regular? ☐ Yes ☐ No How often/when? .....

.....

Is there a problem with: ☐ Diarrhea ☐ Constipation Explain: .....

.....

.....

COMFORTING CHILD

Position child prefers to be held: .....

Security object (if any): ..... Name child uses for object/when needed: .....

.....

.....

Does your child use a pacifier? ☐ Yes ☐ No If yes, when: .....

Describe how adults can comfort your child? .....

.....

.....

.....

.....

SOCIAL RELATIONSHIPS

Describe your child's temperament: ☐ Determined ☐ Outgoing ☐ Shy ☐ Relaxed ☐ Assertive Explain: .....

.....

.....

How does your child react to new situations and new children and adults? .....

.....

.....

Does your child prefer to play: ☐ Alone ☐ In small groups Explain: .....

.....

.....

Has your child had previous child care experience? ☐ Yes ☐ No If yes, explain how it met, or did not meet, your expectations? .....

.....

.....

Child's favorite indoor play activity .....

Child's favorite outdoor play activity .....

Is your child frightened by any of the following? ☐ animals ☐ dark ☐ storms ☐ loud noises ☐ bugs ☐ other .....

Please describe how your child acts in a group play situation. (Check all that apply)

- ☐ Nervous, worried
- ☐ Pushy, bullies others
- ☐ Social, friendly
- ☐ Gets angry easily
- ☐ Hyper, restless, can't sit still
- ☐ Relaxed, calm
- ☐ Shy, withdrawn, keeps to self
- ☐ Scared, fearful

.

ADDITIONAL PERTINENT INFORMATION

Who does most of the disciplining? .....

What do you find is the best technique for disciplining your child? .....

.....

Is there additional information you feel is important for the staff to know about your child or family? .....

.....

.....

What do you as a family, hope to get out of this child care experience?.....

.....

.....

Parent/Guardian Signature: ..... Date: .....

Staff Signature: ..... Date: .....

Sections of this Personal Care Plan will be updated every 3 months or sooner if requested by a parent/guardian.

Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	

Andrews University
Children's Learning Center

Developmental History Form Preschool-Young 5s

Child's Name: ..... Date of Birth: .....

What would you like us to call your child? .....

Does your child speak English? ☐ Yes ☐ No

Is any language other than English spoken in your home? ☐ Yes ☐ No

If yes, what languages are spoken at home? .....

Parent/Guardian Name: .....

Parent/Guardian Name: .....

Does the child's father live in the same home as the child? ☐ Yes ☐ No

Does the child's mother live in the same home as the child? ☐ Yes ☐ No

Is there a step-parent in the home? ☐ Yes ☐ No

Is your child adopted? ☐ Yes ☐ No If yes, age of adoption _____ If yes, does child know he/she is adopted? ☐ Yes ☐ No

Name of Person Completing Form: .....

FAMILY INFORMATION

In the columns below list the names of family members residing with the child. Please include siblings, extended relatives, and pets. For each person listed provide the name the child uses to address that individual and include ages of siblings.

Name	How child addresses this individual?	Age

Please list words in your language corresponding to the English below.	
I'll take good care of you	
I see that you are crying	
Time to go outside	
I like your smile	
Time for snack/lunch	
Everyone is resting now	
Daddy will be back	
Mommy will be back	
Time to use the bathroom	
It's group time	
It's free play. You can choose what you want to do	

If parental custody is shared, describe the custody arrangements: .....

.....

.....

Please tell us about cultural family customs, rituals, or traditions that will help us make your child's experience more meaningful, including languages spoken at home: .....

.....

.....

DEVELOPMENTAL HISTORY

Do you have developmental concerns about your child? .....

.....

.....

Does your child have any speech difficulties? ☐ Yes ☐ No If yes, explain: .....

.....

.....

How does your child communicate his/her needs? .....

.....

.....

Does your child dress themselves? ☐ Yes ☐ No undress self? ☐ Yes ☐ No tie their shoes? ☐ Yes ☐ No

Is your child left or right handed? ☐ left handed ☐ right handed ☐ unsure at this time

CHILD'S HEALTH

List medications regularly taken and conditions requiring them: .....

.....

.....

.....

Describe serious illnesses or hospitalizations:.....

.....

.....

.....

Describe special physical conditions, disabilities, allergies, or concerns: .....

.....

.....

.....

Does your child have a special need? .....

.....

.....

.....

Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel): .....

.....

.....

.....

Does your child have frequent stomach aches? ☐ Yes ☐ No vomit easily? ☐ Yes ☐ No

Does your child run high fevers easily? ☐ Yes ☐ No

NUTRITION PRACTICES AND ROUTINES

Does your child have any eating difficulties? ☐ Yes ☐ No If yes, explain:.....

.....

.....

List special dietary requests^, food allergies^ and restrictions^ (^Doctor signed form required):.....

.....

.....

.....

Are there any foods you do not feed your child? .....

Does your child have strong food likes or dislikes? .....

.....

What does milk does your child drink? (choose one)

☐ Cow Milk

☐ Soy Milk* (*Parent signed form required.)

☐ Almond Milk^ (^Doctor signed form required.)

Do you feed your child? (choose all that apply)

Eggs ☐ Yes ☐ No^ (^Doctor signed form required.)

Cheese ☐ Yes ☐ No^ (^Doctor signed form required.)

Dairy ☐ Yes ☐ No^ (^Doctor signed form required.)

Child eats with: ☐ Spoon ☐ Fork ☐ Fingers ☐ Other .....

Does your child drink from a cup? ☐ Yes ☐ No

SLEEPING ROUTINES

Does your child become tired or nap during the day? ☐ Yes ☐ No If yes, what time and for how long?.....

.....

Pre-nap routines/rituals: .....

.....

What time does your child go to bed at night?..... Wake in morning? .....

At home child sleeps in (Check all that apply): ☐ Bed ☐ With parents

Child's typical waking behavior/routine/mood: .....

.....

.....

Special sleeping concerns:.....

.....

TOILETING ROUTINES

Is your child reluctant to use the bathroom? ☐ Yes ☐ No If yes, how do you handle this?.....

.....

.....

Is your child toilet trained? ☐ Yes ☐ No ☐ Urination ☐ Bowels ☐ Both If no, does child wear diapers? ☐ Yes ☐ No

Does your child have accidents? ☐ Yes ☐ No If yes, how often/when? .....

What is used at home for toileting? ☐ Potty chair ☐ Special seat ☐ Regular seat Explain: .....

.....

How can we support toilet learning?.....

.....

Words used for urination: .....

.....

Words used for bowel movement: ..... .

.....

Are bowel movements regular? ☐ Yes ☐ No How often/when? .....

.....

Is there a problem with: ☐ Diarrhea ☐ Constipation Explain: .....

.....

.....

COMFORTING CHILD

Describe how adults can comfort your child? .....

.....

.....

.....

.....

Security object (if any): ..... Name child uses for object/when needed: .....

.....

.....

SOCIAL RELATIONSHIPS

Describe your child's temperament: ☐ Determined ☐ Outgoing ☐ Shy ☐ Relaxed ☐ Assertive Explain: .....

.....

.....

How does your child react to new situations and new children and adults? .....

.....

.....

Does your child prefer to play: ☐ Alone ☐ In small groups Explain: .....

.....

.....

Has your child had previous child care experience? ☐ Yes ☐ No If yes, explain how it met, or did not meet, your expectations? .....

.....

.....

Child's favorite indoor play activity .....

Child's favorite outdoor play activity .....

Is your child frightened by any of the following? ☐ animals ☐ dark ☐ storms ☐ loud noises ☐ bugs ☐ other .....

Please describe how your child acts in a group play situation. (Check all that apply)

- ☐ Nervous, worried
- ☐ Pushy, bullies others
- ☐ Social, friendly
- ☐ Gets angry easily
- ☐ Hyper, restless, can't sit still
- ☐ Relaxed, calm
- ☐ Shy, withdrawn, keeps to self
- ☐ Scared, fearful

.

ADDITIONAL PERTINENT INFORMATION

Who does most of the disciplining? .....

What do you find is the best technique for disciplining your child? .....

.....

Is there additional information you feel is important for the staff to know about your child or family? .....

.....

.....

What do you as a family, hope to get out of this child care experience?.....

.....

.....

Parent/Guardian Signature: ..... Date: .....

Staff Signature: ..... Date: .....

Sections of this Developmental History Form will be updated annually or sooner if requested by a parent/guardian.

Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	

The Crayon Box
8475 University Blvd
Berrien Springs, MI 49104

Child and Adult Care Food Program (CACFP)
Formula/Food Sign-Off Statement

MICHIGAN Department of Education

As a participant in the CACFP, we must offer to supply all infant meal food components, as developmentally appropriate, to all infants in our care.

We will supply the following items to your infant:

- Iron-fortified infant formula
- Iron-fortified infant cereal
- Infant foods and/or table foods in the appropriate texture for the age of your infant.

Parents/Guardians may choose to accept our supplied infant formula and/or foods or provide their own. Mothers are always welcome to breast feed on-site and/or provide expressed breastmilk.

Parents/Guardians may provide one food component towards a reimbursable meal. Our center must supply all other meal components, as developmentally ready, to receive reimbursement.

Please check your preferences below for each meal pattern requirement.

Our center will supply the following formula and infant food:

Formula offered by our center: Enfamil Infant (Yellow Can)
(Specific brand/type identified by center)

Parent/Guardian check your breast milk/formula preference:

- ☐ I want the center to provide formula to my infant
- ☐ I will come to the center to breast feed my infant
- ☐ I will bring iron-fortified formula for my infant
- ☐ I will bring expressed breast milk for my infant

Iron-Fortified Infant Cereal offered by our center:

☑ Rice ☐ Barley ☐ Wheat ☑ Oat ☐ Multi-grain

Parent/Guardian check your infant cereal preference:

- ☐ I want the center to provide iron fortified infant cereal for my infant
- ☐ I will bring iron fortified infant cereal for my infant

Food offered by our center:

- ☑ Store-bought infant foods
- ☑ Table foods at the appropriate consistency for the development of your infant

Parent/Guardian check your infant food preference:

- ☐ I want the center to provide developmentally appropriate foods for my infant
- ☐ I will bring foods for my infant

If parent/guardian is supplying any breast milk, formula, or infant foods: Specify what we may feed your infant if they are still hungry after they are fed what has been supplied for the day:

Infant Name:_____ Birth Date:_____

Parent/Guardian Signature:_____ Date Signed:_____

Andrews University
Children's Learning Center

Classroom Promotion/Ratio Statement

I am agreeing to have my child enrolled in the Young Toddler classroom at The Crayon Box. I understand my child will be fully promoted to this classroom on September 1, 2025 and will visit the new classroom based on staffing and enrollment numbers as the date of promotion gets closer. I understand that to meet the requirements of the State of Michigan, my child must be at least 9 months old by September 1, 2025. I am aware that the ratio of caregivers to children is 1:4.

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

Andrews University
Children's Learning Center

Classroom Promotion/Ratio Statement

I am agreeing to have my child enrolled in the Older Toddler classroom at The Crayon Box. I understand my child will be fully promoted to this classroom on September 1, 2025 and will visit the new classroom based on staffing and enrollment numbers as the date of promotion gets closer. I understand that to meet the requirements of the State of Michigan, my child must be at least 18 months old by September 1, 2025. I am aware that the ratio of caregivers to children is 1:4 until my child reaches 30 months and then the ratio is 1:8.

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

Andrews University
Children's Learning Center

Classroom Promotion/Ratio Statement

I am agreeing to have my child enrolled in the Preschool classroom at The Crayon Box. I understand my child will be fully promoted to this classroom on September 1, 2025 and will visit the new classroom based on staffing and enrollment numbers as the date of promotion gets closer. I understand that to meet the requirements of the State of Michigan, my child must be at least 33 months old by September 1, 2025. I am aware that the ratio of caregivers to children is 1:10.

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

Andrews University
Children's Learning Center

Classroom Promotion/Ratio Statement

I am agreeing to have my child enrolled in the Pre-Kindergarten classroom at The Crayon Box. I understand my child will be fully promoted to this classroom on September 1, 2025 and will visit the new classroom based on staffing and enrollment numbers as the date of promotion gets closer. I understand that to meet the requirements of the State of Michigan, my child must be at least 45 months old by September 1, 2025. I am aware that the ratio of caregivers to children is 1:12.

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

Enrollment Agreement

Name of Child (Last, First):_____Date of Birth:_____
Parent/Guardian Name: _____

SECTION 1: TUITION AND FEES

BASIC SERVICES: I understand that The Crayon Box provides childcare and early childhood educational services for families with children 2 weeks to 12 years of age. Enrollment ages may vary by availability and location. I understand that the school age program is for children entering Kindergarten and at least age 5 by September 1, 2025 – children entering 5th grade.

REGISTRATION FEE: I understand that the payment of a non-refundable registration fee is required on an annual basis at the time of enrollment and at re-enrollment each May.

TUITION AND MODIFICATIONS CONDITIONS: $_____ per hour is the current tuition rate for the program I have chosen. I understand that rates are subject to change with 30 days' notice as conditions require. The school follows State of Michigan required time frames on tuition and modifications notices. I understand that I can schedule my child to attend with a flexible schedule if the child arrives by 10 am (unless prior permission is obtained). I understand that I can change this schedule each week by 5 pm on Wednesday for the next week. I understand that rates charged are based on the number of hours I schedule, not the number of hours my child attends.

PAYMENT OF TUITION: I understand that tuition is due and payable on the 14th day of the month. Appropriate alternate Tuition Fees must be paid during school breaks.

LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of $30 per week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one month, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid amounts may be referred to a third-party collection agency.

AGENCY REIMBURSEMENT: In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition. Unless my state prohibits disclosure of such information, I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

CHARGES AND PROCEDURE FOR LATE PICK-UP: My school is open from 7 a.m. to 6 p.m., Monday through Thursday (5 p.m. on Friday), all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of $15 per every 15 minutes or portion of 15–minute period, per child, until the child is picked up.

ADDITIONAL FEES: School–age camp will be open during the summer months and scheduled school breaks according to the local school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult a member of management for details. 5

DISCOUNTS: I understand that if I have more than one child enrolled and attending in Infants – Young 5s from my immediate family, a 5% for two children enrolled and 10% for three or more children enrolled discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, agency co-pays, or special program promotions and cannot be combined with any other discount or promotion. School Age programs do not qualify.

RETURNED CHECKS: I understand that a processing fee will be charged to my account for all checking account payments which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I further understand that once a check is processed electronically, the check is no longer negotiable and will not be returned. If more than two checking account payments are returned within a six–month period, I may be required to pay by an alternate method of payment. I am responsible for the principal amount plus all returned check fees.

SECTION 2: DAILY PROCEDURES

DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. I agree to complete the required computer and manual sign-in and sign-out procedures.

ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be excluded based on the State of Michigan exclusion policy for that illness/disease.

MODEL RELEASE: The Crayon Box, Andrews University, its agents, affiliates, and licensees, ❑ may ❑ may not use photographs, reproductions, or images of my child for advertising, publicity, or any other lawful purpose.

PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on school property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.
INTERVIEWING CHILDREN AND INSPECTING RECORDS: I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

WITHDRAWAL FROM PROGRAM: I understand that I must provide a two (2) week notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

HOLIDAYS: I understand the school is closed on the following holidays: New Year's Day, Martin Luther King Jr. Day, President's Day, Spring Break, Memorial Day, Juneteenth, Independence Day, Labor Day, Fall Break, Thanksgiving Break, and Christmas Break. In addition, the school will be closed for in-service training days that are predetermined by the school. I agree that I will not receive a refund, credit, or other allowance for a holiday unless I use a discretionary day form. Change of schedules may be used only for Thanksgiving and Christmas breaks. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

DISCRETIONARY DAYS/VACATIONS: I understand that each child will receive "discretionary days" to use after they have been enrolled for a period of 90 days. Discretionary days are allotted based on your child's enrollment; the amount you receive will be based to the number of days your child is scheduled. Discretionary days may not be applied until the account balance is zero. Discretionary days are only applied to accounts that reflect all posted tuition payments are paid in full. Payment is expected for all enrolled days. In the case of a vacation, a one-week written notice must be given to the director to be used. In the case of sick day(s), written notice must be given to the director within one week. Credit days cannot accumulate or carry over from one enrollment year to the next. Credit days may not be used for your last two enrollment weeks. Credit days cannot be redeemed for cash value.

EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is The Crayon Box's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

SECTION 4: STATE LICENSING AND OUR POLICIES

ALL POLICIES AND STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents, and I are bound by state child care regulations, the Family Handbook, and all other Crayon Box policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

INDIVIDUALIZED CARE PLANS: I understand that should my child have an IEP or IFSP, it must be shared with a member of management so the school can support my child's needs.

BEHAVIOR MANAGEMENT: I understand that positive redirection and offering choices to children are techniques used to guide children's behavior. I also understand that I may refer to the Family Handbook for additional information on behavior management.

FAMILY HANDBOOK: I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

NO MODIFICATIONS: No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from a member of management.

These policies have been reviewed with me by school management. I have read, understood, and agree to comply with the policies included in the Enrollment Agreement and Family Handbook, and that such policies and this Enrollment Agreement constitute the sole and entire agreement of the parties hereto with respect to the subject matter in this Enrollment Agreement and the Family Handbook, and supersede all prior agreements, representations, and warranties, both written and oral, with respect to such subject matter.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name:_____

School Management Signature: _____ **Date:** _____

The Crayon Box
8475 University Blvd
Berrien Springs, MI 49104

Child and Adult Care Food Program (CACFP)
Fluid Milk Substitution Request Form

MICHIGAN Department of Education

Participant does not have a disability/medical condition but is requesting a fluid milk substitution that meets USDA nutrient standards for non-dairy beverages.

Non-Creditable Non-Dairy Beverages include: Almond, cashew, coconut, hemp, oat, pea, and rice milks do not contain enough protein to be a creditable non-dairy beverage. Water and juice are also not creditable non-dairy beverages. Non-creditable non-dairy beverages cannot be served as a milk substitution. **These beverages require a completed CACFP Request for Special Meals and/or Accommodations form.**

Enter the name of the requested product and the product's nutritional requirements in the table below. It must be compared to the nutritional standards listed to show the nutritional equivalence is met or exceeded.

Requested Product Name: Silk Soymilk - Original

Required Nutrients	Required Amounts Per Cup	%DV	Per Cup or %DV in Substitute product
Calcium	276 mg	28%	30%
Protein	8 g	16%	16%
Vitamin A	500 IU	10%	15%
Vitamin D	100 IU	25%	15%
Magnesium	24 mg	6%	10%
Phosphorus	222 mg	22%	15%
Potassium	349 mg	10%	8%
Riboflavin	0.44 mg	26%	30%
Vitamin B-12	1.1 mcg	18%	120%

☑ Creditable ☐ Not Creditable Date verified: _____

☐ I choose to provide the substitute product to my provider. By providing a creditable milk substitute, I understand that the provider may receive meal reimbursement for the meal/snack served.

☑ I choose to not provide the substitute requested. I understand the provider is not required, but has the discretion to, purchase and provide fluid milk substitutions as requested.

Participant Name: _____ Age:_____

Parent/Guardian Signature: _____ Date:_____

Provider's Signature: _____ Date :_____

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (**BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION**.)

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?
Reason for Medication			

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

_____ / /
Parent/Guardian Signature Date

Was the health history reviewed by a health professional?
☐ Yes ☐ No ***Examiner's Initials:*** _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION Date: / /	Visual Acuity			
			Muscle Imbalance			
			Other:			
☐	☐	HEARING Date: / /	Audiometer			
			Other:			
☐	☐	URINALYSIS Date: / /	Sugar			
			Albumin			
			Microscopic			
☐	☐	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl ⇨			

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
☐	☐	Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN Date: / /	Type: _____ Neg.: ☐ Pos.: ☐ _____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
	Type of Vaccine(s)	Date of Vaccine(s)
OTHER Vaccines Specify Date & Type	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations: ☐

I certify that the immunization dates are true to the best of my knowledge

_____ _____ / /

Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ 's teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ / /

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / / _____ _____

Examiner's Signature Date ***Examiner's Name (Print or Type)*** Degree or License

_____ _____ MI _____ (_____) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

****

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

Return this completed form to: ***(Insert institution's name, address & telephone number)***

Household Income Eligibility Statement – Child Care Institutions

Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)

If any member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits.

Name:_____ **Case Number:** _____

Part 2 – Household Information

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x) Annually	Monthly	2xMonth	BIWeekly	Weekly	Amount of Welfare, Child Support, or Alimony	How Often? (x) Annually	Monthly	2xMonth	BIWeekly	Weekly	Amount of All Other Income (Indicate source and amount)	How Often? (x) Annually	Monthly	2xMonth	BIWeekly	Weekly	Mark if No Income (x)

Part 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)

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

Signature:_____ Print Name:_____ Date:_____

Last four digits of Social Security Number: XXX-XX-_ _ _ _ ____I do not have a Social Security Number

For Institution Use Only:

For Institution Use Only		
Total Household Members:	Total Income: $ ___ Annually ___ Monthly ___ 2x Month ___ Bi-Weekly ___ Weekly	APPROVED CATEGORY Categorical Eligibility (A/Free): Foster FIP FAP FDPIR Other Household Children: A (Free) B (Reduced) C (Paid)
Institution Official Signature: _____ Approval Date: _____		

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

Privacy Act Statement
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 Social Security Number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP), 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.

USDA Nondiscrimination Statement
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: USDA Program Discrimination Complaint Form, 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: 1. **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:
https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf

Instructions for Parents/Participants/Guardians
Household Income Eligibility Statement - Child Care Institutions

If you are applying for foster child(ren) only, follow these instructions:

Part 1: Do not complete.
Part 2: List name, age, and birth date of foster child(ren); check the box for foster child.
Part 3: Sign and date the form. The last four digits of a social security number are not necessary.

If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:

Part 1: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.
Part 2: List the name, age, and birth date for all children enrolled in day care.
Part 3: Sign and date the form. A Social Security Number is not necessary.
Note: Benefits received under WIC, Medicaid, or Department of Health and Human Services (DHHS) Child Care Assistance Program (where DHHS pays a portion of your child care expense) does not automatically qualify for Category A (free) meals.

All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):

Part 1: Do not complete.
Part 2: List the names and ages of everyone (related or not related) living in your household, including you, other adults and children (If you need more space, use a separate sheet of paper.)

Place a ✓ in the column for all children enrolled in child care

List household members' ages and dates of birth

Place a ✓ in the next column if children in the household are foster children

If no case number is indicated in Part 1, list (by person) the amount and source of income received last month. List monthly earnings **before** deductions, monthly welfare, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income

Place a ✓ in the box for those listed who do not have income

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for free meals

If you are a farmer or self-employed, monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income

Part 3: Sign and date the form and list the last four digits of your Social Security Number or check the box indicating "I do not have a Social Security Number."

Help With Income To determine annualized income:
If paid every week, multiply the total gross income by 52.
If paid every two weeks, multiply the total gross income by 26.
If paid once a month, use the total gross monthly income.
If paid twice a month, multiply the total gross income by 24.
If paid once a year, use the total gross yearly income.

Return the completed application to the child care center.

USDA Nondiscrimination Statement
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: USDA Program Discrimination Complaint Form, 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:

1. mail:
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. fax:
   (833) 256-1665 or (202) 690-7442; or
3. email:
   program.intake@usda.gov

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:
https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf

MICHIGAN Department of Education
Rev 7/2023

Andrews University
Children's Learning Center

Illness During Childcare Hours Policy Acknowledgment

I understand and agree to the following policy regarding illness at The Crayon Box:

If my child becomes ill while attending The Crayon Box, I acknowledge that I am expected to pick up my child within one hour of being notified. I recognize that this timely response is essential for maintaining a healthy environment for all children and staff at the center. I expect other parents to do the same, and I am committed to working together as a team to uphold this standard.

Furthermore, I understand that my child should only return to the center once they are fully healthy. This may involve keeping my child at home until symptoms have fully resolved, or, if necessary, providing a doctor's note stating when my child can safely return to The Crayon Box.

By adhering to this policy, I contribute to creating a safe, healthy environment for everyone in our community.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name:_____

VACCINES REQUIRED FOR CHILDCARE AND PRESCHOOL IN MICHIGAN

Whenever infants and children are in group settings, there is a chance for diseases to spread. Parents must follow state vaccine laws in order for their infants and children to attend childcare and preschool. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect a child from serious diseases is to follow the recommended vaccination schedule at www.CDC.gov/Vaccines . By following the recommended schedule, infants and children will be fully protected and vaccination requirements will be met.

MDHHS Michigan Department of Health & Human Services	2-3 months	4-5 months	6-15 months	16-18 months	19 months – 4 years	5 years
Diphtheria, Tetanus, Pertussis (DTaP)	1 DTaP	2 DTaP	3 DTaP		4 DTaP	
Pneumococcal Conjugate	1	2	3 or age-appropriate complete series	4 or age-appropriate complete series		None
***H. influenzae* type b (Hib)**	1	2		1 at or after 15 months or age-appropriate complete series		None
Polio	1	2			3	
Measles, Mumps, Rubella (MMR)[1]	None			1 at or after 12 months		
Hepatitis B[1]	1	2			3	
Varicella (Chickenpox)[1]	None			1 at or after 12 months or current lab immunity or history of varicella disease		

This is not a cumulative chart.
For example, a child 19 months to 5 years old is required to have 4 doses of DTaP to enter childcare or preschool and to be fully protected.

[1]If the child has not received these vaccines, documented immunity is required. These rules apply to children who are the above ages upon entry into childcare or preschool. During disease outbreaks, incompletely vaccinated children may be excluded from childcare and preschool. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.Michigan.gov/Immunize. All doses of vaccines must be valid (follow CDC Immunization Schedule for number of doses, correct spacing, and ages) for childcare and preschool entry purposes. The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

MDHHS-Pub-1254 (Rev. 4-23)

Andrews University
Children's Learning Center

Meal Sign Off Statement

I understand that I am responsible for providing a lunch for my child each day he/she attends The Crayon Box. The Crayon Box will provide cow's milk for my child to drink with lunch. I am to provide a water bottle. If my child does not drink cow's milk, I will submit the appropriate forms to request soy milk (form completed by parents) or almond milk (form completed by doctor). I understand I cannot send pop or candy in my child's lunch. I understand that all items in my child's lunch will be ready to serve and must be labeled with first name, last name and the date. I understand my child will be encouraged to eat lunch and given assistance as needed. I understand I must send foods that are nutritious and well balanced. I understand that I will be notified if my child is not eating their lunch. I understand if my child has forgotten their meal, The Crayon Box staff will provide a meal for $10.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name:_____

Andrews University
Children's Learning Center

UPDATED MEAL POLICY

Updated May 13, 2025

- **Please do not pack any pork products (ham, bacon etc.) or seafood (tuna is acceptable).**
- **Please do not send candy, juice or soda.**
- Parents are to provide their child with a water bottle (empty) and lunch that is ready to eat without heating or refrigeration.
- All children will need a water bottle (empty).
- All parts of the lunch, including the water bottle (empty), are labeled with the child's first name, last name and current date.
- The Crayon Box will provide cow milk for children to drink with lunch.
- If your child does not drink cow milk, parents will submit the appropriate forms to request soy milk (form completed by parents) or almond milk (form completed by doctor).
- Parents can send foods in their child's lunch including peanut butter and meat (beef, chicken and turkey only). Please do not send pork products or seafood.
- Parents can send ice packs to keep the lunch cold.
- Parents can drop off a hot lunch, if desired, if the lunch is at the classroom before lunchtime. This lunch must be labeled with the child's first name, last name and current date.
- All lunches must be labeled with the child's first name, last name and current date.
- **Each child needs their own lunchbox.**
- If your child has forgotten their lunch, The Crayon Box staff will provide lunch for $10. This is not a permanent solution to acquire a hot lunch for your child and continued forgotten lunches will require a meeting with center administration.
- The Crayon Box will continue to serve breakfast at 7:30, AM snack at 9:30 and afternoon snack after rest time.

Andrews University
Children's Learning Center

Parent Agreement Schedule Form

Child's Name: _____ Child's Date of Birth: _____

Today's Date: ___/ ___ /___ Expected Start Date: ___/ ___ /___

Parent/Legal Guardian's Name: _____ Primary Phone Number: _____

Parent/Legal Guardian's Name: _____ Primary Phone Number: _____

List special dietary requests^, food allergies^ and restrictions^ (^Doctor signed form required):

.....

.....

- **What milk does your child drink? (choose one)**
  - ☐ Cow Milk
  - ☐ Soy Milk* (*Parent signed form required.)
  - ☐ Almond Milk^ (^Doctor signed form required.)
- **Do you feed your child? (choose all that apply)**
  - Eggs ☐ Yes ☐ No^ (^Doctor signed form required.)
  - Dairy Containing Foods ☐ Yes ☐ No^ (^Doctor signed form required.
    (milk, cheese, butter, yogurt, sour cream, etc.)
- **Is your child toilet trained?** ☐ Always ☐ Most of the Time ☐ Almost ☐ Not Yet

FIRST WEEK SCHEDULE

Monday _____:_____ - _____:_____
Tuesday _____:_____ - _____:_____
Wednesday _____:_____ - _____:_____
Thursday _____:_____ - _____:_____
Friday _____:_____ - _____:_____

Schedule Start Date: _____

- Please schedule on the half hour.
- No arrivals after 10:00 am without approval
- Blank days indicate no hours for that day.
- Schedule will remain as written until a new schedule is submitted.
- Changes submitted on Wednesday by 5 pm for the next week

TYPICAL SCHEDULE

Monday _____:_____ - _____:_____
Tuesday _____:_____ - _____:_____
Wednesday _____:_____ - _____:_____
Thursday _____:_____ - _____:_____
Friday _____:_____ - _____:_____

Schedule Start Date: _____

- Please schedule on the half hour.
- No arrivals after 10:00 am without approval
- Blank days indicate no hours for that day.
- Schedule will remain as written until a new schedule is submitted.
- Changes submitted on Wednesday by 5 pm for the next week

Return this completed form to: (*insert institution's name, address & telephone number)*

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack ~~Lunch~~ PM Snack ~~Supper~~ ~~Evening Snack~~		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack ~~Lunch~~ PM Snack ~~Supper~~ ~~Evening Snack~~		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack ~~Lunch~~ PM Snack ~~Supper~~ ~~Evening Snack~~		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack ~~Lunch~~ PM Snack ~~Supper~~ ~~Evening Snack~~		

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

____ Adult/Parent/Guardian's Address

____ Adult/Parent/Guardian's Phone Number

____ Signature of Adult/Parent/Guardian

____ Date Signed

Andrews University
Children's Learning Center

School Activity and Medical Release Form

1. I HEREBY GRANT PERMISSION FOR MY CHILD, _____ TO:

- Use all the play equipment and participate in all school activities.
- Leave Marsh Hall and surrounding yard under the supervision of the program director or a teacher for campus walks.
- Participate in testing, evaluations, or pictures connected with the University program. I will be notified before testing takes place.

2. I GIVE PERMISSION TO THE CRAYON BOX CHILDREN'S LEARNING CENTER, LICENESED BY THE STATE OF MICHIGAN, TO SECURE EMERGANCY MEDICAL AND/OR EMERGANCY SURGICAL TREATMENT FOR MY CHILD WHILE IN CARE.

3. I UNDERSTAND THAT THE CRAYON BOX CHILDREN'S LEARNING CENTER CANNOT:

- Be responsible for anything that may happen as a result of false information at the time of enrollment.
- Assume responsibility for a child who has not been checked in and delivered to his/her classroom and left with the teacher.
- Release a child to anyone who appears to be under the influence of alcohol or narcotics, or to anyone who is not listed on the child's Emergency Card.

4. I UNDERSTAND THAT THE CRAYON BOX CHILDREN'S LEARNING CENTER STAFF ARE UNDER LEGAL AND PROFESSIONAL OBLIGATION TO REPORT ANY CASES OF SUSPECTED ABUSE, NEGLECT, OR INCEST.

_____
Parent or Guardian's signature

_____
DATE

Andrews University
Children's Learning Center

Professional Character Clearance for Classroom Observers/Visitors, Volunteers and/or Parents

Please print neatly and complete in blue or black ink

Please initial before each statement.

_____ I have never been convicted of a crime other than a minor traffic violation.
If you have, please explain: _____

_____ I have not had a substantiated abuse or neglect of children and adults.
If you have, please explain: _____

_____ I swear that I will never abuse, neglect, or molest any child or minor under my care.

_____ I understand and agree that if I suspect of any child abuse and/or neglect, I will immediately report this to the child care authorities.

_____ I am aware that abuse and neglect of children is against the law.

_____ I have been informed of the center's policies on child abuse and neglect (see reverse).

_____ I know that caregivers are mandated by law to report abuse and neglect.

I, _____, hereby give permission to The Crayon Box to verify information given to the center on application to observe/volunteer/have contact with children other than your own and to hereby release The Crayon Box, Michigan State Police and their assigns or successors from all liability or claims and authorize the Michigan State Police to release to The Crayon Box my conviction criminal history information.

My home address is _____

_____

My school address is (if different) _____

_____

My Driver's License # is _____ State of _____

My date of birth is _____ Sex _____ Race _____

My AU ID # is _____

The Crayon Box agrees to use the information from the Michigan State Police to verify information on my observation/volunteer application, statements I have made in regard to my ability to observe/ volunteer, and for any determination into my good moral character. The Crayon Box further agrees that this information will not be released without my written permission unless The Crayon Box is required or is authorized by federal or state statute or administrative rule to disclose this information.

Date signed ____/____/20____, in Berrien Springs, Michigan by _____

Classroom Observers/Visitors, Volunteers and/or Parents Signature

The Crayon Box Policy on Abuse and Neglect.

All employees and volunteers (including minors) of a child care centers are mandated reporters. Under the Child Protection Law, center employees and volunteers must contact Children's Protective Services

(CPS) **immediately** when they suspect child abuse and/or neglect. The immediate verbal report must be made to Centralized Intake by calling (855) 444-3911. The verbal report must be followed by a written report.

The written report must be submitted within 72 hours. DHHS encourages the use of the Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form which includes all the information required by the law. The written report may be faxed to (616) 977-1154 or (616) 977-1158 or emailed to DHS-CPS-CIGroup@michigan.gov. Reporting the situation to administration or other staff person does not relieve the center employee or volunteer of their mandated responsibility to report to CPS.

When child abuse and/or neglect is suspected, the center employee or volunteer needs to **only** obtain enough information to make a report. If a child starts disclosing information regarding abuse and/or neglect, the center employee/volunteer must ask **only** open-ended questions, if necessary, to determine whether a report needs to be made to CPS.

The child must not be led during the conversation. The center employee/volunteer must not attempt to conduct their own investigation either before reporting it to CPS or during the CPS investigation.

All staff and volunteers shall provide appropriate care and supervision of children at all times. All staff and volunteers shall act in a manner that is conducive to the welfare of children. All supervised volunteers shall receive a public sex offender registry (PSOR) clearance before having any contact with a child in care, including volunteers who are parents of a child in care. A copy of this clearance must be kept on file at the center. Any individual registered on the public sex offender registry (PSOR) is prohibited from having contact with any child in care,

It is the policy of the Crayon Box Andrews University Children's Learning Center to receive a public sex offender registry (PSOR) clearance for all classroom observes/visitors and volunteers, including parents with access to other children, before having any contact with a child in care.

The Crayon Box requires a comprehensive background check on its employees and unsupervised volunteers. For an individual who is determined ineligible by the department, The Crayon Box shall immediately do all of the following: (a) Prohibit the individual from being on the premises of the child care center. (b) Prohibit the individual from having any contact with children in care.

Andrews University
Children's Learning Center

Topical Non-Prescription Medication Annual Parent Authorization

Please initial each statement after reading.

_____ I give permission for staff of The Crayon Box to apply the following topical, non-prescription medications marked "YES" to my child as needed.

_____ I understand The Crayon Box will not provide any of the items on the list and it is my responsibility to provide these items to The Crayon Box in the original packaging and labeled with my child's name (first & last).

_____ I understand that I must provide one item per child if I have multiple children. Children may not share Topical Non-Prescription Medication.

_____ I understand The Crayon Box will administer sunscreen and insect repellent in the afternoons only and I will apply to my child before arriving in the morning.

Child's Name: _____ D.O.B. _____

Insect Repellent*	❑ Yes	❑ No
Sunscreen*	❑ Yes	❑ No
Triple Antibiotic Ointment*	❑ Yes	❑ No

Signature of Parent _____

Date _____

** Not provided by The Crayon Box*

This form must be renewed annually.

Andrews University
Children's Learning Center

Transportation Authorization

Authorization for Transportation and Field Trips

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and riding in strollers, wagons, etc. I give the school permission to take my child on these field trips. I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site will be posted in the school and provided to parents.

Parent/Guardian Signature: _____ Date:_ _____

Parents/Guardians of Children Ages 4 Years Old and Older Only

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to or from his or her local school. By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____ Date:_ _____

Special Diet Statement

Why am I being asked to fill out this form?

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet.* According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Sponsors are not required to accommodate special dietary requests that are not a disability. This includes requests related to religious or moral convictions or personal preference. **If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.**

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. **Updates to this form are required only when a participant's needs change**.

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-free milk without a physician's signature. Lactose-free milk served must meet meal pattern requirements for the program.

Submit this completed special diet statement to: _____

Participant Information:

Participant's Full Name: _____ Today's Date: _____

Date of Birth:_____

Name of School/Center/Site Attended: _____

Parent/Guardian Name: _____

Home Phone Number: _____ Work Phone Number:_____

Required Information: Dietary Accommodation

1. List the food to be avoided:

   _____

2. Briefly explain how exposure to this food affects the participant:

   _____

3. List foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted

Additional Information

☐ Texture Modification: ☐ Pureed ☐ Ground ☐ Bite-Sized Pieces ☐ Other:_____

☐ Tube Feeding Formula Name: _____

Administering Instructions: _____

Oral Feeding: ☐ No ☐ Yes If yes, specify foods: _____

☐ Other Dietary Modification or Additional Instructions (Describe): _____

*School Nutrition Program –7 CFR 210.10(m), Child and Adult Care Food Program – 7 CFR 226.20 (g), Summer Food Service Program – 7 CFR 225.16(f)(4).

Required Signature

This form must be signed by a licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner. The medical person signing it should keep a copy of this document in his/her records.

Prescribing Authority Credentials (print):_____Date:_____

Signature:_____Clinic/Hospital:_____

Phone Number:_____Fax Number: _____

Voluntary Authorization

Note to Parent(s)/Guardian(s)/Participant: You may allow the director of the school/center/site to talk with the medical person about this Special Diet Statement by signing the Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize _____ **(physician/medical authority name)** to release such protected health information as is necessary for the specific purpose of Special Diet information to_____**(program name)** and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. **Optional**: My permission to release this information will expire on_____**(date)**. This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian:_____Date: _____

OR Participant's Signature (Adult Day Care ONLY): _____

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: How to File a Complaint (https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), and at any USDA office, or write a letter addresse d to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary of Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	**Facility's Name and License Number**
	The Crayon Box - DC110016352

A written information packet has been provided at the time of enrollment. The packet included all the following information *(R 400.8146 (1-2)):*

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. (CENTER MUST CHECK ONE)

  ☐ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

  ☒ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

- Other _____

I certify that I received all of the above items.

_____ _____

Parent/Guardian Signature **Date**

Note: A single CCL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.

Andrews University
Children's Learning Center

REMIND APP

Please download the remind app, to receive important messages from the office, by typing the following line in your phone internet app.

rmd.at/thecrayon

Andrews University
Children's Learning Center

2025 – 2026 Rates

Hours Per Week	Infants, Young Toddlers, Older Toddlers	Preschool*, Pre-Kindergarten*, Young 5s*	School Age (SA) *^
PLAN A Under 20 Hours/Week	n/a	**$6.50 / Hour**	n/a
PLAN B1 20-25.50 Hours/Week	**$6.75 / Hour**	**$5.75 / Hour**	n/a
PLAN B2 26-29.50 Hours/Week	**$6.50 / Hour**	**$5.50 / Hour**	n/a
PLAN C1 30-35.50 Hours/Week	**$6.25 / Hour**	**$5.25 / Hour**	n/a
PLAN C2 36-39.50 Hours/Week	**$5.75 / Hour**	**$4.75 / Hour**	n/a
PLAN D1 40-45.50 Hours/Week	**$5.50 / Hour**	**$4.50 / Hour**	n/a
PLAN D2 46+ Hours/ Week	**$5.25 / Hour**	**$4.25 / Hour**	n/a
SCHOOL AGE	n/a	n/a	**$3.75 / Hour**
ADD ON HOURS (if space available)	**$9.25 / Hour**	**$8.50 / Hour**	**$4.75 / Hour**
NON-SCHEDULED HOURS	**$14.00** Pro-Rated Hourly	**$14.00** Pro-Rated Hourly	**$14.00** Pro-Rated Hourly
AFTER CLOSING PICK-UP	$15 per every 15 minutes or portion of 15–minute period, per child, until the child is picked up.	$15 per every 15 minutes or portion of 15–minute period, per child, until the child is picked up.	$15 per every 15 minutes or portion of 15–minute period, per child, until the child is picked up.

2025-2026 Rates are effective September 1, 2025

- Family discount of 5% each for two, and 10% each for three or more from the same family enrolled Infants – Young 5s.
- Breakfast, AM Snack, PM Snack and milk with lunch are included at no additional cost.
- Discretionary days: Plan B (7 days). Plan C (10 days). Plan D (15 days). Discretionary days reset on September 1.
- $55 Per Child Enrollment Fee at time of initial enrollment or re-enrollment after withdrawal or termination.
- $75 per Child School Age Summer Camp Enrollment Fee – billed at time of enrollment & includes *"Camp Swag Bag".*
- $55 Per Child Re-Enrollment Fee– Due May 14.
- $55 Per Child Change of Plan fee will be charged to hold the child's spot when off schedule for a full week+. The fee will be refunded for children of AU faculty/staff (upon return) and for AU students during university breaks (upon return).
- Late payment fee of $30 per week that tuition is not received is charged on the 21st of the month.
- Promotion is held once a year at the beginning of school and families move to the next classroom's tuition plans on Sept 1*
- ** Children who are 3 at the time of promotion but are not potty trained will remain at the Twos rate until potty training is achieved. All children must be fully potty trained to be promoted to the Pre-K, Young 5s and Summer Camp programs.*
- *^School Age care is provided for kids attending Kindergarten – 5th grade. Children must be 5 years old by Sept 1 of that year.*

IMPORTANT CRAYON BOX SCHEDULING AND PAYMENT PROCEDURES

Please help us to keep our scheduling and payment routines functioning efficiently by referring to and following these procedures:

- Schedules must be submitted in writing with the purple form in the office, through the Remind App, or email to cbschedules@andrews.edu. No schedules will be entered into the computer unless they are submitted in writing.

- Schedules MUST be turned in by 5 pm on Wednesday. Schedule changes are subject to availability if received after 5 pm on Wednesday.

- A financial contract is completed for each child according to his/her schedule for care. All plans are billed for actual hours requested. Though preference is given to full-time enrollment (Plans C and D), The Crayon Box does offer a space-sharing program where part-time spaces equal one full-time space, if possible. Part-time enrollment (Plans A & B) is less flexible than Plans C and D and the child must have set days they attend.

- You will be charged for the hours you schedule your child for. Care given outside of the scheduled hours will be at the Non-Scheduled Hours rate. No credit will be given if attendance is less than the scheduled hours. Hours not used cannot be transferred to another day.

- Your written schedule request will remain as your set schedule in the computer system until you submit another written request. If you are requesting hours for "one week only", please make sure that you enter a second schedule form.

- When a child is off schedule for a full week or longer, a $55 Change of Plan fee will be charged to hold the child's spot. The fee will be refunded for children of Andrew University faculty and staff (upon return). The fee will also be refunded for Andrews University students during university breaks (upon return). This fee will not be refunded if a child does not return.

- PAYMENT BEFORE SERVICE must be our policy to remain a financially sound business.

- Please plan accordingly. We are a business with financial obligations. Communicate with the office if unavoidable circumstances arise. Payment plans can be arranged in case of emergencies only.

Andrews University
Children's Learning Center

2025-2026 FAMILY HANDBOOK

Office: 269-471-3350 **Fax:** 269-471-6577
Email: crayonbox@andrews.edu
Web: http://www.andrews.edu/childrenslearning
Facebook: https://www.facebook.com/TheCrayonBox.AndrewsUniversity

Classroom Phone Numbers
Infant Room: 471-3419
Young Toddlers: 471-3452
Older Toddler: 471-3374
Preschool: 471-3352
Pre-Kindergarten: 471-3528
107: 471-6307
Fun Zone: 471-3513

Center Hours
Monday: 7:00 AM – 6:00 PM
Tuesday: 7:00 AM – 6:00 PM
Wednesday: 7:00 AM – 6:00 PM
Thursday: 7:00 AM – 6:00 PM
Friday: 7:00 AM – 5:00 PM

This Family handbook is designed to help you become better acquainted with the program and policies of The Crayon Box. Revisions/additional information are distributed each year and/or may be distributed during the year.

Revised by Kristine Conklin. March 28, 2025 Effective Date: May 1, 2025

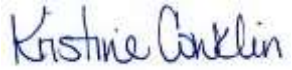
We welcome you and your child to The Crayon Box Children's Learning Center! We are glad you have decided to join us at an important time in your child's development. The Andrews University Children's Learning Center has a long history of providing a quality early childhood education for young children. Our center began as a child development lab in the mid-1950s.

We are a Learning Center because we provide a variety of physical, emotional, spiritual, and academic experiences for children at every phase of their development. We believe that children learn best through play and exploration. They are in the process of building a solid foundation for continued academic learning. Our teachers provide the children with stimulating opportunities which encourage the child to build that foundation as s/he interacts with every facet of her/his environment. Not only do we provide for your child's physical and emotional needs and cognitive growth, we also take seriously our responsibility to introduce children to Jesus as a loving friend.

The National Association for the Education of Young children (NAEYC) offers the following measure of quality care when considering accreditation. It is our goal at The Crayon Box to exceed these criteria:

- *Teaching staff express warmth through behaviors such as physical affection, eye contact, tone of voice, and smiles.*
- *Teaching staff function as the secure bases for children. They respond promptly in developmentally appropriate ways to children's positive initiations, negative emotion, and feelings of hurt and fear by providing comfort, support, and assistance.*
- *Teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to differing abilities, temperaments, activity levels, and cognitive and social development.*

The purpose of this handbook is to share information and ideas with parents to promote the understanding of our programs and foster a spirit of cooperation between parents and our staff. We hope you will find it useful as an orientation to both our policies and our services. We look forward to sharing many happy experiences with you and your child. If we can be of help in any way, please let us know.
Sincerely,



Kristine Conklin, ECE Director
269-471-3350 crayonbox@andrews.edu

OUR MISSION STATEMENT

Andrews University, a distinctive Seventh-day Adventist institution, transforms its students by educating them to Seek Knowledge and Affirm Faith in order to Change the World.

OUR MISSION

The Crayon Box Children's Learning Center provides a service that supports the overall mission of Andrews University and the community families in Berrien County, Michigan. We are dedicated to:

- Reflecting the love for children, exemplified by Jesus Christ
- Providing consistent, dependable early childhood education for Andrews University employees, Andrews University students, and the community
- Increasing productivity of The Crayon Box parents as they serve our local community, including Andrews University, by providing a safe, nurturing and educational environment for their children

OUR PHILOSOPHY

The Crayon Box Children's Learning Center is part of Andrews University, a Seventh-day Adventist institution. We are under the jurisdiction of the General Conference of Seventh-day Adventists. It is not the goal of the center to instruct the children in any particular religious doctrine, but rather to love the children and their families in such a way that they experience something of what it means to be a child of God.

- *We believe that every person is a unique creation and beloved by the Creator God*. Therefore, we will consistently try to treat every member of every family with love and respect and teach the children entrusted to us loving, caring ways to relate to each other.
- *We believe that God is just*. Therefore, we will strive to be trustworthy ourselves and to teach the children to be fair in their relationships with others.
- *We believe that God allows us to freely choose how we will live*. Therefore, we will give children safe choices and allow them, insofar as it is possible, to experience the natural consequence of their decisions.
- *We believe that God endows every person with creative potential and intends that people be responsible stewards of the rest of creation*. Therefore, we will seek to provide children with opportunities to explore creativity, to learn for the purpose of understanding, and to develop the ability to think logically, organize coherently, plan constructively, and evaluate with humor/hope.
- *We believe that God forgives us*. Therefore, we will strive to teach forgiveness by both precept and example to the end that teachers, students, and parents learn to forgive themselves and each other and live life more fully and not hampered by the fear of failure but with confidence and courage.

The Crayon Box Children's Learning Center is a member in good standing with both the Michigan Association for the Education of Young Children (MIAEYC) and The National Association for the Education of Young Children (NAEYC).

STATEMENT OF SPONSORSHIP

The Children's Learning Center is a non-profit, non-discriminatory institution founded, sponsored, owned and operated specifically by Andrews University. The Center is licensed by The Dept. of Licensing and Regulatory Affairs (LARA), Child Care Licensing Bureau (CCLB). The policies governing the center are determined in part by the administrators of the center, under the direction of the Department of Human Resources of Andrews University. Licensing rules for Child Care Centers for the State of Michigan are strictly adhered to. All funds earned by the Children's Learning Center will be reinvested into the Center.

PURPOSE

It is the purpose of the Children's Learning Center to provide a warm and caring environment for the children to grow and feel included and valued regardless of gender, ability, ethnicity, language or background. Your child will be challenged to build cognitive skills in Math, Language Arts, and Science. Self-esteem and personal relationships are emphasized as children meet peers and adults. The spiritual nurture of your child is a privilege we take seriously. We also provide an experience with young children for Andrews University students as they pursue degrees in various disciplines. Under the supervision of qualified staff, these students have the opportunity to observe, test, plan lessons, and develop teaching skills. It is our purpose to model a quality early childhood program.

CULTURAL COMPETENCE PLAN

The Crayon Box represents diversity across global, racial, economic, gender, religious and generational lines. Our classrooms are filled with the beautiful diversity of children and staff from many different backgrounds, nations and languages. Successful programs for children respect and incorporate each child's contemporary culture. Children must not be expected to sacrifice their own cultural identity, but rather to take pride in themselves, their families, and their culture. Cultural identity should not restrict individual growth, development, and/or success; the task of an individual is not to have to "fit into" a culture but to use the cultural context as a vehicle to reach full potential. Our classrooms feature books and toys that show people of different ages, abilities, genders, ethnicities and non-traditional roles and families. The Crayon Box serves meals that represent different cultures, including the cultures of children in our center. We celebrate the richness of diversity at The Crayon Box and it is the purpose of the Children's Learning Center to provide a warm and caring environment for the children to grow and feel included and valued regardless of gender, ability, ethnicity, language or background.

PROGRAM GOALS

Our goals are to have children learn about themselves, others, and the world they live in. Whether they attend a part-day or a full-day program, children come with important questions. They may look at us wondering, "Are you a trustworthy adult? What do you think of me? What do I think of me? How will you treat my family? What's the world like? Will you be someone who helps me figure it out?"

A. We want to provide for your child:

- The opportunities for being with other children in a setting conducive to the development of wholesome social relationships; appropriate play experiences that contribute to the developmental needs of the children.
- The opportunities for meaningful "learning activities" that are based on the child's individual needs, interests, special needs, and abilities, that will build important foundations for the future reading skills and other academic pursuits.
- To help children to maintain a Christian attitude throughout their educational experience.
- For all children to feel included and valued regardless of gender, ability, ethnicity, language, or background.

B. We want to provide for the parents:

- The opportunities to meet with and work with other parents and staff who have as their common concern the interests and needs of each child.
- The care for the child while the parent pursues her/his own work, school, or interests.
- The opportunities to grow in the understanding of child development through a planned educational program.
- To show the positive benefits of Christian education.

C. For the community:

- To help meet the needs of the community for a summer programming educational facility.
- To contribute to the wholesome growth and development of the future citizens of the community.
- To provide a setting where people of various religious and ethnic backgrounds can work together for a common interest.
- To share Christianity with others.

GOALS FOR THE CHILDREN

We feel that some of the most important things a child can develop while here at The Crayon Box are:

Good Self-Concept:
Creativity
Verbal expression
Confidence in self
Joy of laughter

Good Interaction Skills:
Communicating
Sharing
Trusting
Realizing that showing feelings is OK
Learning good manners
Caring for others

Respect for:
People
Property
Environment

***Spiritual Awareness*:**
God's love for individuals
God as Creator
Stories from the Bible

Scholastic Skills:
Fine-motor - cutting, drawing, writing
Math - shapes, counting, size, order, etc.
Language and literacy experiences
Early Science experiences

Self-Preservation Skills:
Dealing with emergencies
Reacting to strangers
Learning information about self

Self-Help Skills:
Dressing
Personal hygiene
Cleaning up after self

HOURS
The Crayon Box hours are 7:00 AM-6:00 PM Monday – Thursday and 7:00 AM-5:00 PM Friday.

HOLIDAYS
The Children's Learning Center is closed for the following holidays:

- **New Year's Day**
- **Martin Luther King Jr Day**
- **Presidents' Day**
- **Spring Break**
- **Memorial Day**
- **Juneteenth**
- **Independence Day**
- **Labor Day**
- **Fall Break**
- **Thanksgiving Break**
- **Christmas Break**

The Crayon Box will also be closed for Teacher In-Services each year (depending on state requirements).

MAJOR DISASTER
In the event of a tornado or other major disaster, children will be taken to an assigned safe area until a parent or an emergency contact person comes to pick up the child. Anyone who picks up a child must present *a valid Driver's License/State ID* and must sign the emergency forms of the children being taken. More information is found in the Emergency Procedures posted in the center.

PARENT REUNIFICATION
In case of the need to evacuate or when parents/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians (or other contacts designated by parent/guardian) as soon as it is safe. Parents/guardians will be notified once the immediate threat has passed. If children are being relocated, parents must be notified. Methods for contacting parents include but are not limited to: a mass email or text message, phone calls from caregivers, notifying the local police department so they can let parents know where their children have been taken if a parent calls them and/or posting the relocation site address in a conspicuous location at the center that can be seen from outside.

BUSINESS INTERRUPTION
The Crayon Box Children's Learning Center may be closed due to loss of water, loss of electricity, fire damage, communicable disease outbreaks, etc. Parents will need to arrange alternate emergency childcare for these situations. In the event the center is closed for more than three consecutive business days, the parent is relieved of any financial obligation to pay for those days in excess of three business days. The parents will return to use The Crayon Box program as soon as it resumes operation or must communicate if the child will be returning at a later date. A lack of communication signifies the family no longer needs the services of The Crayon Box and the child will be unenrolled. Nothing in this provision alters the contractual provision relating to the required length of notice for termination of the contract with The Crayon Box.

SNOW DAY/DELAY PROCEDURES
The Crayon Box Children's Learning Center will close due to bad weather conditions if requested by the authorities (Police Department, Safety Department) or if Andrews University classes are canceled/moved to virtual learning due to weather. We will function independently if the University is closed for vacations and follow the local Berrien Springs school decisions. If we are required to close before the day begins, the following procedures will take place: A message will be left on the main office voice mail, 471-3350, stating that the center will be closed due to bad weather conditions. The closing or delay will be put on WNDU and WSBT's school closing sites, The Crayon Box Facebook and the Remind app. When the closing requirement has been lifted, our office phone message will be changed back to the original message.
In certain weather situations, the University may remain open, but the conditions require the Berrien Springs School System to close. On the days that the Berrien Springs schools are closed, and the University is open, the Crayon Box will open at 8:45 am. This allows time for the roads to be cleared and our staff and children's families to have safer driving conditions. Breakfast will not be served if we are on delayed opening.

NONDISCRIMINATION POLICY
The Crayon Box Learning Center will maintain all practices related to enrollment, discipline, and all other terms and benefits of early childhood educational services provided in a manner which does not discriminate against any child, parent or family on the basis of race, color, religion, national origin, sex, disability or any other legally-protected classification.

STUDENT FILES – CONFIDENTIAL INFORMATION
A student file is maintained on each child enrolled. Parents are required to notify The Crayon Box, should any of the information collected at the time of enrollment changes. Each child has the right to confidentiality. All information concerning the child in our program, including all reports, records, and data are confidential and used for internal purposes only. Information pertaining to children enrolled in the Crayon Box Program will not be released to third parties without written permission of the parent(s), unless required by statute, court order or licensing mandate.

ADMISSION/ENROLLMENT
Children (2 weeks – 5th grade) are accepted when there is an opening and must complete an enrollment packet.

- **Child Information Record (required)**
- **Developmental History (required)**
- **Enrollment Agreement (required)**
- Fluid Milk Substitute Request (completed by parent for soy milk)
- **Health Appraisal Form (required)**
- **Household Income Eligibility Statement (required)**
- **Illness During Childcare Hours Policy Acknowledgment (required)**
- **Immunization records (required)**
- **Infant Formula/Food Sign Off Statement (required for infants)**
- **Meal Sign Off Statement (required)**
- **Parent Agreement Schedule Form (required)**
- **Participant Enrollment Form (required)**
- Professional Character Clearance Volunteers/Parents (recommended)
- **School Activity and Medical Release Form (required)**
- School Age Child Good Health Statement (replaces physical for school age children)
- Special Diet Statement (completed by physician for almond milk or special meals including vegan)
- Special Diet Statement (completed by physician for almond milk or food allergies)
- **Topical Non-Prescription Medication Form (required)**
- **Transportation Authorization (required)**
- **Written Information Packet Documentation (required)**

Enrollment is to be completed no later than 5 pm on the Wednesday two weeks before the start date.

- ❑ Pay an enrollment fee of $55 per child at time of enrollment and at re-enrollment (re-enrollment fee is due by May14)
- ❑ Turn in all forms to the office by 5 pm on the Wednesday **two weeks** before the start date.

YEARLY FEES
A $55 Per Child Enrollment Fee is due at the time of initial enrollment or re-enrollment after withdrawal or termination. $55 per child Re-Enrollment fee is due by May14 continuing enrollment for the next school year. The enrollment and re-enrollment fee include a school t-shirt and water bottle. These fees are non-refundable.

FINANCIAL CONTRACT
A financial contract is completed for each child according to his/her schedule for care. All plans are billed for actual hours that have been requested in writing. Preference is given to full-time enrollment (Plans C and D). Part-time enrollment (Plan B) is less flexible than Plans C and D and the child must have set days they attend. We do not enroll children for less than Plan B1 until they turn 3 years old and are enrolled in Pre-School. Schedules MUST be turned in by 5 pm on Wednesday of the prior week. Schedule changes are subject to availability if received after 5 pm on Wednesday. Schedules must be submitted in writing with the purple form in the office, through the Remind App, or email to cbschedules@andrews.edu.

TUITION
Tuition is due and payable on the 14th day of the month. The tuition must be made via check, cash, or credit card presented in the office or with the payment portal provided by Andrews University. If payment in full is not received when due, a late payment fee of $30 per week that tuition is not received will be charged on the 21st of the month. All late fees are subject to change with reasonable notice. If the account is delinquent for more than one month, families may be asked to withdraw their child until the account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid amounts may be referred to a third-party collection agency. '

AGENCY REIMBURSEMENT In instances of agency reimbursement, the Enrollment Fee is to be paid according to the applicable contract. Families are solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. Families are also solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If a family fails to properly enter or swipe attendance for any day their child is in attendance, the family may be responsible for the payment of tuition. Unless the state prohibits disclosure of such information, the family is responsible for promptly communicating any changes in status that would affect agency reimbursement.

RETURNED CHECKS
A $35 fee is charged for all returned checks. Future payments are to be cash, credit card or money order.

NOTICE OF WITHDRAWAL

If, for any reason, your child will no longer be attending the center, a Notice of Withdrawal should be signed and turned in to the office *two weeks* before your intention to terminate. In the event that a withdrawal notice has not been provided with two weeks' notice, parents are still required to pay the amount equal to two weeks of tuition.

CHANGE OF SCHEDULE

Here at the Children's Learning Center, we are happy to be one of the few early childhood educational centers that allow weekly schedule changes. In order to continue this flexible policy, please pay special attention to the following schedule change procedures.

- **Schedule changes MUST be turned in by 5 pm on Wednesday of the prior week. Schedules will roll over from the previous week if no new schedule has been received. No schedules will be entered into the computer unless they are submitted in writing. Schedules must be submitted in writing with the purple form in the office, through the Remind App, or email to cbschedules@andrews.edu.**
- You will be charged for the hours you schedule for your child. Care given outside of the scheduled hours will be at the Non-Scheduled Hours rate. No credit will be given if attendance is less than the scheduled hours. Hours not used cannot be transferred to another day.
- **Your written schedule request will remain as your set schedule in the computer system until you submit another written request. If you are requesting hours for "one week only", please make sure that you submit a second schedule form. No schedules will be entered into the computer unless they are submitted in writing.**
- When filling out the "change of hours" form, you must fill out each day with the hours that you will need for your child. Do not indicate just the day or days that you want changed. **For example:** *you normally have your child scheduled to come Monday through Friday 8:00 – 5:00, but next week you want to request Wednesday until 4:00 p.m. If you only write on the schedule for Wednesday 8:00 – 4:00 and leave the other days blank, we will assume that you are only coming Wednesday.* Then you risk not having space on the other days.
- We schedule on the half hour. Example: 8:00; 8:30; 9:00 etc. We do not accept children past 10 am without prior approval.
- The Crayon Box is open from 7 a.m. to 6 p.m., Monday through Thursday (5 p.m. on Friday), all year, except for holidays.

2025-2026 RATES

Hours Per Week	Infants, Toddlers, Twos	Preschool*, Pre-Kindergarten*, Young 5s*	School Age (SA) *^
PLAN A Under 20 Hours/Week	n/a	**$6.50 / Hour**	n/a
PLAN B1 20-25.50 Hours/Week	**$6.75 / Hour**	**$5.75 / Hour**	n/a
PLAN B2 26-29.50 Hours/Week	**$6.50 / Hour**	**$5.50 / Hour**	n/a
PLAN C1 30-35.50 Hours/Week	**$6.25 / Hour**	**$5.25 / Hour**	n/a
PLAN C2 36-39.50 Hours/Week	**$5.75 / Hour**	**$4.75 / Hour**	n/a
PLAN D1 40-45.50 Hours/Week	**$5.50 / Hour**	**$4.50 / Hour**	n/a
PLAN D2 46+ Hours/ Week	**$5.25 / Hour**	**$4.25 / Hour**	n/a
SCHOOL AGE	n/a	n/a	**$3.75 / Hour**
ADD ON HOURS (if space available)	**$9.25 / Hour**	**$8.50 / Hour**	**$4.75 / Hour**
NON-SCHEDULED HOURS	**$14.00** Pro-Rated Hourly	**$14.00** Pro-Rated Hourly	**$14.00** Pro-Rated Hourly
AFTER CLOSING PICK-UP	$15 per every 15 minutes or portion of 15–minute period, per child, until the child is picked up.	$15 per every 15 minutes or portion of 15–minute period, per child, until the child is picked up.	$15 per every 15 minutes or portion of 15–minute period, per child, until the child is picked up.

2025-2026 Rates are effective September 1, 2025

CONTRACT PLAN CHANGES

When a child is off schedule for a full week or longer, a $55 Change of Plan fee per child will be charged to hold the child's spot. The fee will be refunded for children of Andrew University faculty and staff (upon return). The fee will also be refunded for Andrews University students during university breaks (upon return). This fee will not be refunded if a child does not return.

DISCRETIONARY DAYS/VACATIONS: Children enrolled in Plans B, C and D will receive "discretionary days" to use after they have been enrolled for a period of 90 days. Discretionary days are allotted based on your child's enrollment; the amount you receive will be based on the number of days your child is scheduled. Discretionary days per school year: Plan B (7 days). Plan C (10 days). Plan D (15 days). Discretionary days may not be applied until the account balance is zero. Discretionary days are only applied to accounts that reflect all posted tuition payments are paid in full. Payment is expected for all enrolled days. In the case of a vacation, a one-week written notice must be given to the director (see Contract Plan Changes). In the case of sick day(s), written notice must be given to the director within one week. Discretionary days may be used to receive credit for days the child was scheduled but did not attend. Credit days cannot accumulate or carry over from one enrollment year to the next. Credit days may not be used for your last two enrollment weeks. Credit days cannot be redeemed for cash value. There will be no accumulation of discretionary days from one year to the next. All discretionary days are cleared from the bank when a child is withdrawn or terminated. No additional discounts are given beyond the discretionary days. Discretionary days are reset each year on the first day of school in September.

AFTER HOURS PICK-UP

A late pick-Up Charge of $15 per every 15 minutes or portion of 15–minute period, per child, until the child is picked up will be charged for any children remaining in The Crayon Box Children's Learning Center after closing time which is 6:00 pm M-TH (5 pm F). It is the parent's responsibility to contact the office and/or child's classroom if they will be arriving past closing. Leaving a message on the office voice mail does not mean the center is aware that you will be late. Classroom numbers are found in this handbook and are on our website and parents can use the remind app. **If no message is received from the parent,** the Center staff will try to call the child's emergency contacts. If no one is found at these numbers, the teachers will wait **30 minutes after closing time** to **call the Berrien Springs Police Department and Child Protective Services** to report an abandoned child.

NON-SCHEDULED HOURS FEE

Non-scheduled hours are any time before, after, or in addition to the daily schedule requested in the Parent Agreement-Contract or the hours given on the "Change of Hours" form. The 'overtime' rate for non-scheduled hours is $13/hour or any portion thereof. If your child has to stay at least 30 minutes extra, please call the office to notify that your child will be staying outside of their contracted time, and you will be charged the "Add On Hours" rate (providing space is available). It is crucial that schedules are followed closely. Whenever a child is brought in before the schedule time and/or picked up after the scheduled time, overtime is charged. Arriving later than scheduled does not entitle a later pick-up. Arriving earlier than scheduled, parents must check with teachers if there is availability and space may not be available until your scheduled time. Classrooms are staffed according to the schedules turned to the office. Teacher-child ratios are followed to remain within licensing requirements.

IMMUNIZATION AND PHYSICAL EVALUATIONS (HEALTH PLAN)

It important for The Crayon Box to have a health plan. Maintaining accurate records is essential to providing quality care and protecting the health and safety of children in early childhood education settings. Children's health records can help early childhood education providers identify preventive health needs such as immunizations or dental care, prepare a special care plan for children with chronic health conditions or special health needs such as asthma, and determine whether to include or exclude children from care because of their illness. Requiring accurate health information encourages families to have a primary health care provider for each child and facilitates communication between parents, health care providers and early childhood education providers. If families do not have a regular health care provider, our director or teachers can connect them with local resources to help them find one.

For children under school-age, parents must provide The Crayon Box one of the following at the time of enrollment:

- A certificate of immunization showing a minimum of 1 dose of each immunizing agent specified by the Department of Health and Human Services (DHHS).
- A copy of a waiver from local health department.

When a child under school-age whose immunizations were not up-to-date at the time of enrollment has been in attendance for 4 months, an updated certificate showing completion of all additional immunization requirements as specified by DHHS must be kept on file, unless there is a signed statement by a licensed health care provider stating immunizations are in progress. We report to DHHS immunizations for all children enrolled by October 1 each year.

Within 30 days of enrollment, parents must turn in a record of a physical evaluation of the child that notes any restrictions and is signed by a physician or the physician's designee. An electronic record from a physician's office will be accepted.

The physical evaluation must be performed within 1 of the following time limits:

- For an infant, within the preceding 3 months.
- For toddlers, within the preceding 6 months.
- For preschoolers, within the preceding 12 months.

Physical evaluations/immunization records must be updated yearly for infants and toddlers and every 2 years for preschoolers. Families will receive their reminder to turn in a new physical and immunization record with their child's birthday card.

Regular checkups are an important way to keep track of your child's health and physical, emotional, and social development. These visits are

important for ALL children, including children and youth with special health care needs who may also be under the care of specialists. Your conversations can range from sharing your successes and milestones, to overall concerns about child development, to challenges in daily routines. Think of these visits as your chance to learn as much as you can about the best ways to help your child grow. By focusing on your child's growth and learning, both you and your health care professional make sure your child is developing as expected. Your family and health care professional form a partnership based on respect, trust, honest communication, and understanding your family's culture and traditions.

Upon enrollment and annually thereafter, school-age child's parents must turn in a signed statement confirming all of the following:

- The child is in good health with activity restrictions noted.
- The child's immunizations are up-to-date.
- The immunization record or appropriate waiver is on file with the child's school.

ILLNESS (HEALTH PLAN)

We recognize the difficulty working parents and students have when their child is sick. However, for the benefit of other children, staff, and your child, alternate care must be provided when your child is sick. This will allow the sick child to recuperate better and help keep infections from spreading at the center. Arranging such care as soon as your child has symptoms will avoid a last-minute morning rush. If your child is ill, parents are required to notify the office not only of the absence, but also of the nature of the illness. This enables our center to keep track of any illnesses which may occur at our center. This information will only be shared with staff on a need to know basis. If your child has a communicable disease, we ask that you share the diagnosis with the Director, so that the parents of the children may be notified that a communicable disease is present. Once again, only the communicable disease information will be shared. The Crayon Box Children's Learning Center will take all measures necessary to protect your child's confidentiality. Parents are not required to disclose this information by law, and your continued enrollment will not be based whatsoever on your decision to share (or not) the reason for your child's absence from school. Should a child become ill at school, showing symptoms or other signs of illness, you will be called to take your child home right away. This is for the protection of the child as well as for the other children. If a parent cannot be reached, the person listed on the Emergency Information Card will be called to take the child home. Children must be picked up within one hour. **We cannot accept a child the day after they are sent home for illness.** We follow the exclusion requirements provided by the Michigan Department of Education and Michigan Department of Health and Human Services, Divisions of Communicable Disease & Immunization. A copy of their handbook can be found online or in the office. Those exclusions include:

- Fever: A child has a temperature of 100.4°F taken by mouth or 99.4°F taken under the arm. The child should not return until 24 hours of no fever, without the use of fever-reducing medications.
- Vomiting: A child that is vomiting. The child should have no vomiting episodes for 24 hours prior to returning to the center. Exception: A healthcare provider has determined it is not infectious.
- Diarrhea: A child has two loose or watery stools or one occurrence of uncontrolled diarrhea, even if there are no other signs of illness. The child should have no loose stools for 24 hours prior to returning to the center. Exception: A healthcare provider has determined it is not infectious.
- Head lice - readmitted after treatment and removal of nits.
- Strep Throat **–** after 24 hours of treatment.

PLEASE NOTE: a child who is too sick to play outside is too sick to come to the center. If the child has a contagious illness or a cold that has lasted for more than a week, he/she will need to bring a doctor's statement indicating that the child is fine to come back to the center. (*If your child's physician considers that your child is in condition to return to the school despite the symptoms, you will need to present a doctor's statement.)* In addition to children, staff will also be excluded from the center under certain circumstances, including if they are unable to participate or perform the functions required for their position or if they are suffering from certain infectious diseases. Staff and volunteers will follow the same exclusion policy outlined above. Tuition credit is not given for absences due to illness. Children that require extended absences due to illness and/or hospitalization will have their accounts assessed by the director. A child who has had surgery may not return until we receive a doctor's note releasing the child from any restrictions and allowing them to return to the classroom. A child can return from tonsillectomy and adenoidectomy surgery no earlier than seven days after surgery if no longer taking pain medicine during the day and has a doctor's note as listed above.

ORAL CARE (HEALTH PLAN)

We do not offer tooth brushing due to water filtration, but we have teeth brushing books, toys and activities that promote positive oral care.

EMERGENCY CARE/INJURIES (HEALTH PLAN)

Parents will be contacted immediately if their child has an incident, accident or injury and requires your immediate attention or special medical treatment. If we cannot reach you, we will contact the individual(s) listed on your information card. If necessary, appropriate First Aid will be given while we wait for a parent to arrive. If emergency care is required, we will call 911, and a staff member will accompany your child to the nearest appropriate medical facility as indicated on your information card. We will notify you for incidents, accidents or injuries that are not of an emergency but may require a physician's consultation. We believe that these decisions should be made by each family individually. Minor injuries will be treated with soap, water, a band-aid and a hug. The parent/guardian will be notified upon pick up. The

clean-up of all bodily fluids will be done according to OSHA standards. All Crayon Box staff have received training on these proper procedures. Each child will be observed for evidence of unusual bruises, lacerations, or burns. If evidence is warranted, daycare staff will file a report with CPS.

MEDICATION (HEALTH PLAN)

Medication is safest when given at home and that only, if necessary, should a child care provider be involved. Medication that requires one or two doses a day will not be given in at The Crayon Box as those doses can be given at home. For medication that must be given at The Crayon Box, upon written notification by the **child's physician**, we will administer such medication. Absolutely NO medication, including over-the-counter drugs, eye drops, and nasal spray will be given without a doctor's written permission to The Crayon Box. Oral over-the counter medications such as aspirin, ibuprofen, and cough medicine can be administered only with the written permission of the child's parent **and** physician. Medication must be presented in its **original container** and have a **label or letter on the doctor's letterhead with the child's name, current date, time and dose to be given, number of days to be administered, and the doctor's or dentist's name**. Please notify the Lead Teacher / Director by filling out the medication form; you may obtain this **permission to Administer Medication Form** from the Lead Teacher or Director. Be sure to list dates and times you wish the medication to be given. The staff can administer medication only on the dates and times listed. A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home. Topical Non-Prescription Medications, such as diaper rash ointment, sunscreen, and insect repellent must be provided by the parents and can be administered with parent's written consent (we will administer sunscreen and insect repellent in the afternoons only – please apply before arriving in the morning). Please provide these items to The Crayon Box in the original packaging and labeled with my child's name (first & last). We will follow directions provided on the manufacturer's label. The Crayon Box is legally unable to provide any topical/oral medication.

AU ALERT SYSTEM

During emergencies, AU Alert will send text messages, emails and voice calls to registered recipients. AU Alert notices are primarily intended for situations involving imminent danger to health or human safety. These may include severe weather alerts, winter weather class cancellations, hostile threats, utility failure, major road closings or fire, among others. To register you will need to send the keyword "AUAlert" in a text message to 78015

STAFF

The teachers at The Crayon Box are chosen for their education, loving and warm character, and genuine interest in the training and education of young children. Our Lead Teachers follow the Lead Caregiver requirements of The Dept. of Licensing and Regulatory Affairs (LARA), Child Care Licensing Bureau (CCLB). The Director and all staff complete 24 clock hours of professional development annually on topics relevant to job responsibilities. Annual professional development training attended by all staff includes at least 3 hours focused on cultural competence or inclusive practices, related to serving children with special needs or disabilities, as well as teaching diverse children and supporting diverse children and their families. All staff are current with training in CPR and First Aid and take a yearly Health and Safety Training. Each classroom has a lead teacher and an assistant teacher as needed, as well as caregivers who are current students of Andrews University. All staff are carefully screened and selected for their ability to carry out the instructional role with young children and complete trainings and orientation including bloodborne pathogen training, center specific training and emergency procedure training. We require a comprehensive background check on our employees before they are present in the center. Evidence that all staff members is free from communicable tuberculosis, verified within 1 year before employment, is also be kept on file at the center. We hire both male and female staff.

PARENTS IN THE CLASSROOM / VOLUNTEERS

All volunteers, including parents with access to other children, shall receive a public sex offender registry (PSOR) clearance before having any contact with a child in care. Parents/family (including minors who are not enrolled in The Crayon Box) who wish to join the classroom for a birthday party must also receive PSOR clearance before they are allowed to enter the classroom and have contact with any child in care. This must be done at least one week before a classroom visit to allow time for the PSOR clearance to be completed. A copy of this clearance must be kept on file at the center. Any individual registered on the public sex offender registry (PSOR) is prohibited from having contact with any child in care. To best follow this rule, The Crayon Box provides the PSOR clearance form for families to complete. While this form is not required, completing the PSOR means parents can interact with children in the classroom once the clearance is successfully completed. Parents and/or all individuals who are on the release of child form who do not have a PSOR clearance on file will not be permitted to enter the classroom when other children are present. The teacher will help the child settle and/or gather their belongings. This includes infants. Mothers who are breastfeeding may enter to feed their child without a PSOR clearance but cannot interact with any other children. All volunteers/parents must sign in at the office before entering a classroom and sign out in the office when leaving the center. This includes breastfeeding mothers. Supervised volunteers (limited to Andrews University students who have observations/volunteer hours as a required part of their course work) may at times be present in the classroom once they have successfully completed the PSOR clearance. Volunteers will never be left unattended with the children. The Crayon Box Children's Learning Center's staff will maintain all direct care, supervision, and guidance of children in the center. Volunteers are asked to schedule their visits with the Center Director, and are allowed in the child care facility only at the discretion of the Center Director. Only volunteers with PSOR clearance may assist in the center and will be supervised at all time (teachers will have eyes and ears on the volunteer at all times). Volunteers do not change diapers. Evidence that each volunteer

who has contact with children at least 4 hours per week for more than 2 consecutive weeks is free from communicable tuberculosis, verified within 1 year before volunteering, shall be kept on file at the center. If the Director and/or staff see that the volunteer's performance does not meet the center's expectations, the director will ask the volunteer to discontinue her/his volunteering services. The Director reserves the right to make volunteer assignments.

FAMILY AND COMMUNITY PARTNERSHIPS

The Crayon Box offers parents with opportunities to engage in family education, enrichment, family support, child development, and other programs or groups. The opportunities are designed to help families and support children's learning, growth, and development. This may include, but is not limited to: handouts, classes, training, workshops and meetings for families. Parent resources, including handouts in various languages, can be found outside of Room 107. Parents are provided various opportunities both inside the classroom (see Parents in the Classroom for guidelines) and at home to participate in their child's education as they prefer and/or are able to do so. Parent volunteers are requested at various times of the year, including Trike-A-Thon, Change Day and career days. The Crayon Box teachers also send home monthly activities and activities are included in the monthly newsletter for parents to do with their children. The Crayon Box staff can connect families to public and/or private community services/resources and educational programs to meet the needs of children and families. These services may include, but are not limited to: on-site hearing and vision screenings, Early On, Michigan Department of Health and Human Services (MDHHS), and food pantries.

PARENT/TEACHER COMMUNICATION

The staff communicate informally with all parents on a daily or weekly basis. Informal communication may include but is not limited to: conversations at drop off or pick up, phone calls, texting, emails, incident/accident reports. If you have any questions concerning your child's development or behavior, and it's not covered on the form, please address your child's teacher immediately. Parent/Staff Conferences will be scheduled at the parents' request.

DEVELOPMENTAL EVALUATIONS

A developmental evaluation report for each child who attends The Crayon Box at least 20 hours a week is done at the end of the Fall and Spring Semesters. This developmental evaluation will be provided to parents as a formal communication of their child's developmental progress. The Fall evaluation will be discussed at the parents' request. Parent Teacher conferences are available for all children to discuss the Spring evaluation. Separate conferences can be arranged for families with parents who are separated or divorced.

SCHOOL AGE CHILDREN

The Crayon Box provides before and after school care on school days for children attending Kindergarten – 5th grade. We also provide supervision to the bus stop for children attending Berrien Springs Public Schools who leave and arrive daily on the BSPS bus. Children may be enrolled for snow day and vacation care for the days local schools are not in session. Summer Camp is offered by Andrews University Summer Camp and The Crayon Box (separate enrollment) with priority going to children who attend the school year program at The Crayon Box. The grouping for School Age children is 1 adult to 18 children. Children must be 5 years old by September 1, 2025, to be enrolled in the school age program for the 2025-2026 school year.

GROUPING

The group size (capacity) and teacher/student ratio for each class is as follows:

Classroom	Teacher	Children	Max Group Size	# of Staff Required for Max Group Size
Infant	1	4	8	3
Toddlers (Young Toddler)	1	4	12	3
Twos (Older Toddler 1)	1	4	12	3
Twos (Older Toddler 2)	1	8	16	2
Preschool	1	10	30	3
Pre-Kindergarten	1	12	30	3
Young 5s	1	18	34	2
Camp Kindness (K-2)	1	18	30	2
Camp Cardinal (Grades 3-5)	1	18	34	2

Total combined children in attendance in Infants and Toddler (Young Toddlers) cannot exceed 20 children.
Total combined children in attendance in Twos (Older Toddlers 1 & 2) cannot exceed 20 children.

PARENT PROGRAMS

The Crayon Box presents two special programs each year at the Howard Performing Arts Center on campus.

PROGRAM GOVERNANCE

Parents can take part in the decision-making process of The Crayon Box to plan, develop, implement, and evaluate how the program functions through parent surveys that are sent quarterly.

CURRICULUM
We believe that children learn best through play and exploration. Our Preschool and Pre-Kindergarten rooms use CREATION Kids. A similar curriculum for our Infant, Young Toddlers and Older Toddlers will begin in September 2025.

ADJUSTMENT PERIOD
Starting to attend an early childhood educational center is an exciting experience for a young child, but it can initially be a difficult one. Whatever the personality of the child, however eager s/he may seem to be for the new experience, there will be a moment when s/he suddenly realizes that his parent is not going to be there with her/him. Parents also feel anxious about the separation as well. These feelings are normal. If the child is having difficulty, *please say good-bye* quickly and unhesitatingly, and leave without looking back. Children seldom continue to cry after the parent is out of sight. After a short period of time, the daily routine should bring about full adjustment. The Crayon Box discourages parents from sneaking out of the center. Some children exhibit separation anxiety when it is time for their parent to leave. The Crayon Box believes it is best for parents to tell the anxious child upon arrival that once they arrive at the classroom door, the parent will kiss, hug and say goodbye to the child. This will prepare the child for their departure. The employee present in the classroom will comfort and assist the child through the anxious time. The longer the parent of an anxious child drags out the departure, the more anxiety the child is likely to feel. The professional employees of The Crayon Box are available to discuss other options if the child does not settle into the arrival routine after a reasonable period of time.

PERSONS APPEARING TO BE IMPAIRED BY DRUGS/ALCOHOL AT PICK-UP
The staff are not properly trained to make assessments relating to intoxication or impairment and therefore assume no responsibility to assess the competency or condition of any individual appearing to pick up the child. Our staff will contact local police and/or the other custodial parent should a parent appear to the staff of The Crayon Box to be under the influence of drugs and/or alcohol. The parent's right to immediate access does not permit the agency from denying a custodial parent access to their child even if the parent is or appears to be impaired. However, our staff will delay the impaired parent as long as possible, while contacting the other parent, the local police and Child Protective Services. Any other authorized person who attempts to pick-up a child, and appears to the staff of The Crayon Box to be under the influence of drugs and/or alcohol will be denied access to the child. We will contact the child's parents, local police and Child Protective Services to notify them of the situation.

ARRIVAL/DEPARTURE
State Law requires that children be escorted by their parent or the adult **(at least 18 years of age)** dropping them off, to their designated classroom. **NO child is ever to be left alone or unsupervised in the hallway, at the door, gate, classroom, or play area when arriving or departing**. Be sure that their teacher notices the arrival of your child. Children are required by law to be always supervised while in the facility. Your child must be checked in and out with the teachers each time he/she arrives and departs the center (unless you are directed to follow alternate arrival and departure guidelines which will be posted on the classroom door. The parents, or authorized persons, resume all responsibility for the child while they are in their care. Children are not to be taken to the group unless checked in. Children will only be given to the parent/authorized person **(at least 18 years of age)** at the time of check out and the child will not be allowed to return to the group once checked out. It is the parent's responsibility to make sure that the child's belongings (personal items, medications, etc.) are picked up at the time of checking out. The Crayon Box staff will not be able to return after closing hours for those parents wanting to recover their child's belongings.

CHILDREN'S RELEASE
Parents, or authorized persons **(at least 18 years old),** are expected to pick children up at the time indicated on their schedule. If you will be delayed due to an emergency, please call the office or your child's classroom to inform the teacher of when to expect you. The parent/guardian must provide the center a list of at least two adults **(at least 18 years old),** with whom the child may be released to in the event of an emergency. For your child's protection, neither the Director nor the center's staff will release the child to a person who is not listed on the child's card. Should the parent wish to have a one-time special exception, the policy requires that the parent must leave a signed, dated, written note with the child's teacher the morning of the release. **Parents will NOT be allowed to change instructions orally (personally or by phone). The Crayon Box reserves the right to request a valid picture identification at the time of your child's release.** In case of a **CUSTODY DISPUTE**, the school will abide by the rulings of the court or will proceed on the advice of a lawyer if the court has not yet ruled. Until custody has been established by a court order, neither parent may limit the other parent from picking up the child. A copy of the court order will be placed in the child's file. The provider assumes no responsibility for any injury or harm to the child who has been released to a person on the child release card or identified in the written exception request process. **No one will be permitted to take a child off the premises without the WRITTEN consent of the parent (parent's authorization over the phone will not be accepted)**. The staff are not properly trained to make assessments relating to intoxication or impairment and assume no responsibility to assess the competency or condition of any individual appearing to pick up the child. If you assign one of your escorts to pick up your child, please confirm that your child has been picked up.

TRANSITIONS
Classroom transitions are held once a year on the first day of the new school year. There may be cases where children transition earlier to the classroom based on classroom size/staffing requirements and child readiness. Those situations will be discussed on a case-by-case basis with

parents, teachers and the Director. When it is time for your child to move to the next classroom, you will be given notice and a transition plan for the child to gradually try the new classroom out. Whether a child transfers to another classroom or another educational setting, we will work to ensure a smooth transition. The Crayon Box works with Ruth Murdoch Elementary Schools, Berrien Springs Public Schools and Village Adventist Elementary School to provide Kindergarten transition information including visitation information and record requests.

Children who are enrolled in Preschool at the start of the school year based on age but are not potty trained will remain at the Older Toddler rate until potty training is achieved. Children who are 4 at the start of the school year and are not potty trained will not be promoted until potty training is achieved. There may not be space for that child to remain in the Preschool classroom past their scheduled promotion date if they are 4 years old and are not potty trained. The Director will discuss this situation with parents if the situation arises.

REST TIME

All of our classrooms provide rest opportunity. Children under 18 months of age sleep on demand. Twos (Older Toddlers) are provided a two-hour rest time, Preschool is provided a 90-minute rest time, Pre-K and Young 5s are provided a 60-minute rest time. For children who do not sleep at rest time, quiet activities are provided such as reading books or putting puzzles together. All classrooms rest or sleep alone on mats or cots except the infant classroom. Parents may provide pillows with a pillow case, a blanket and/or a lovey or stuffed animal for their child to sleep with. Sheets are provided by The Crayon Box and all items on the cots are washed weekly. All infants (under the age of 12 months) are placed on their backs in a crib for resting and sleeping. Infants unable to roll from their stomachs to their backs and from their backs to their stomachs are placed on their backs when found face down. When infants can easily turn over from their stomachs to their backs and from their backs to their stomachs, they will be initially placed on their backs, but will be allowed to adopt whatever position they prefer for sleep. A sleeping infant's breathing, sleep position, and bedding are monitored frequently for possible signs of distress. For an infant who cannot rest or sleep on her or his back due to disability or illness, written instructions, signed by the infant's licensed health care provider, detailing an alternative safe sleep position or other special sleeping arrangements for the infant must be followed and kept on file at the center. The instructions must include an end date. Following the recommendation of the American Academy of Pediatrics, soft items such as bumpers, stuffed animals (including pacifiers with a stuffed animal attached), blankets and quilts are not allowed in cribs.

ANIMALS / PETS

The Crayon Box is committed to providing a healthy and safe environment for all children and staff. It is the policy to only allow animals inside the buildings and on the playgrounds/garden as defined below. Animals which will be allowed in and on the property are: animals serving as a certified service or guide dog under ADA guidelines; animals assisting an officer engaged in law enforcement duties; animals that support a program or curriculum; and classroom pets which are under the care of the Director and her staff. The Director shall establish procedures to ensure health and safety for staff and students when animals are brought onto the property. Any animal may be restricted from the property should the animal become aggressive or a nuisance, including service dogs. Please do not bring your pets to the Marsh Hall building and playgrounds/garden unless they are cleared by the Director.

PARENT VISITATION

Parents are welcome to visit the Center at any time.

VOLUNTARY WITHDRAWAL

If, for any reason, your child will no longer be attending the center, a Notice of Withdrawal should be signed and turned in to the office *two weeks* before your intention to withdraw. In the event that a withdrawal notice has not been provided, parents are still required to pay the Crayon Box the amount equal to two weeks of tuition.

HANDS-OFF POLICY

The Crayon Box has a strict hands-off policy between children, so everyone has a safe experience at school. Slapping or touching of any body part but especially the buttocks, shoving, pinching, fighting, wrestling, kicking, slapping and biting are not acceptable behaviors whether in fun or in anger. Kissing is not appropriate for the center. Children are expected to treat every member of the camp with respect, dignity and in a morally acceptable manner. Children failing to keep hands off others after a warning will require a parent meeting and possible suspension.

HARASSMENT

The Crayon Box is committed to preventing harassment of any kind. No staff member, student, or any other person associated with our program shall concur with, cooperate with, permit, or participate in any act that injures, degrades, or disgraces, any other student or other person. Harassment of any student or other person is not acceptable at any of our programs. Center staff must take seriously and act on any reported incidents of sexual harassment, bullying, hazing, violence, threats, or intentional humiliation. Bullying is defined as the repeated intimidation of others by real or threatened infliction of physical, verbal, written, electronically transmitted, or emotional abuse, or the attack on the property of another. It may include actions such as verbal taunts, name-calling and put-downs related to an individual's race, religion, national origin, age, gender (M/F), appearance, or physical challenges. Students who engage in any act of bullying while at the center will be subject to appropriate disciplinary actions. Sexual harassment is disruptive to the child care experience and interferes with our commitment to provide a positive, safe, and harmonious environment for our children. Sexual harassment is illegal, immoral, improper, and will not be

tolerated. These guidelines are implemented by The Crayon Box to help inform students, parents, and staff as to what sexual harassment is and what procedures are to be followed in dealing with sexual harassment. Parents should discuss this policy with their child in an age appropriate way. Any child who engages in sexual harassment shall be subject to disciplinary action up to and including having their enrollment terminated.

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, written, or physical conduct of a sexual nature that is unwelcome. Examples of conduct prohibited by the policy include, but are not limited to: unwelcome teasing; jokes, remarks and questions; slapping or touching of any body part but especially the buttocks; deliberate touching; grabbing; brushing against the body; fondling; pinching; inappropriate messages via telephone, internet or email; all electronics and materials of a sexual nature; graffiti; etc.

DISCIPLINE

Positive methods of discipline that encourage self-control, self-direction, self-esteem, and cooperation are used at The Crayon Box. All of the following means of punishment are prohibited:

- Hitting, spanking, shaking, biting, pinching, or inflicting other forms of corporal punishment.
- Placing any substances in a child's mouth, including but not limited to, soap, hot sauce, or vinegar.
- Restricting a child's movement by binding or tying him or her.
- Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child.
- Depriving a child of meals, snacks, rest, or necessary toilet use.
- Excluding a child from outdoor play or other gross motor activities.
- Excluding a child from daily learning experiences.
- Confining a child in an enclosed area, such as a closet, locked room, box, or similar enclosure.

Non-severe and developmentally appropriate discipline or restraint may be used when reasonably necessary, based on a child's development, to prevent a child from harming himself or herself or to prevent a child from harming other persons or property, excluding those forms of punishment prohibited above.

The Center strives to help each child learn and use appropriate behavior. If we see that a child is dangerous to the other children's environment, we reserve the right to require the removal of that child. Positive reinforcement, such as stickers and verbal praise is used often. Other methods such as verbal intervention and/or time-out are used to help children understand that certain behavior is not acceptable. Hitting, biting, or pushing (physical contact with intention to hurt) is never acceptable. Time-outs will be only used for children 3 years or older and one minute per age of child. The staff will document consistent behavioral problems, as well as any conversations with parents or guardians. We appreciate your help and ideas in dealing with your child.

TERMINATION POLICY

Occasionally, a child will experience some difficulty in adapting to The Crayon Box environment or abiding by The Crayon Box's rules of behavior. A conference will be scheduled if your child should experience some difficulty. We will work closely with you to see if the problem can be resolved. If the child's behavior continues to be disruptive to the group, we reserve the right to ask you to withdraw your child from The Crayon Box. Our staff is committed to working with all children and their parents to improve any behavioral difficulties we may encounter in a positive, nurturing manner. However, if the behavior exhibited poses a health or safety risk for the child, other children, parents or staff, The Crayon Box reserves the right to expel any child from programming immediately without following the disciplinary actions listed in the handbook. At our discretion, we may consider a child for reapplication into The Crayon Box on a probationary basis providing that the parent/guardian can show professional counseling or behavior modification techniques have been successfully implemented. There will be no refunds issued (including enrollment fees) when a child is suspended or expelled from The Crayon Box.

Enrollment in The Crayon Box may be terminated for any of the following reasons (but not limited to):

- Failure to comply with the policies set forth in the Family Handbook.
- Failure to comply with the contract.
- Destructive, aggressive, inappropriate or hurtful behavior.
- Failure to comply with the hands-off policy.
- Harassment
- Non-payment of childcare or late fees and/or recurring late payment of fees.
- Repeated failure to pick up the child before closing.
- Inability to meet the child's needs without additional staff.
- Blatant disrespect towards staff.
- If a parent knowingly brings their child ill with medication to mask symptoms.
- False information given by a parent either verbally or in writing.

PLAN FOR SERVING CHILDREN WITH SPECIAL NEEDS

Childcare programs provide public accommodation and therefore must comply with the Americans with Disabilities Act. Childcare programs should be committed to meeting the needs of all children, regardless of special health care needs or disabilities. As the number of children with chronic health conditions such as asthma, allergies, and diabetes increase, as well as the number of children with emotional or behavioral issues, the ability of programs to plan for and include all children is critical. Inclusion of children with special needs has been shown to enrich The Crayon Box experience for all staff, and children and families of enrolled children. For children with special needs, care must be provided according to the child's needs as identified by parents, medical personnel, or other relevant professionals.

- Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
- All families will be treated with dignity and with respect for their individual needs and/or differences.
- The Crayon Box will be responsible for ensuring that confidentiality about special needs is maintained for all families and staff in the program.
- Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. Inclusion of program staff in parent/teacher conferences is desired to ensure The Crayon Box provides the most supportive environment possible.
- All staff will receive general training on the benefits of inclusion of children with special needs and training on specific accommodations that any child in their classroom may need.
- The individual written plan of care for children with special care needs will be followed in all emergency situations.

Our staff is committed to working with all children and their parents to improve any behavioral difficulties we may encounter in a positive, nurturing manner. However, if the behavior exhibited poses a health or safety risk for the child, other children, parents or staff, The Crayon Box reserves the right to expel any child from programming immediately without following the disciplinary actions listed in the handbook. At our discretion, we may consider a child for reapplication into The Crayon Box on a probationary basis providing that the parent/guardian can show professional counseling or behavior modification techniques have been successfully implemented. There will be no refunds issued (including enrollment fees) when a child is suspended or expelled from The Crayon Box.

RIGHT TO REFUSE ADMISSION

The Crayon Box reserves the right to refuse admission to any child at any time with or without cause. The Crayon Box strives to maintain an ample list of substitutes in anticipation of staff absences, however, there are times when substitutes are not available, and classrooms need to be closed to maintain compliance with licensing regulations. Refusal will be based on a "first come first served" basis when seeking to maintain appropriate staff to child ratios and/or when closing classrooms.

Possible reasons for the refusal of admission include but are not limited to:

- Lack of staff to maintain appropriate Staff to Child Ratios as determined by State Licensing Regulations.
- The need to maintain compliance with Licensing Regulations.
- Staff deems the child is too ill to attend.
- Domestic situations that present a risk to the child, staff or other children if the child were at the center.
- Parents' failure to maintain accurate, up to date records.
- Parents' failure to complete and return required documentation in a timely fashion.
- Parents' failure to pay or provide and/or follow a payment plan.

INAPPROPRIATE PARENT CONDUCT

The Crayon Box staff expects to keep a professional and rational relationship with parents. Parents whose behavior is inappropriate and unacceptable, will have grounds for dismissal. The following actions or behaviors will be grounds for parent's dismissal and child's disenrollment:

- Foul language, especially in front of children
- Acts of violence, including assault and battery
- Harassment of or threats against the staff, other parents or children
- Possession of illegal substances or firearms
- Verbal or physical abuse of any child
- Indecent exposure

The Crayon Box will dismiss any child whose parent is prohibited from entering the center or is banned from the University campus. Due to the parents' right to immediate access policy, as well as state and federal regulations, The Crayon Box cannot have a child at the center when the child's parent is prohibited access. The Crayon Box will not agree to any request to maintain a child's enrollment even if the parent agrees to stay out of the center.

SWEARING/CURSING

No child or adult is permitted to curse or use other inappropriate language at any time, whether in the presence of a child or not. Such language is considered offensive and will not be tolerated. If a person feels frustrated or angry, it is more appropriate to verbally express the frustration or anger using non-offensive language. At NO time shall inappropriate language be directed toward members of the staff.

PARENT NOTIFICATION

In case your child has an accident, injury, illness or other incident either the classroom teacher or the office will notify the parent either through the Remind app or on the phone. All contact numbers for both parents will be tried until a parent is reached. In the event that we cannot reach a parent, the emergency contact person will be notified. If an incident occurs that affects all of the children at our center, we will send out a Remind message, post a notice in the office, on classroom doors and a written notice will be in your mailbox.

BITING

Experts in the field of child development tell us that biting occurs primarily as a result of a child's inability to communicate. Many young children are not very verbal. Children may become frustrated by a new experience, such as another child taking away their toy, or suddenly being around many other children, and may bite as a response.

When a child does bite, the following procedures will occur and most children stop biting soon after these actions have been taken.

- The child **receiving** the bite will be comforted and the bite area cleaned to prevent infection. Ice will be used as needed. An accident report will be filled out to notify the child's parent.
- The **biting** child will be redirected to appropriate activities. The teacher will carefully assess the classroom environment to minimize frustration for the child. An incident report will be filled out to notify the child's parent. The identity of the child will be kept confidential.

Our teachers express strong disapproval of biting. They work to keep children safe and to help the child who bit learn different, more appropriate behavior. When there are episodes of ongoing biting, we develop a plan of specific strategies, techniques, and timelines to address it. We do not and will not use any response that harms a child or is known to be ineffective.

CLOTHING/SHOES

Children play hard and need to be comfortable. We ask that children be dressed in clothes suitable for the many art, playground and climbing activities of their day. Cold weather does not necessarily keep us indoors, so please be sure that children have the necessary mittens, sweaters and hats, etc., appropriate for the day's weather changes. All clothing should be labeled with the child's last name, to facilitate dressing and reduce loss. Shorts, sundresses (with shorts underneath), and sleeveless tops are appropriate summer wear.

- Please ensure the shoes fit properly – shoes that are too big can cause a child to have poor balance.
- Shoes with Velcro fasteners are preferred as it can be difficult to keep all laces tied when children are in a group setting therefore, please do not send your child with shoes that need to be tied unless the child can tie the shoes on their own. Velcro fasteners support your child's autonomy and independence.
- Please make sure shoes are practical and will enable your child to be active – fancy dress & flip flop style shoes are not practical and can be dangerous.
- All children must have age appropriate indoor/outdoor shoes. Hot, wet snow boots, for health reasons, need to be replaced with indoor shoes when the children are inside. If your child comes in boots, make sure to send an extra pair of shoes and teachers will gladly help with the changes.
- Age-appropriate sneakers or rubber-soled shoes are recommended for safe play and children should have shoes on at all times except for nap.

It is important that you send your child in comfortable, weather appropriate clothing that is suitable for active play. Please keep in mind that your child will be participating in activities that may be messy and The Crayon Box will not be held responsible for soiled or damaged clothing. Outdoor Play is a regular part of our program, and all children are required to participate.

EXTRA CLOTHES

We recommend two full sets of extra clothes (top, bottom, underwear, socks) should be kept at the center, especially for the youngest children. Extra sets will need to be replaced if your child uses them. An extra set of clothing is also required as important learning activities such as outdoor play, arts and crafts, and water play can leave your child wet or dirty. Accidents can also happen - an extra set of clothes can save the day! Please make sure that all clothing is clearly labeled with your child's name.

DIAPERS

Parents supply diapers and wipes for their child to be kept at the Center, with the child's name written on each article. Your child's diapers and wipes will be stored in the cupboards above the changing area and only used for your child. Diapers are checked for wetness and feces when the child arrives and before they leave. Diapers are checked at least hourly, visually inspected at least every two hours, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. Diapers will always be changed when they are found to be wet or soiled. You may use cloth diapers. Each cloth diaper must be covered with an outer waterproof covering. Outer coverings must be removed as a singular unit with wet or soiled diapers and with wet or soiled training pants, if used. Diapers, training pants, and outer coverings must not be reused until washed and sanitized. The Crayon Box will not rinse the contents. Soiled diapers must be placed in a wet bag, or other waterproof container that is used only for that child's soiled diapers. Soiled diapers or training pants must be removed from the center every day by the child's parent.

Following best practices, teachers do not wipe after children use the bathroom for children ages 3+. All children over the age of three must be fully independently toilet trained. Please work with your child to practice their wiping skills at home. Children enrolling in Preschool, Pre-K and Young 5s are required to be potty trained before attending and there are no diaper changing facilities in those classrooms. Children who are already attending and ready to be promoted to Preschool at the beginning of the year but are not fully potty training will be promoted to the next classroom but will stay at the Older Toddler rate until potty training has been achieved.

POTTY TRAINING

We don't put children into underwear until they have been COMPLETELY accident free (pee and poop) at The Crayon Box for two full weeks. This is an absolute non-negotiable policy. We must set up policies that maintain infection control standards for The Crayon Box and protect the carpet, furniture, and inventory of the center. We have to have higher standards than a parent has at home to avoid having to do frequent carpet and furniture cleaning and replacements.

Children can come in underwear with pull-ups with Velcro sides on top of the underwear once they have had consistent success at home (more than 7 days without any accidents). That way they will have a protective layer over the underwear to protect the carpet should they revert back to accidents. If the child has regular accidents in the underwear, we will switch them back to regular diapers and try again at another time.

A potty-trained child is a child who can do the following:

- Be able to TELL the adult they have to go potty BEFORE they have to go. They must be able to say the words "I have to go potty" BEFORE they have to go.
- Be able to pull down their underwear and pants and get them back up without assistance.
- Be able to wipe themselves (teacher will follow up wipe with bowel movements).
- Be able to get off the potty by themselves.
- Be able to go directly back to the room without directions.
- Be able to postpone going if they must wait their turn.

Children who are ready to train can perceive events that are going to happen before they happen. Because we cannot allow children to just go in and out of the room to freely use the potty, they must learn they have to tell us so that we can accompany them into the bathroom and supervise them. At home you can allow them free access to the bathroom if you choose but we are prohibited by our regulations to allow them to go unaccompanied. Because of this, they need to learn that they must tell the adult they have to go BEFORE they have to go. We do not accept signs that the child has to go or nonverbal behavior. It must be the words "I have to go potty".

Some things we do to get kids ready to train:

- We start reading potty books and talking about going potty in the big girl or big boy potty during changing.
- We have them sit on the potty during natural transition times (before and after meals, before and after naps, and diaper changes)
- We practice with them getting their pants up and down on their own and hand washing.
- We will supervise them and watch for signs that they have to go or are going and get them off to the potty.
- We keep close communication with the parents about any indicators suggesting the child is ready.

Some things we don't do:

- We do not put kids on a potty schedule where they go every half hour or hour. It's very time consuming with little to no benefit.
- We don't limit food or drinks to only be given at certain times. We maintain the same food and snack schedule during training.
- We don't clean out poopy underwear. We don't do laundry of any soaked or soiled clothes. They are bagged and returned to the parents at the end of the day.

Some helpful hints to help you at home:

- Be cheery about the potty. A happy experience each time they are on the potty will translate into quick training at home.
- Praise the child on success for every step of the process but do not overdo it.
- Bribery can be a good thing. Use stickers or small treats (like M&Ms) ONLY after potty success.
- No punishment or consternation for accidents. Just talk to them about them needing to ask to go to the potty next time. We say "next time you will go potty like the BIG boys do… okay?!!"
- If you see them mid-way trying to poop or pee, run them off to the potty to finish up.
- Give your child three or four minutes to get the job done. It shouldn't take more than a few minutes. If they don't go in a reasonable time tell them it's time to get off and we will try again another time.
- We don't encourage any toys or books during the training time.
- Keep attention and interaction during potty time to a bare minimum. Keep the atmosphere calm and focused.
- Have fun. Stay cool. It will all work out.

Naptime training:
Sometimes kids nap train right away when they are awake time trained. Most children are not able to do this, and it is many months and sometimes years before they are nap trained. We require nap diapers until the child has slept through nap for one full month without a pee accident.

What to wear during training:
Children should wear easy on and off pants during training. We prefer sweat pant like bottoms until they are physically capable of doing snaps and buttons. Please don't send them in anything that requires us to remove the top to get to the bottom. During potty training, we don't allow overalls, kid costumes, one-piece jammies, or shirts with snaps at the crotch. Diapers and pull-ups with Velcro sides are required for potty training otherwise we have to completely strip your child every diaper change if they have accidents. We recommend regular diapers at nap time.

JEWELRY
Children's accessories and jewelry are extremely attractive to other children's eyes and fingers. The Crayon Box will not to be responsible for lost or stolen valuables and will not be held responsible for any injury to your child caused by jewelry. It is the parents' responsibility to enforce this policy. We ask parents to be safety conscious when choosing accessories that their children wear. We do not permit the following type of jewelry: Dangly earrings (small, snug-fitting pierced studs are permitted); Necklaces of any kind, Bracelets with beads or charms

MEALS
The Crayon Box participates in the CACFP Food Program, and breakfast, snacks and milk are provided at no cost to parents during center hours. Breakfast is served at no cost at 7:30 am. All parents will be required to fill out the Participant Enrollment Form.. The center serves AM snack at 9:30 am. PM Snack is served daily for the children after nap/rest. The snacks are nutritious and light as we do not want to spoil your child's appetite for the larger meals. Children should have breakfast before arriving if they are not scheduled to attend when breakfast is served. Children under 18 months old will be fed on demand. Parents are to provide their child with a water bottle and lunch that is ready to eat without heating or refrigeration and all parts of the lunch, including the water bottle, are labeled with the child's first name, last name and date. If your child has forgotten their meal, The Crayon Box staff will provide a meal for $10. The Crayon Box will provide milk for lunch. If your child has allergies, and requires a modified diet, we must be notified of this in writing with the "Special Diet Statement" form completed by the child's physician. We will need to have a physician's written instructions describing any foods the child is not permitted to eat. An appropriate substitution will be made, if possible. If a child has so many allergies that he/she cannot eat from our menu, we may require the parents to provide his/her breakfast and snacks. We provide soy milk for all children with a "Fluid Milk Substitute Request" form completed by the parents. If you would like your child to drink almond milk, we can provide that with a "Special Diet Statement" form completed by the child's physician. We are not able to accommodate verbal requests for milk or food substitutions.

INFANT FORMULA / BREAST MILK / FOOD
The Crayon Box offers formula and other required infant food to all enrolled infants. The iron-fortified infant formula provided for infants until they turn one year of age is "Enfamil with Iron". As the parent or guardian, you may decline the formula/food offered by the center and supply the infant's formula/food yourself. Either way, a form must be signed indicating your intent. However, when your infant turns one year of age, the center will begin to provide milk and the other required food items to meet the meal pattern requirement for toddler-age children.
All parents will follow the following guidelines:

- All formula must be prepared at home and placed in assembled bottles before being brought to the center.
- Each bottle and nipple supplied by a parent will be used for a single feeding only.
- Formula and milk, including breast milk, left after a feeding must not be reused.
- All bottles should be labeled with the following: **first and last name of child and the current date.**
- All baby food must be labeled with the full name of the child, the current date and contents.
- No open or used baby food containers.
- No glass bottles.

The contents of a bottle (or beverage container) must be discarded if any of the following apply:

- The contents appear to be unsanitary.
- The bottle (or beverage container) has been used for a period that exceeds 1 hour from the beginning of the feeding.
- The bottle (or beverage container) requiring refrigeration has been unrefrigerated for 1 hour or more.

INFANT FEEDING
Infants MUST be able to take a bottle or sippy when attending. As we encourage breast feeding, we also must have a way to feed the infant when the mother is not present. We will attempt to respect and follow newborn infant feeding schedules requested by the parents if at all possible. Infants in care must have enough bottles to cover all feedings while the child is in care and the child will be fed when hungry, according to State Licensing. This is critically important to their brain development. No infant who is hungry will ever be forced to wait to eat because of a requested feeding schedule.

OUTSIDE ACTIVITIES

The outdoor play area is considered an outdoor classroom and an extension of the learning environment. The Crayon Box provides two hours of outside play each day, unless prevented by weather. Because of the inclusion of outdoor time in our daily schedules, it is important for every child to have proper clothing for the outdoor time each day. Proper clothing for winter includes warm coats, hats and mittens or gloves plus snow pants and boots during snowy times. Shorts, sundresses (with shorts underneath), and sleeveless tops are appropriate summer wear. If your child is too sick to go outside, then your child is too sick to be in attendance. No children in attendance will be left inside during our scheduled outdoor time.

PARTIES

We welcome mini-celebrations for children's birthdays or farewell days. Please discuss your plans with your child's teacher. **Only commercially-produced, store-bought items that are transported in their original containers, unopened and listing all ingredients are allowed. Home baked items cannot be served to the children**. In accordance with our food policy we encourage all families to pick healthy alternatives to traditional large cupcakes. To create a safe environment for children with food allergies, we ask that you NOT send birthday snacks containing either peanut butter or nuts. Also, please do not send popcorn, which is considered a choking hazard in groups of children. Teachers are valuable resources in recommending appropriate foods. Birthday invitations for parties outside of the school are solely the responsibility of the family. Invitations may be distributed in the classroom only if you are inviting the entire class, otherwise please contact the office and we can help you discretely distribute the invites.

SECURITY CAMERAS

Security cameras are in the hallways, office and playgrounds which allows Campus Safety to monitor these public spaces. To provide privacy for the children, there are no cameras in the classrooms.

MEDIA POLICY

Media means use of electronic devices with a screen, including but not limited to: televisions, computers, tablets, multi-touch screens, interactive white boards, mobile devices, cameras, movie players, e-book readers, and electronic game consoles. Use of media is prohibited for children under 2 years of age.

When media are used with children 2 years of age and older, all of the following apply:

- Activities must be developmentally appropriate.
- Interactive media must be used to support learning and to expand children's access to content, and be suitable to the age of the child in terms of content and length of use per session.
- Media with violent or adult content are prohibited while children are in care.
- Use of non-interactive media must not exceed 2 hours per week per child.
- When media are available for children's use, other activities must also be available to children.

An exception may be made under the following conditions:

- School-age children using computers and any other electronic devices for academic and educational purposes
- Children using assistive and adaptive technology.
-

TOYS AND BOOKS

Toys and books from home are discouraged as they can get mixed in with our toys and books. Small toys that are possible choking hazards are never to be bought to the toddler or infant rooms. A security toy is acceptable; however please make sure it is age appropriate and clearly labeled. We cannot assume any responsibility for loss, theft, or damage of any items brought into the center. Please do not send video games consoles and art supplies your child. Your School Age child may bring a cell phone but it's use should be limited and can only be used by your child.

WEAPONS POLICY

Weapons of any kind have no place at The Crayon Box. Any object which includes, but is not limited to knives, tasers, mace, firearms of any type, ammunition and explosive devices may not be brought to the center. Children who bring devices to the center that are not directly related to the child care experience, but compromise the safety of the child care environment will jeopardize their privilege of attending. The Crayon Box staff will bring Andrews University Campus Safety and/or local law enforcement agents in to address behavior that, in the view of the administration and staff, poses a danger to children and other center personnel.

POLICIES AND PROCEDURES MODIFICATION RIGHTS

The Crayon Box has reserved its rights to make additions, deletions, and modifications to the center's policies, procedures and fees. Thirty days written notice will be given to families enrolled in the program. Such notice will not be applicable in the event of emergencies or licensing mandates.

PARENT RESOURCES
Information concerning upcoming events, as well as a copy of the current newsletter, is posted on the parents' bulletin board in the office. Parent resources, in various languages, can be found outside of Room 107.

FAMILY HANDBOOK
The Family Handbook is designed to help you become better acquainted with the program and policies of The Crayon Box. Revisions and additional information are distributed each year and/or may be distributed during the year.

NEWSLETTER
Newsletters are distributed at least quarterly which include upcoming events, curriculum activities, policy changes…

PERMISSION TO PHOTOGRAPH
The Crayon Box occasionally uses photographs of our children for these specific uses with written parental consent.

- Our website: (http://www.andrews.edu/childrenslearning)
- Articles/Photos in local newspapers and magazines
- Promotional posters (ex. Apple Valley, Harding's and the Berrien Springs Public Library)
- Flyers (ex. for the Berrien County Youth Fair)
- Ads in local newspapers
- Enrollment materials
- Student composite pictures/classroom pictures of fun activities, projects, programs, and other events may be posted on our walls, newsletters, etc.

Note: No photographs of a child's face will be shared on social media. Artwork may show the child's first name but never the full name.

PEST MANAGEMENT
Annual notification of parents will be given in the September newsletter. Arrow Pest Control will typically be using Bait and Gel Pesticide Formulation, although at times it may be necessary to spray for a specific pest. When an alternate pesticide application is planned, advance notice will be provided for the parents or guardians. There will be a notice posted on the entry doors and on the time clock, as well as a printed notice in each family's mailbox. The advance notice will include:

- Information about the pesticide
- Information about the target or purpose of application
- Location and date of the application
- Toll-free number for a national pesticide information center recognized by the Michigan Department of Agriculture.

Liquid spray or aerosol insecticide application in the center will only be applied in the evening or on days that no children are attending.

LICENSING NOTEBOOK
The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at **www.michigan.gov/michildcare**.

INFORMATION PROVIDED TO PARENTS
This Family handbooks meets the requirements that The Crayon Box provides a written information packet to each parent enrolling a child that includes at least all of the following:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, holidays during which the center is open & services are provided
- Fee policy.
- Discipline policy.
- Food service policy.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Medication policy.
- Exclusion policy for child illnesses.
- The website where parents can access these rules is www.michigan.gov/michildcare.
- Written documentation that the parent received the written information packet is kept on file at the center.

GRIEVANCE POLICY
If you feel that your child is being discriminated concerning food, please talk it over with his/her teacher. If you feel that no progress has been made, please talk to the director. ***In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.***

INFANTS DAILY SCHEDULE

Must be at least 2 weeks old to be enrolled in this classroom.

7:00 – 8:00	Story time/Alternating Daily Activities Setup
8:00 – 9:00	Welcome / Greet children / Diaper Check/Change
9:00 – 10:00	Outdoor Time (walks in strollers and blanket time)
10:00 – 10:30	Worship
10:30 – 11:00	Communication, Language and Literacy
11:00 – 12:00	Diaper Change/ Rest
12:00 – 2:00	Free time
1:00 – 2:30	Diaper Change / Rest
2:30 – 3:30	Outside Time (walks in strollers and blanket time)
3:30 – 4:00	Diaper change / Gross Motor Activities
4:00 – 5:00	Sensory Games and Activities / Fine Motor Activities
5:00 – 5:45	Diaper Change / Reading Books
5:45 – 6:00	Prepare for departure, change diapers, prepare all bottles & bags

NOTES:

- Bottles and snacks from home are given as needed.
- Extra Diaper changes are done as needed throughout the day.
- Infant feedings, naps and diaper changes are on demand.
- Infants enjoy being with the toddlers at various times throughout the day. Age-appropriate activities are always available and enjoyed. Along with lots of nurturing and one on one time for each child.
- All classrooms spend 2 hours of outside play a day.

YOUNG TODDLER DAILY SCHEDULE

Must be at least 9 months old by September 1, 2025, to be enrolled in this classroom.

7:00 - 7:30	Story time / Alternating Daily Activities / Setup
7:30	Breakfast
8:00 – 9:30	Clean-up / Books / Worship / Water Break / Story Time / Alternating Gross Motor Activities/ Fine Motor Activities / Art & Language / Diaper Check / Clean Up
9:30	Snack
10:00 – 11:00	Activities Outdoor Play on Playground/ Gross Motor
11:30	Lunch / Diaper Check
12:15 – 2:30	Rest / Quiet Activities (after waking) / Soft Quiet Toys/ Diaper Check / Water Break / Snack Time / Clean-Up
2:30 – 3:30	Outdoor Play on Playground/ Gross Motor
3:30 – 6:00	Story Time / Free Choice Activities such as: balls, trucks, cars, dolls, dress-up, fine motor activities, kitchen, and play house. Diaper Check / Water Break, Combine with Infant Room; Free Play

NOTES:

- Drinks and extra snacks are given as needed.
- Young Toddler feedings, naps and diaper changes are on demand until 18 months.
- Extra Diaper changes are done as needed throughout the day.
- Young Toddlers enjoy being with the Infants and Older Toddlers at various times throughout the day. Age-appropriate activities are always available and enjoyed. Along with lots of nurturing and one on one time for each child.
- Make sure your child has age-appropriate shoes for inside and/or playground time and winter wear for winter play!
- All classrooms spend 2 hours of outside play a day.

OLDER TODDLER DAILY SCHEDULE

Must be at least 18 months old by September 1, 2025, to be enrolled in this classroom.

7:00 – 7:30	Good Morning / Quiet Work Areas / Potty Time / Indoor Activity Time
7:30	Breakfast
8:00 – 9:30	Clean-up / Books / Potty Outside Playtime on Playground
9:30	Snack
10:00 – 11:00	Worship / Music-Instruments / Potty Time / Activity Time (Art, Dramatic Play, Etc)
11:00 – 11:20	Clean Up / Big Books / Video (24 months+)
11:30	Lunch
12:00 – 12:30	Clean-up / Books / Potty Time
12:30 – 2:30	Rest Time
2:30 – 3:00	Potty Time / Fine Motor Activities
3:00 – 3:30	Snack Time / Clean-up / Potty Time
3:30 – 4:30	Outside Playtime on Playground
4:30 – 6:00	Stories / Free Play / Combine with YT – IN

Potty Training

Please discuss your toilet training techniques with your child's teacher when your child begins to show an interest. You and the teacher can decide how best to work together to achieve this goal. Pull-ups are used only when the child is staying dry most of the time. If your child uses a diaper at nap time, **please do not send pull-ups, unless they are the ones with Velcro**. Please use clothing that is easy for your child to handle as he/she learns to use the potty by him/herself.

- Make sure your child has age-appropriate shoes for inside and/or playground time and winter wear for winter play!
- All classrooms spend 2 hours of outside play a day.

PRESCHOOL DAILY SCHEDULE

Must be at least 33 months old by September 1, 2025, and potty trained to be enrolled in this classroom.

7:00 – 7:30	Open / Greet Children / Free Play / Bathroom
7:30	Breakfast
8:00 - 9:30	Bathroom / Reading / Circle Time / Worship / Music / Movement / Center Play / Small Group Activity / Curriculum / Art
9:30	Snack
10:00 – 11:00	Outdoor Play on Playground/ Gross Motor
11:00 – 12:00	Circle Time / Story / Songs / Finger Plays / Basic concepts (colors, shapes, numbers, alphabet) / Table Activities / Clean-up / Bathroom / Video / Wash for lunch.
12:00	Lunch
12:30 – 2:00	Rest Time
2:00– 2:30	Wake-up Time / Bathroom / Reading Circle
2:30 – 3:00	Snack Time / Table Activities
3:00 – 4:00	Outdoor Play on Playground/ Gross Motor / Bathroom
4:00 – 5:00	Bin Toys / Clean-up Room
5:00 – 6:00	Combine with Pre-K

- Children entering Preschool must be fully independently toilet trained (able to take self and wipe independently). Reminders to use the restroom will be given throughout the day.
- Show and Tell on Wednesdays
- Make sure your child has age-appropriate shoes for inside and/or playground time and winter wear for winter play!
- This classroom spends 2 hours of outside play a day.

PRE-KINDERGARTEN DAILY SCHEDULE

Must be at least 45 months old by September 1, 2025, and fully independently toilet trained to be enrolled in this classroom.

7:00 – 7:30	Combined with Preschool Room
7:30	Wash Hands / Breakfast / Wash Hands
8:00 – 8:30	Arrive in room 101 / Wash Hands / Morning Activities
8:30 – 9:00	Outdoor Activities / Large Motor Skills
9:00 – 9:30	Morning Meeting / Music / Worship / Bible
9:30	Wash Hands / Snack / Wash Hands
9:45 – 11:00	AM Core Academic Block
11:00 – 11:45	Outdoor Activities / Large Motor Skills / Center Play
11:45 – 12:00	Wash Hands / Whole Group Reading or Education Video
12:00	Lunch / Clean-up / Wash Hands / Whole Group Reading
12:30 – 1:45	Quiet / Resting Time / Independent Quiet Activities
1:45 – 3:00	PM Core Academic Block
3:00 – 3:30	Wash Hands / Snack / Wash Hands / Coloring
3:30 – 4:30	Small Group Activities / Table Activities
4:30 – 5:30	Outdoor Activities / Large Motor Skills
5:30 – 6:00	Combined with Preschool Room

- Children must be fully independently toilet trained (able to take self and wipe independently).
- Show and Tell on Wednesdays (during Morning Meeting)
- Make sure your child has age-appropriate shoes for inside and/or playground time and winter wear for winter play!
- This classroom spends 2+ hours of outside play a day.

YOUNG 5s DAILY SCHEDULE (MONDAY – THURSDAY)

Must be at least 57 months old by September 1, 2025, and fully independently toilet trained to be enrolled in this classroom.
Young 5s may combine with the Pre-K classroom as needed due to staffing or enrollment numbers.

7:00 – 7:30	Combined with Preschool Room
7:30	Wash Hands / Breakfast / Wash Hands
8:00 – 8:30	Outdoor Activities / Large Motor Skills
8:30 – 9:00	Arrive in room 107 / Wash Hands / Morning Activities
9:00 – 9:30	Morning Meeting / Music / Worship / Bible
9:30	Wash Hands / Snack / Wash Hands
9:45 – 11:00	AM Core Academic Block
11:00 – 11:45	Outdoor Activities / Large Motor Skills / Center Play
11:45 – 12:00	Wash Hands / Whole Group Reading or Education Video
12:00	Lunch / Clean-up / Wash Hands / Whole Group Reading
12:30 – 1:45	Quiet / Resting Time / Independent Quiet Activities
1:45 – 3:00	PM Core Academic Block
3:00 – 3:30	Wash Hands / Snack / Wash Hands / Coloring
3:30-6:00	Combine with Pre-Kindergarten

- Young 5s combine with Pre-Kindergarten on Fridays.
- Children must be fully independently toilet trained (able to take self and wipe independently).
- Show and Tell on Wednesdays (during Morning Meeting)
- Make sure your child has age-appropriate shoes for inside and/or playground time and winter wear for winter play!
- This classroom spends 2+ hours of outside play a day.

Andrews University
Children's Learning Center

SNOW DAY / DELAY PROCEDURES

The Crayon Box Children's Learning Center will close due to bad weather conditions if requested by the authorities (Police Department, Safety Department) or if Andrews University classes are canceled/moved to virtual learning due to weather. We will function independently if the University is closed for vacations and follow the local Berrien Springs school decisions.

If we are required to close before the day begins, the following procedures will take place:

- A message will be left on the main office voice mail, 471-3350, stating that the center will be closed due to bad weather conditions.
- The closing or delay will be put on WNDU and WSBT's school closing sites, The Crayon Box Facebook and the Remind app.
- When the closing requirement has been lifted, our office phone message will be changed back to the original message.

Delayed Opening

In certain weather situations, the University may remain open, but the conditions require the Berrien Springs School System to close. On the days that the Berrien Springs schools are closed, and the University is open, the Crayon Box will open at 8:45 am. This allows time for the roads to be cleared and our staff and children's families to have safer driving conditions. Breakfast will not be served on those days.

2025 - 2026 School Year Calendar - The Crayon Box Children's Learning Center

August 2025

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August

14	Last Day of Summer Camp
15	Closed. Teacher Work Day
18-19	Closed. Professional Development
19	Potluck Picnic/Open House

September 2025

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

September

1	Closed. Labor Day
2	First Day of School

October 2025

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

October

13	Closed. Fall Break

November 2025

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

November

26	Open 7 am - 12:30 pm
26-28	Closed. Thanksgivng Break

December 2025

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

December

22-23	Open 7 am - 4:00 pm
24-26	Closed. Christmas Break
29-30	Open 7 am - 4:00 pm
31	Closed. New Years Eve

January 2026

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January

1	Closed. New Years Day
2	Closed: Professional Development
19	Closed. Martin Luther King Jr.

February 2026

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

February

12	Valentine Parties
16	Closed. President's Day

March 2026

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

March

16-19	Open 7 am - 4:00 pm
20	Closed. Spring Break

April 2026

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

April

May 2026

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

May

25	Closed. Memorial Day

June 2026

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

June

5	Closed: Professional Development
19	Closed. Juneteenth

July

3	Closed. Independence Day

July 2026

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Crayon Box Closed

Abbreviated Hours

Special Date

Andrews University
Children's Learning Center

Classroom Supply List 2025-2026

INFANTS

All children will need
(LABELED with FULL NAME):

- Bottles (filled and labeled)
- Supply of preferred diapers
- Supply of preferred wipes
- Topical Non-Prescription Medications
- Pacifier (if used)
- Two sets of clothing (to keep at the center)
- Age-appropriate shoes for outside

Appreciated Donations for class supply
(NOT labeled with name)

- Box of facial tissues
- Disinfecting wipes
- Gallon size Ziploc bags

YOUNG TODDLERS
OLDER TODDLERS

All children will need
(LABELED with FULL NAME):

- Lunch (ready to eat and labeled)
- Reusable water bottle (labeled)
- Supply of preferred diapers
- Supply of preferred wipes
- Topical Non-Prescription Medications
- Pacifier (if used)
- Two sets of clothing (to keep at the center)
- Thin blanket, pillow with pillow case and/or lovey
- Age-appropriate shoes for outside

Appreciated Donations for class supply
(NOT labeled with name)

- Box of facial tissues
- Disinfecting wipes
- Gallon size Ziploc bags

PRE-SCHOOL
PRE-KINDERGARTEN
YOUNG 5s

All children will need
(LABELED with FULL NAME):

- Lunch (ready to eat and labeled)
- Reusable water bottle (labeled)
- Container of baby wipes
- Topical Non-Prescription Medications
- Two sets of clothing (to keep at the center)
- Thin blanket, pillow with pillow case and/or lovey
- Age-appropriate shoes for outside
- Backpack
- Letter size folder with pockets

Appreciated Donations for class supply
(NOT labeled with name)

- Box of facial tissues
- Disinfecting wipes
- Gallon size Ziploc bags

The Crayon Box Themes Calendar

School Year 2025-2026

July	August	September	October	November	December
Themes of the Month Favorite Animals, Michigan History **Color of the Month** Gray **Special Activity** Water Play / Bubbles	**Themes of the Month** Rainforest, Swamps **Color of the Month** Colors in my World **Special Activity** Welcome Back Picnic	**Themes of the Month** Back to School, Five Senses, Pets **Color of the Month** Red **Special Activity** First Days of School	**Themes of the Month** Community Helpers, Apples, Pumpkins **Color of the Month** Green **Special Activity** Fire Truck	**Themes of the Month** Nocturnal Animals, Fall, Thanks **Color of the Month** Orange **Special Activity** Book Fair	**Themes of the Month** Hibernation, Snow, Christmas **Color of the Month** Blue **Special Activity** Holiday Concert
January	**February**	**March**	**April**	**May**	**June**
Themes of the Month Winter, Polar Bears, Penguins **Color of the Month** Yellow **Special Activity** Snow Play	**Themes of the Month** Shadows, Valentines, Weather **Color of the Month** Pink **Special Activity** Classroom Parties	**Themes of the Month** Garden, Farm, Transportation **Color of the Month** Purple **Special Activity** Spring Break	**Themes of the Month** Space, Chickens, Pond **Color of the Month** Brown **Special Activity** Spring Concert	**Themes of the Month** Insects, Ocean **Color of the Month** Black **Special Activity** Literacy Luau	**Themes of the Month** All About Me, Woodland Animals **Color of the Month** White **Special Activity** Outdoor Activities