



**CHILD CARE & PRESCHOOL**  
**2185 HILL ROAD, BOISE**  
**(208) 343-8188**

**Steve Williamson, Owner/Accountant**  
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**Rhonda Williamson, Owner/Director**  
**[rhonda.rhouse@gmail.com](mailto:rhonda.rhouse@gmail.com) (208) 870-3681**

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**Parents Responsibility:**

1. Fill out all appropriate forms and turn them in prior to your child attending R House.
2. Supply a copy of each child's immunization record. If you do not have a copy, you can contact Central District Health or your pediatrician to get an update. You have 14 days to be in compliance. You must supply an updated copy when your child receives new immunizations. This is a requirement given by Central District Health.
3. The following items are to be furnished by the parent as appropriate to age. The items will be used in the daily care of your children at R- House, but will be returned if and when your child leaves:
  - A) Pillow (must be smaller than 8" and Blanket (infants must use a receiving blanket)  
(Nap Mat needed for Meridian only)
  - B) Hairbrush or comb (Hair pretties for the girls!)
  - C) Pain reliever & teething tablets (For children under 2 and only as requested)
  - D) Diapers (As needed)
  - E) Baby Formula/Baby Food/Juice/Special Food
  - F) One complete change of clothing (including socks) to keep at R-House (appropriate for weather conditions). Infants and children while potty training should have 2-3 sets of clothes. A pair of shorts or swimming suit during the summer would be terrific also.  
Coats are mandatory during the cold months as well as hats & gloves!
4. Meals included are an A.M. Snack, Lunch and a P.M. Snack. All meals are provided Monday through Thursday, and the Snacks on Friday. Friday is Lunch Box Day and each child brings their own cold lunch. If your child fails to bring a lunch \$2.50 will be charged and due when you pick up.  
Times: Your child must be present by 8:20 for morning snack and by 11:00 for lunch.
5. Courtesy calls: Please call and inform the center when your child is ill or spending a day at home by 10:00 a.m. If your child will be coming in late for any reason a courtesy call letting us know the approximate time of their arrival is greatly appreciated. Keep in mind we plan our day, activities and meals based on the number of children present.
6. Contact us! Rhonda is in charge of enrollment, preschool, personnel, Professional Development System, Quality Rating System, Extra Curricular Activities, Licensing, Immunizations, Policies & Procedures and any other business requirements. Steve is the one to contact regarding tuition, flex time and all monetary bookwork. He also maintains the yard, building and playground equipment, as well as implements the nutrition standards set forth by the City of Boise by purchasing/preparing food.

**General Policy:**

1. Our hours are 7:00 am to 6:00 pm.

**Note:** Please try to avoid pickups during naptime hours if at all possible, but you are always able to pick up your child at any time. (12:30 - 2:30 nap hours)

**Also note:** Late fees apply as of 6:00 pm. \$1.00 per minute is due and payable to the employee in attendance. Late fees will not apply if tardiness is due to extreme traffic or weather conditions and is waived at the discretion of Steve or Rhonda.

2. Payment Policies

Our prices are as follows:

Age Group	Daily	Weekly	Monthly
Newborn to 1 year	\$36	\$180	\$780
1 year	\$34	\$170	\$737
2 years	\$33	\$165	\$715
3 years	\$30	\$150	\$650
4 years	\$30	\$150	\$650
5 years	\$28	\$140	\$607
Part time over 3	\$40	3 full days \$120	\$520
Part time under 3	\$45	3 full days \$135	\$585

1. Two weeks tuition is due upon signing to reserve your child's space, along with a registration fee of \$100.00, per child.
2. Weekly payments are to be made the Friday prior to the week of care.
  - A. If your child is absent on Friday, payments are due Monday a.m.
  - B. If payment is not received by Monday a.m. and special arrangements through Steve have not been made a \$5.00 late fee (per day - per child) will automatically be added to the amount due.
  - C. Failure to pay Monday p.m. may result in your child not being able to attend.
3. Monthly payments are to be made on the 1<sup>st</sup> of each month.
  - A. If the 1<sup>st</sup> is on the weekend, payment is to be made closest to the date.
  - B. If payment is not received by the 1<sup>st</sup> (or Monday a.m. if the 1<sup>st</sup> is over the weekend) and special arrangements have not been made through Steve a \$5.00 late fee (per day - per child) will automatically be added to the amount due.
  - C. Failure to pay by the 3<sup>rd</sup> may result in your child not being able to attend.
4. Special payment arrangements can be made depending on your individual needs. Please contact Steve with your request and we will to our best to comply.
5. Payment receipts are put into your child's mailbox for those who request it. Receipts are given within a week after payment has been received.  
*Yearly receipts for tax purposes are given by the first of February.*
6. Changing your payment? If you wish to change from weekly to monthly or visa versa, please do so at the beginning of the calendar year. You may contact Steve for approval of any other changes during the year.

**General Policy: (Continued)**

3. Your Time - You will have one regular week flex time each calendar year to use for sick time or vacation. Any additional days you elect to not bring your child, payment is required. Remember your flex days are based on the calendar year starting in January. The 5 flex days are given to people who are established in January and are enrolled for a full week of care. For those starting after May and enrolled for less than 5 days per week flex time will be established at the start of this contractual agreement. Flex days are issued as an accumulation. You earn 1 day for every two months of care January thru November. If you have taken your flex week and depart prior to earning your flex time you will need to reimburse R House for that time.

Flex Time Issued: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: Your flex days become redeemable after your first 6 months.

Please note: If your child is sick and you choose to use that day as one of your flex days and the day has been paid for, proper adjustments will be made when your next payment is due. For illnesses you must tell us you are using a flex day the day you use it, and for consecutive time off (vacation) we require a two(2) week notice or you may forfeit the chance to use it for that period.

4. We require a full two week written notice of departure. Within the two week period payment is required, regardless if your child is present. Flex days may not be used during the two week notice. Also, if flex days were used prior to them being earned you may need to pay for those days prior to leaving.
5. Our Time - Paid general holidays are as follows: New Year's Day, Memorial Day, Labor Day, 4th of July, Thanksgiving Day, Black Friday, Christmas Eve & Day! We will close early on New Years Eve.

Note: Part time children will only pay for Christmas Day and other holidays if it is their regular day of attendance.

6. Children may be picked up by another person if we receive prior notification weather verbal or written, or if they are on your approved for pick up list located on your registration page. If the employee caring for your child has not met this person then a picture I.D. will be required at the time of pick up.  
Please note: We do not allow visitation of family and friends without your presence unless there is prior Authorization by Rhonda.
7. No outside food or drink is allowed to be brought into the facility without prior approval from Rhonda. This does include snacks brought in with the child for breakfast in the morning. We do allow special treats for birthdays but it must be store bought or packaged and there must be enough to share with your child's classmates. Ask your teacher for an exact number.

**General Rules & Discipline:**

Rules: Nice hands, nice mouth, nice feet, nice me. I keep my hands to myself. I have courtesy and show respect! These rules are learned verbatim and repeated daily. When a child chooses to misbehave the child is reminded of the R House rules during the explanation process.

1. No physical misconduct.  
ie: Kicking; hitting; biting; throwing toys; pushing; pinching; physically aggressive Behavior out of anger; wrestling without direct supervision, no shooting at people, etc.
2. No verbal misconduct.  
ie: Back talk; name calling; foul language, including "mean", "stupid", "hate"; dis- respectful words of any kind toward anyone or about anyone; nothing is said out of anger.

Note: Anger is a normal emotion, but learning how to vent it is important!

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### **General Rules & Discipline: (Continued)**

3. We always use "please" and "thank you" & "I'm sorry" and "your forgiven or "that's ok", "excuse me" and we use table manners like "Please can I be excused", etc.  
Manners are a must at R House! We utilize sign language for shy children and others under the age of two.
4. Our discipline is never harsh or demeaning. If the child's conduct is hurtful in any way, the child will be expected to apologize, and then be forgiven. We follow this general guideline/example:
  1. Verbal warning - "We have nice hands - we don't take toys away from our friends - we need to find something else to play with."
  2. Removal warning "Please have nice hands, if you choose to take a toy again, you will have to sit out and think about having nice hands."
  3. Removal. The child is reminded of the positive choice and asked what they could do differently. *Repetitive removals for the same thing will then result in.....*
  4. A specific "fun time" will be eliminated for that day. *If behavior is consistent then .....*
  5. Parents will be notified by Rhonda via phone or personal conversation. A conference will be suggested for repetitive negative behavior which would include both parents and the teacher.

Note: We believe that positive discipline has better results than negative. Therefore utilizing verbiage such as "Please have walking feet" instead of "Don't run" is practiced by each teacher with a greater turn around.

Note: If the misconduct is major they will be removed immediately from the other children. *Tantrums are handled the same. We take away the audience.*

### **Illness Policy**

It is the intent of this child care facility to provide a healthy and safe environment for children. The following illness policy is designed to protect the health of your child, the other children in care and both of us. Your cooperation is appreciated.

1. If a child should become ill while in care, you will be notified. We will decide ahead of time if the child needs to be picked up. If you are asked to pick up your child, please make every effort to arrive within 30 minutes to deter the illness from spreading. The child will be separated from the other children and be made as comfortable as possible until they go home. It is important to have an alternate child care facility or family member available to care for your child, if you are unable.
2. **Please do not bring your child for care if they have had diarrhea, have been vomiting or have had a fever of 100 degrees or more** (Teething is an exception when agreed upon between parent and Rhonda.) Only when a professional has made a diagnosis, and after the child has been on an antibiotic for 24 hours, and is not running a fever and not on medication to lower the fever, may the child return. Of course, certain viruses are also an exception, as long as there is no sign of a fever and you have been given approval by Rhonda.  
**Please, keep in mind this is a 24 hour policy and during flu season may be raised to 48 hours.**

Example: If your child has vomited at 10 am Sunday, your child will not be allowed to attend until they been vomiting free for 24 hours! If your child has diarrhea, they may return when they have a solid b.m. Please Note: If your child is taking medication to relieve their fever, they may only return after 24 hours of no fever without medication!

Please remember that the height of contagiousness is when a child has a fever and we are taking these steps to insure a healthy environment for everyone.

**Illness Policy (Continued)**

- 3. Please notify me if you or a family member is diagnosed with or exposed to an infectious disease. You will also be paid the same courtesy.
- 4. We require you to fill out a medication form prior to the administration of any prescribed medicine. If your child needs to take Tylenol, Motrin, teething tablets, etc., we ask that you fill out the above form also. If in the absence of a signed waiver, a verbal authorization is permitted for only over the counter pain relievers, but signature is required at pick up. At this time we are not administering ANY cold medicines.

**Outside Extra Curricular Activities**

All outside activities including Music, Spanish, Yoga, Swim, etc. are paid directly to the outside contractor as requested in their registration paperwork. You will find further information on these activities in the front office with appropriate payment boxes.

**Citation/Incident Certificates**

We have general rules of conduct throughout this contract. If our rules are not followed and/or we feel your contractual obligation has been broken, we may issue you a citation. Three citations warrant automatic two-week notice. Keep in mind we do reserve the right to ask you to leave without notice if behavior on your part or your child's is a morally, verbally or physically against our company policy or the law.

Throughout this policy there are a number of rules and regulations that are very important in regards to the care of your child. Whether it be through R House regulations, policy or protocol, The City of Boise Licensing requirements or Central District Health Standards ALL policies must be upheld and abided by all parents while their children are in our care. If a parent is asked to follow a particular policy written within our contract, we hereby require that parents obey our request without a negative attitude, verbal misconduct or any other undesirable conduct that is demeaning or disrespectful in anyway whatsoever.

**Please be sure to read everything carefully, and sign with the understanding that all of our policies will be kept.**

We look forward to caring for your child and anticipate them growing into the happy healthy children they all deserve to be.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

rev 3/1/17 RW

**"R" House Child Care & Preschool**

**REGISTRATION FORM**

CHILD'S FULL NAME: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Phone : \_\_\_\_\_  
Home Address: \_\_\_\_\_

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MOTHER'S NAME: _____	FATHER'S NAME: _____
Social Sec No. _____	Social Sec No. _____
Occupation: _____	Occupation: _____
Place of Work: _____	Place of Work: _____
Work City: _____	Work City: _____
Work Phone: _____	Work Phone: _____
Cell Phone _____ Text? <input type="checkbox"/>	Cell Phone _____ Text? <input type="checkbox"/>
E-mail: _____	E-mail: _____

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**EMERGENCY CONTACT**

Name of another person to be called in case of emergency if the parents cannot be located.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**PARENT AUTHORIZED PICK UP LIST:**

Name of other persons authorized by the legal parent or guardian and signor of this contract.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

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**HEALTH INFORMATION**

Child's Physician: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

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**IMMUNIZATION/HEALTH QUESTIONS**

Date of Child's last physical examination: \_\_\_\_\_

Is your child currently taking medication on a regular basis? If so, please list below, along with an explanation and fill out the attached Authorization for Medication form.

Medication: \_\_\_\_\_

Explanation: \_\_\_\_\_

Does your child have any allergies? If so, what? \_\_\_\_\_

Please note that I cannot administer any medication to your child without a signed Authorization for Medication for each over the counter and prescription.

***“R” House Child Care & Preschool***

**GENERAL INFORMATION**

Any special information I should know about your child?

\_\_\_\_\_

Does your child have any particular habits?

\_\_\_\_\_

My child's favorite game and song: \_\_\_\_\_

My child's favorite food: \_\_\_\_\_

My child's favorite cartoon/movie/television show or character: \_\_\_\_\_

Has your child been in daycare before?                      Yes    No (Circle one)

If so, please provide your reason for leaving: \_\_\_\_\_

Please fill out your child's basic schedule by writing in times using the areas below.  
The information you provide is important in getting to know your child.

*Try to approximate times they are used to, not ones you wish them to have.*

**INFANTS:**

Arrival: \_\_\_\_\_

Breakfast: \_\_\_\_\_

Activities: \_\_\_\_\_

Nap time: \_\_\_\_\_

Lunch: \_\_\_\_\_

Nap time: \_\_\_\_\_

Snack: \_\_\_\_\_

Activities: \_\_\_\_\_

Departure: \_\_\_\_\_

**TODDLER:**

Arrival: \_\_\_\_\_

Breakfast: \_\_\_\_\_

Activities: \_\_\_\_\_

Pre-school: \_\_\_\_\_

Lunch: \_\_\_\_\_

Nap time: \_\_\_\_\_

Snack: \_\_\_\_\_

Activities: \_\_\_\_\_

Departure: \_\_\_\_\_

**PRE-SCHOOLER**

Arrival: \_\_\_\_\_

Breakfast: \_\_\_\_\_

Activities: \_\_\_\_\_

Pre-school: \_\_\_\_\_

Lunch: \_\_\_\_\_

Nap time: \_\_\_\_\_

Snack: \_\_\_\_\_

Activities: \_\_\_\_\_

Departure: \_\_\_\_\_

**POTTY-TRAINING INFORMATION/DIAPER USE:**

Potty-training: My child is at the following stage...

\_\_\_\_\_ Fully trained; rare accidents

\_\_\_\_\_ Mostly trained; few accidents

\_\_\_\_\_ Almost there; needs some assistance; may need reminding

\_\_\_\_\_ Partially trained; needs assistance and supervision; needs reminding

\_\_\_\_\_ Occasional use of toilet; shows consistent interest

\_\_\_\_\_ Acknowledges dirty diapers; uncomfortable in soiled diapers

**"R" House Child Care & Preschool**

**AUTHORIZATION FOR MEDICAL EMERGENCIES**

I, \_\_\_\_\_, authorize Rhonda and/or Steve Williamson, and/or their appointees to secure emergency medical and/or surgical treatment from a licensed physician and/or hospital and/or medical transportation for my child \_\_\_\_\_ should such be necessary. I understand that all reasonable efforts will be made to notify me before such action is taken, but in my absence I agree that the expert chosen of such emergency care will be accepted by me, along with responsibility of financial obligation.

*This notification/authorization is for the use of R House Child Care and its appointees. It will be used for the duration of all contractual obligation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AUTHORIZATION FOR FIRST AID**

I, \_\_\_\_\_, authorize Rhonda and/or Steve Williamson, to administer minor First Aid treatment on/for my child, \_\_\_\_\_, should such be necessary. I understand that all reasonable efforts will be made to notify me before and/or after such action is taken, but in my absence I agree that the care/treatment will be accepted by me, along with responsibility of financial obligation, if any.

*This notification/authorization is for the use of R House Child Care and its appointees. It will be used for the duration of all contractual obligation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AUTHORIZATION FOR PICTURES**

I, \_\_\_\_\_, authorize Rhonda and/or Steve Williamson and/or their appointees to take group pictures of my child to post on their website [www.rhousechildcare.com](http://www.rhousechildcare.com).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_