# Citibank Family Center Back-up Care 4800 North 4th Avenue Sioux Falls, SD 57104

Phone (605)731-3777 Fax (605)731-3775

Dear Citibank Employee:

Thank you for your interest in the Citibank Family Center back-up care program. We look forward to providing you what we like to call "just in time" child care services in the near future.

This information packet will provide you with the information that you need to enroll your child in our back-up care program. The packet includes a question/answers sheet regarding general information, a "What to Bring" checklist for your convenience and enrollment forms.

Completion of the enrollment forms and a current immunization record (if unable to access the immunization records from the South Dakota Department of Health) must be provided prior to your child's first day of care.

#### **Enrollment Packet Includes:**

#### Bright Horizons Informed Consent & Child's Information

These are basic forms, which provide us with information about you, your family, and your back-up child care needs. Citibank Family Center Back-up Care requires that emergency information and authorizations as well as alternate pick-up approvals be available for all children at all times.

#### Age Appropriate Information Sheet

This is a form which provides us with specific information about your child(ren).

#### Immunizations

South Dakota State requires that children who attend a child care center have a current immunization record on file.

Once your have completed the forms in their entirety, please return forms via:

- Interoffice mail to Citibank Family Center, Attn: Back-up Care, Mail Code CBSD Day Care
- Drop the forms off at the center located on the southwest corner of Citibank campus
- Mail the forms to Citibank Family Center, 4800 N. 4<sup>th</sup> Ave., Sioux Falls, SD 57104

Once your child's paperwork has been received, you may begin to schedule back-up care by calling the Center at (605)731-3777.

Thank you for your interest in the Citibank Family Center Back-up Care Program. We look forward to seeing you soon!

Sincerely,

Kay Ballard, Executive Director

# **GENERAL INFORMATION SHEET**

#### WHAT IS BACK-UP CARE?

Back-up care offers child-care for your child(ren) whenever your regular child-care arrangements are unavailable. When your provider is sick, is on vacation, or her schedule changes in any other way, the Citibank Family Center back-up care can provide a caring, well-supervised place for your son or daughter.

#### WHO CAN USE THE BACK-UP SERVICES?

Employees of Citicorp/Citibank

#### WHAT AGES WILL WE SERVE?

Our back-up care program is designed to care for a child(ren) from the ages of six weeks to five years (prior to kindergarten entrance.)

#### HOW OFTEN CAN I USE THE BACK-UP SERVICES?

You may pre-schedule for the Back-up Care up to 20 days per year. We realize that emergencies do come up from time to time, in which case, you may call the center the day you need the service and may secure a space if one is available.

#### WHAT WILL MY CHILD'S DAY BE LIKE?

Fun, safe, and well-planned activities and toys for your child's age and developmental level will be provided throughout the day. We strive to help every child feel welcomed and special.

- Infants will be held and comforted. They are encouraged to explore their surroundings. They
  will remain on their normal "schedule."
- Toddlers and pre-schoolers will have ample opportunities to play and interact in various learning centers: dramatic play, manipulatives, playground facilities, art, computers, quiet book area and lots of opportunities for developing friends.

#### WHO WILL CARE FOR MY CHILD?

Dedicated, professional, and trained faculty provides consistent and loving attention to your child throughout the day. Our faculty of teachers are trained to provide guidance, support and interaction to foster the healthy growth and development of each child.

#### WHO MANAGES THE PROGRAM?

The Citibank Family Center is managed by Bright Horizons Family Solutions. Bright Horizons Family Solutions is responsible for hiring the staff, creating the learning environment, providing curriculum, selecting educational toys and materials and assuring effective management and quality control. The Citibank Family Center is accredited by the National Association for the Education of Young Children, a distinction that is recognized as outstanding programming for child care centers.

#### WHAT ARE THE CENTERS HOURS?

6:30 a.m. - 6:30 p.m.

### WHAT IS THE COST?

\$30/child/day; \$50/family/day

#### WHEN IS THE TUITUTION PAYMENT DUE?

Payment is due the morning of the day care is received. For two or more consecutive days of care (up to one week of care), payment is due the morning of the first day of care. If a cancellation occurs after payment is made, a credit will be extended for future care, or reimbursement will be provided.

#### **HOW DO I REGISTER?**

Pre-registration is always encouraged. You may call to reserve a spot up to one year prior to usage or as late as the morning of the day which you need child-care. The earlier you request your daycare reservation, the more likely a spot will be available. The center's phone number is (605)731-3777.

#### HOW DO I CANCEL A RESERVATION?

We ask that you call (605)731-3777 as soon as you know you will not need the reserved care. That way, as other families request care, we'll have an accurate count as to the number of spaces available. If cancellation is not received after 1 hour of your scheduled drop-off time, we will count the day as a used day and decrease the days available to you.

#### WHAT IS THE PROCEDURE FOR DROPPING OFF AND PICKING UP?

When bringing your child to the Citibank Family Center, please park in the west parking lot of the Family Center. The childcare center has a security system at the front door allowing only authorized persons' access. Please push the button beside the front door and the front desk receptionist will allow you access into the building. The front desk receptionist can also assist you in signing-in and locating the back-up care classroom. When picking up your child, you will again need to identify yourself to the front desk receptionist and provide a picture ID before picking up your child(ren).

#### **ADDITIONAL QUESTIONS?**

Please call (605)731-3777



# WHAT TO BRING

Items your child will need:

- \_\_\_\_\_ A current photograph of your family. Please indicate name and relationship of people other than your child.
- Complete changes of clothing (head to toe) in a plastic bag including one warm outfit for older children, 2 warm outfits for Infants/Toddlers.
- If in the process of toilet training, send 5 back-up training pants and extra clothing.
- \_\_\_\_\_ Diapers (no cloth diapers, please) and diaper wipes.
- \_\_\_\_\_ If not eating table foods, a day's supply of infant food and/or pre-filled bottles.
- \_\_\_\_\_ Pacifier, if used.
  - \_\_\_\_ Any cuddle toy or soft blanket for your child to help with the transition.

# Labeling is mandatory.

Please put your child's name on everything you bring to the Center, including clothes, bottles, bottle caps, pacifiers and diapers.

We look forward to seeing you!

### BRIGHT HORIZONS CHILD'S INFORMATION

| Child's Name:                        | Date of Birth:       |  |  |
|--------------------------------------|----------------------|--|--|
| Place of Birth:                      | Primary Language:    |  |  |
| Child's Schedule: MON TUE            | _ WED THU FRI        |  |  |
| Parent/Guardian Information          |                      |  |  |
| Name:                                | Name:                |  |  |
| Relationship:                        | Relationship:        |  |  |
| Address:                             | Address:             |  |  |
| Home E-mail Address:                 | Home E-mail Address: |  |  |
| Cell Phone:                          | Cell Phone:          |  |  |
| Home Phone:                          | Home Phone:          |  |  |
| Others in Family Relationship:       |                      |  |  |
| Parent/Guardian Business Information |                      |  |  |
| Company Name:                        | Company Name:        |  |  |
| Address:                             | Address:             |  |  |
| Business Phone:                      | Business Phone:      |  |  |
| E-mail Address:                      | E-mail Address:      |  |  |
| Medical Information                  |                      |  |  |
| Eye Color: Hair Color:               | Sex:                 |  |  |
| Height: Weight:                      | Race:                |  |  |
| Identifying Marks:                   |                      |  |  |
| Identified Allergies:                |                      |  |  |
| Health Insurance Provider:           |                      |  |  |
| Physician Information                |                      |  |  |
| Name of Physician/Clinic:            | Phone:               |  |  |
| (Parent/Guardian Signature)          | (Date)               |  |  |

# CITIBANK FAMILY CENTER Toddler Information Sheet

| FAMILY AND SOCIAL HISTOR   | RY               |                  |                     |                  |  |  |
|--|------------------|------------------|---------------------|------------------|--|--|
| Child's Name   | Date of Birth    |                  |                     |                  |  |  |
| Mother (Guardian)  |                  | Father (G        | uardian)            |                  |  |  |
| Marital Status: Married  | Divorced         | Separated        | I Single            | Parent           |  |  |
| Custody/Visiting Arrangements  |                  |                  |                     |                  |  |  |
| Siblings of child: Name  |                  | Age              |                     |                  |  |  |
| Name   | Age              |                  |                     |                  |  |  |
| Do you speak a language at home other than English?<br>Are there any special words that would help us communicate with your child? |                  |                  |                     |                  |  |  |
|  |                  |                  |                     |                  |  |  |
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| SLEEPING   |                  |                  |                     |                  |  |  |
| Does your child take naps?   | (From            | when             | to                  | )                |  |  |
| What does your child like to sleep   | with?            |                  |                     |                  |  |  |
| What is his/her mood upon waking   | g?               |                  |                     |                  |  |  |
| Do you have any special way of he  | elping your chil | d go to sleep?   |                     |                  |  |  |
|  | <b>ė</b>         | -••              | <u>+</u>            | ·••••            |  |  |
| SOCIAL RELATIONSHIPS   |                  |                  |                     |                  |  |  |
| Has your child had experience in p   | playing with oth | er children?     |                     |                  |  |  |
| By nature, is your child: Friend   | ly Ag            | gressive         | Shy                 | Withdrawn        |  |  |
| How does your child show his/her   |                  |                  |                     |                  |  |  |
| What method of behavior control i  | s used in your   | home?            |                     |                  |  |  |
| Is your child frightened by such the   | ings as animals  | s, rough childre | n, loud noises, the | dark, or storms? |  |  |
| Favorite toys and activities:  |                  |                  |                     |                  |  |  |
| Does your child like to be read to?  |                  |                  |                     |                  |  |  |
| Has your child had any experience  |                  |                  |                     |                  |  |  |
| Does your child have any special needs that we need to be aware of?  |                  |                  |                     |                  |  |  |

## EATING

| Is your child usually hungry at meal times?                                    | Between meals?   |  |  |  |  |
|--|------------------|--|--|--|--|
| What are some of your child's favorite foods?                                  | Least favorite?  |  |  |  |  |
| Does your child have any allergies? Yes No                                     |                  |  |  |  |  |
| Explain:   |                  |  |  |  |  |
| Does your child eat with a spoon?  | Hands?           |  |  |  |  |
| What does your child usually eat for Breakfast?                                | Lunch? Dinner?   |  |  |  |  |
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| TOILET HABITS  |                  |  |  |  |  |
| How frequently does your child have a B.M.?                                    |                  |  |  |  |  |
| Does your child have diaper rash frequently? Yes No If yes, how is it treated? |                  |  |  |  |  |
| Is your child's skin highly sensitive? Yes No                                  | If yes, to what? |  |  |  |  |
| Does your child show interest in potty training?                               |                  |  |  |  |  |