



TT's Loving Care
Parent Handbook

Welcome

Welcome to TT's Loving Care! I am committed to providing a safe, loving, and structured environment where children can learn, grow, and thrive. My goal is to partner with families to ensure each child receives quality care, guidance, and support.

About the Provider

Hello and welcome to TT's Loving Care! My name is Tawanda M. Heath, and I am the proud owner and provider of TT's Loving Care. While my legal name is Tawanda, I prefer to be called Michelle. I am dedicated to creating a safe, nurturing, and structured environment where children feel loved and supported. I value open communication and building strong relationships with families. At TT's Loving Care, your child is cared for with love, respect, and attention as if they were my own. – Michelle (Tawanda M. Heath)

Mission Statement

At TT's Loving Care, our mission is to provide a nurturing, safe, and educational environment that supports each child's development.

Ages Served

We accept children ages 8 weeks through 5 years.

Hours of Operation

Monday through Friday, 6:00 AM – 6:00 PM.

Tuition and Fees

Tuition is due weekly on Monday. A \$75 non-refundable application fee is required. Late tuition fee is \$10. Late pick-up fee is \$15 for first 15 minutes and \$2 per minute after.

Parent Initials: _____

Termination Policy

The provider reserves the right to terminate care at any time for any reason.

Parent Initials: _____

Holidays and Closures

Closed on: New Year's Day, Martin Luther King Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Eve, Christmas Day.

Parent Initials: _____

Provider Vacation and Sick Time

Provider may take up to two weeks vacation annually. Sick days may occur as needed with notice when possible.

Parent Initials: _____

Pet Policy

A small dog is present. No unsupervised contact with children. Safety maintained at all times.

Illness Policy

Children must be symptom-free for 24 hours before returning. Sick children must stay home.

Parent Initials: _____

Biting Policy

Biting will be addressed with redirection and parent communication. Confidentiality maintained.

Parent Initials: _____

Emergency Procedures

Parents will be notified immediately. Emergency services contacted if needed.

Parent Initials: _____

Tornado and Severe Weather Procedures

Children moved to safe interior area. Attendance checked. Emergency supplies ready.

Fire Safety

Fire drills conducted regularly. Evacuation routes posted.

Discipline Policy

Positive guidance only. No physical punishment.

Parent Communication

Open communication encouraged. Daily updates provided.

Agreement

By enrolling, you agree to all policies.

Parent Initials: _____

Parent Agreement & Signature

Parent/Guardian Name: _____

Signature: _____

Date: _____

Parent Handbook Acknowledgement

I have received and read the handbook and agree to follow all policies.

Parent Name: _____

Signature: _____

Date: _____