

Child Care Agreement

Provider _____, Phone Number _____

Address _____

Welcome to my family child care home. Parents are welcome to visit at any time during child care hours. The purpose of this agreement is to define the mutual terms for child care arrangements. Please let me know of any changes of address or telephone or emergency numbers. *Please complete the **Emergency Contacts Information form** before your child's first day.*

Family Information

Child's name _____ Date of Birth _____

Custodial Parent's name(s) _____

Please complete the Emergency Contacts Information form before your child's first day.

Hours and Days of Operation

Child care services will begin on _____, 201 _____

The hours for care will begin at _____ a.m./p.m. and end at _____ on the following days:

If your child is going to absent or late, please call in advance.

Child care will not be available on the following holidays: _____

My vacation period will be _____ . You will be responsible for making other child care arrangements. Payment is _____ or is not _____ expected.

Fees

\$ _____ per week for full time care.

\$ _____ per hour for regular, part-time care.

\$ _____ per hour for drop-in care, if space is available.

\$ _____ for late payment charged for any time after _____ unless special arrangements have been made.

Optional-

\$ _____ per meal.

\$ No fee Families are required to bring the appropriate foods for infants under _____ months old.

Child care fees are payable in advance and are due no later than_____.

Fees may be paid: weekly_____ bi-weekly _____ monthly _____

I collect an advance deposit of \$ _____ at the time of enrollment. This amount will be returned when services are terminated if your account is paid in full.

Fees may be (or may not be) adjusted when services are not available because of illness or vacation.

Child care fees will be paid by: Cash _____ Check/M.O. _____

Notice: A two week written notice is required for any of the following:

1. Termination of the agreement by either party
2. Increases in child care fees
3. Vacation periods for both families and provider
4. For return of your advance deposit

Food

Meals will be: _____ Prepared by the provider _____ Brought by family

Families are required to bring the appropriate foods for infants under _____ months old.

Meals served will be:

- | | | |
|--|--|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Morning snack | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Afternoon snack | <input type="checkbox"/> Supper | <input type="checkbox"/> Evening snack |

Please explain if the child has special dietary needs:

Infants will be fed according to family's instructions. Please update and notify me of any changes in feeding schedules, formulas, and additional foods. Breast-fed infants need to have an adequate supply of expressed milk in labeled bottles.

Positive Guidance

I want your child to feel respected, nurtured and successful every day. I feel that we are a team and work together to encourage and help your child learn and discover. I will use positive guidance techniques along with appropriate limits to support each child as they develop their own skills in self-control and self-discipline. I value working together with you to select the best solutions when challenges arise.

Illness

Please notify me if your child will be absent because of illness. If your child is home for more than _____ days she/he must bring a signed physician's statement when returning to the program.

If the child is absent, payment is _____expected _____ is not expected.

Please inform me of any contagious disease immediately. All families of children in my care will be notified.

If your child becomes ill during care, you will be asked to pick up your child within _____ hours. If you cannot be reached, I will call one of the emergency numbers you have listed. Your child may return to child care when the child is no longer sick.

_____ Parent's initials. Received a written copy of the child care sick policy.

Immunizations

Please provide a copy of updated immunization records each time your child has new immunization shots. Documentation of current immunizations is required in every child's file and updated every six months for all children under the age of two.

Clothing

Label your child's clothing and other items with his/her name and bring in some type of storage bag. Supply at least two complete sets of play clothes, outdoor clothing, and the following: ___ diapers ___ baby wipes ___ bibs

Other _____

Pets

We have family pets _____. Our pets _____are or _____are not included in the child care environment.

Special Instructions-Please let me know any:

Special accommodations needed: _____

Pertinent developmental information: _____

Physical problems: _____

Health Information

Food Allergies, and/or food intolerance or restrictions: _____

Medications taken regularly in case of emergency: _____

_____ Food Allergy Action Plan Received ___ Yes ___ No

Medication allergies: _____

Safe sleep

During rest times, I will provide appropriate sleeping equipment for the age and developmental readiness of your child. This equipment meets the current standard of the United States Consumer Product Safety Commission. If you choose to provide sleep equipment for your child, it must meet these same safety standards.

Please note: To reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby will be placed on his/her back to sleep in appropriate sleeping equipment such as a crib,

bassinet or play yard (unless I receive a signed permission form stating otherwise from a licensed physician.) Bouncy seats and car seat are not used for sleeping or napping.

Emergency Preparedness Plan

_____ Parent's initials. Received a written copy of the written emergency plan.

Field Trips

We often we take trips away from my home to help your child learn more about the community. Your permission is needed to allow your child to ride in my car. You will be notified in advance when trips are being planned indicating the date, location and amount of time away from home. For any child with medical or food allergies, and/or food intolerance or restrictions, you must carry the allergy care plan and information for the child(ren).

A proper infant seat or child booster seat is required for car travel for any child under the age of 8. ____You or ____I will provide the seat.

Please provide a current photograph of your child in case it is needed in an emergency situation.

I (We) fully understand and agree to the terms of this contract. This agreement may be re-negotiated at any time.

Parent's Signature _____ Date _____

Parent's Name in Print _____

Provider's Signature _____ Date _____

Provider's Name in Print _____

Getting to Know Your Child

Please help me know more about your child.

Child's name: _____ Nickname: _____

Language spoken at home: _____

How does he or she communicate: _____

Favorite toys, playthings, or play interests: _____

Favorite foods: _____

Favorite sleeping position: _____

Please note: To reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby will be placed on his/her back to sleep (unless I receive a signed permission form stating otherwise from a licensed physician).

Blanket or special toy: _____

General disposition/fears/comforting: _____

Favorite songs/games/ finger plays: _____

Brothers/Sisters/others in the home: _____

How do you encourage positive behavior: _____

If your child attends school, please list:

School Name _____ School phone number _____

Hours in school _____ a.m./p.m. to _____ a.m./p.m.

Additional information which may be helpful in understanding your child, his or her needs and in making the transition to this child care program easier:

Emergency Contact Information

Child's Full Name _____ Date of Birth _____

Nickname(s) _____

Address _____

Custodial Parent _____ Custodial Parent _____

Email _____ Email _____

Home Phone _____ Home Phone _____

Address _____ Address _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell _____ Cell _____

Work Address _____ Work Address _____

Child's Physician _____

Address _____ Phone Number _____

Names and phone numbers of people authorized to pick up child in case of emergency when parent/guardian cannot be reached:

Name _____ Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Address _____ Address _____

Relationship to Child _____ Relationship to Child _____

Additional Information: _____

Persons **Not Authorized** to Pick Up My Child _____

Out of Area Contact Person/Phone Number _____

Provider is responsible for keeping emergency response plan information current with parents or guardians.

Provider's Signature: _____

6 Month Review _____ Parent's Initials _____

1 Year Review _____ Parent's Initials _____