

# Sample Child Care Agreement

Welcome to my family child care home. 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. Parents are welcome to visit at any time during child care hours.

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

## Hours and Days of Operation

Child care services will begin on \_\_\_\_\_, 20\_\_

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

\_\_\_\_\_

If your child is going to be 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 still 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.

\$ \_\_\_\_\_ per meal. Families are required to bring the appropriate foods for infants younger than \_\_\_\_\_ months old.

Child care fees are payable in advance and are due no later than \_\_\_\_\_.

Fees may be paid: weekly \_\_\_\_\_ bi-weekly \_\_\_\_\_ monthly \_\_\_\_\_.

An advance deposit of \$ \_\_\_\_\_ must be paid at the time of enrollment. This amount will be returned when services are terminated.

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.

Information About Your Child

Please help me know more about your child.

Language spoken at home: \_\_\_\_\_

How does he or she communicate \_\_\_\_\_

Favorite toys, playthings, or play interests: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Allergies, and/or food restrictions: \_\_\_\_\_

Medications taken regularly in case of emergency: \_\_\_\_\_

**Please note: To reduce the risk of Sudden Infant Death Syndrome, 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/fingerplays: \_\_\_\_\_

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:

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**Food**

Meals will be: \_\_\_\_\_ Prepared by the provider \_\_\_\_\_ Brought by family

Meals served will be: \_\_\_\_\_ Breakfast \_\_\_\_\_ Morning snack \_\_\_\_\_ Lunch

\_\_\_\_\_ Afternoon snack \_\_\_\_\_ Supper \_\_\_\_\_ Evening snack

Please explain if the child has special dietary needs:

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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.

**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 \_\_\_\_\_ still expected \_\_\_\_\_ 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.

**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.

**Clothing**

Label your child's clothing and other items with his/her name and bring it 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 \_\_\_\_\_

**Field Trips**

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.

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 Printed Name \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Printed Name \_\_\_\_\_