Patricia’s Daycare

Child Care Agreement & Contract

**Child Care Provider**: Patricia Salcedo **Phone:** (571) 242 – 3867

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthday**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fathers’ Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Agreement**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This agreement summarizes the services of the provider and the fees of the family day home. By signing this agreement the parent(s) indicates their understanding of and agreement with the caregiver’s policies, which are explain fully in this agreement.

**Days & Hours of Operation**

The childcare services will be provided from 7:30 a.m. – 5: 30 p.m. on Monday, Tuesday, Wednesday, Thursday and Friday except on the following Holidays:

* New Year’s Day
* Martin Luther King’s Day
* President’s Day
* Good Friday
* Memorial Day
* Independence Day
* Labor Day
* Columbus Day
* Thanksgiving Day (Thursday & Friday)
* Christmas Eve & Christmas Day

**\*Note: The provider should be paid for all of the holiday dates specified above.**\*

**Fees & Services**

The (weekly) Fee for child is care is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ due on the Friday before the following week starts. The full fee is due whether the child attends care on the agreed days or not.

If your child arrives earlier than 7:30 a.m. or departs later than 5:30 p.m., the parent agrees to pay an overtime rate of $1.00/minute. The provider reserves the right to ask the parents to pay an additional charge if he/she continually picks up the child after 5:30 p.m.

For returned checks there will be a fee of $ 35.00. For a late payment there will a late fee of $30.00 if the payment has not been received after the week it was due.

This amount is consistent with the amount charged in other daycare centers in this area. These fees are to be paid on Fridays, when the childcare tuition is paid.

Payment Tuitions Include:

\_\_\_\_\_\_\_\_ Full-Time Care: Tuition will be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_, per week. Four to five days is considered full time.

\_\_\_\_\_\_\_\_ Part Time Care: Tuition will be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_, per day. Part time tuition is if the child attends less

than four days a week.

\_\_\_\_\_\_\_\_\_Hourly Care: Tuition will be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, per hour. Hourly care is applied if the child needs

care only a few hours a week.

\_\_\_\_\_\_\_\_\_Before & After School Care: Tuition will be $\_\_\_\_\_\_\_\_\_\_\_\_\_, per day.

\_\_\_\_\_\_\_\_\_Overnight Care: Tuition will be $\_\_\_\_\_\_\_\_\_\_\_\_\_, per night.

Payments will be made a week in advance (the Weekly tuition will be due each Friday). The tuition payment will be made regardless of sick leave or vacation.

**Enrollment**

Position in childcare requires a deposit to be paid. This will reserve your child’s slot for a period of 1 week after the scheduled start date. The deposit can be used toward the final week when notice is given that the child will be removed from the childcare.

**Withdrawal**

Parents/guardians must notify the provider in writing at least one month in advance before the child is withdrawn from the family day home.

**Absences/Early Pick-up/Late Drop Off**

The parents/guardians must inform the provider if the child will be absent, arriving late, leaving early, is sick or will be on vacation as soon as possible.

**Check-In & Check-Out Procedures**

Parents & guardians must come into the day care to sign-in/sign-out and pick-up/drop-off their child. Children will not be allowed to wait outside the family day home to be picked up.

**Illness, Health & Safety**

The parent agrees to keep child at home if she/he has any of the following conditions:

Fever (100 or above) Diarrhea Open Wounds

Heavy Congestion Infected Skin Unusual dark urine

Dripping or pink eyes Difficult or rapid breathing Severe Runny Nose

Unusual spots, rashes Sore Throat Severe Coughing

Sever Itching Yellowish skin or eyes Vomiting

Contagious Disease Severe Runny Nose

The parent must arrange to have the child picked up as soon as possible if the child becomes ill or has any of the conditions mentioned above.

Parents should provide a list of allergies, food, medication, or special medical problem. All children must have their immunizations up to date. The provider will only administer non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent. If the parent wants the provider to administer non-prescription to their child they must complete the *Permission to Administer Form.*

The parent must inform the family day home within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease.

**Emergency Care**

For life threating emergencies, the provider will call 911 and the parent(s) legal guardian in an emergency situation, a child may be transported to an appropriate medical facility for treatment. The parent(s)legal guardians are responsible for any costs incurred for medical treatment or transportation of their child.

**Clothing**

Please supply at least one extra set of clothing since spills and accident do happen. Label your child’s clothing and other items with his/her name.

**Supplies**

Parents also need to supply diapers, wipes, diaper rash ointment, bibs, pull-ups & sipper cups, and any other necessities. All items must be labeled

If the parent allows provider to apply non-topical skin products, such as sunscreen or diaper rash ointment, it should be labeled and sealed.

**Meals**

The parent(s)/guardians will provide: meals, milk & snacks. Please make sure the child has food for a morning snack, lunch and an afternoon snack. All snacks & foods must be labeled with child’s name.

I will provide a daily report for infants & toddlers.

**\*Note – We do not allow mother to breastfeed the child at the Family Day Home.\***

**Vacation Leave:**

Parents & guardians may take any vacation time they wish; however the tuition payment must still be made, even if the child will not be in care of the provider. This is done in order to secure the child’s place in the daycare.

The provider will receive the equivalent of two weeks vacation per year. The provider will give (1) month notice before going on vacation.

If the provider is sick or has an emergency the family provider will notify client as soon as possible and does not have to be paid for that day. This payment will be deducted from the next payment.

The parent(s)/legal guardians has received, read and agreed to comply with the contract, financial agreement, and terms set forth in the programs and policies of the family day home.

This agreement represents the entire agreement of both parties.

**Contract Agreement**

This contract and financial agreement between Patricia’s daycare and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are in effect

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which times, rules, fees and regulation will be revised and updated accordingly. The parents/legal guardian has read the contract and agreement, understood and agreed to the terms and conditions included in this contract.

**Please keep a copy of this agreement for your records.**

Parents/Guardians Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_