

Parent/Provider Agreement for Family Child Care

This agreement is a guide to creating a satisfactory child care arrangement between the following parties: _____ and _____

(provider's name)

(Parent/Guardian's name)

for the care of _____

[child(ren)'s name(s)]

The days/hours for providing care will be the following:

Days: <input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays	Type: <input type="checkbox"/> Half-Day <input type="checkbox"/> Full-Day
	Times: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Payment of \$ _____ will be made per (circle one) hour/day/month to be paid:

- Daily
- Weekly
- Monthly
- Bimonthly

*Overtime: It is to the understanding of both the provider and the parent/guardian that any time over the agreed-upon hours of care that a fee of \$ _____/hour will be due by the next billed payment.

Included in the fee, the child(ren) will require:

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Dinner
- Transportation

If the child(ren) are absent from the program for any duration of time within the agreed-upon hours of care, it is the parent/guardians' responsibility to/for:

- Inform the provider prior of any planned absences
- Full payment unless otherwise arranged _____ days in advance.

Sick/Medication Policy: The parent/guardian will inform the Provider if the child(ren) has come into contact with any communicable disease (including head lice). Unless otherwise agreed, the Provider does have the parent/guardian's permission to administer medication to the child(ren).



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Pickup/Dropoff: The parent/guardian will directly pick up and drop off the child(ren) on the appointed days of care. If the parent/guardian is not available, then the Provider will be able to release the child(ren) into the care of the persons listed on the registration form as alternative pickup.

Supplies/Materials: The parent/guardian will supply the following supplies/materials for their children:

- _____
- _____
- _____
- _____
- _____

Agreement to Terminate Care: A minimum of _____ days/weeks' notice must be given directly to the Provider in written form for the termination of this agreement. If notice is not given prior to the termination of care, full payment is expected.

Agreement Review: This contract will be reviewed yearly on the anniversary date of the child(ren)'s enrollment.

Date: _____

Signed: _____
(Parent/Guardian)

Signed: _____
(Provider)

