

## **Family Child Care Provider Contract Agreement**

### **Hours of Operation**

1. Gods Little Angels Childcare is open from 6:00am to 6:00pm Monday through Friday.
2. Parent(s) will let the provider know if their child is to be dropped off or picked up at a time other than the normal hours outlined in this agreement.
3. Parent(s) will give provider two weeks notice before terminating this agreement.

### **Fees and Licensing**

1. The provider's fee is \$ \_\_\_\_\_ hourly/daily/weekly. This fee is based on a 45-50-hour week, and is due on Monday, late fee of \$20.00 due after Monday. I will not accept child back the following Monday without full payment, including late fees.
2. Registration Fee is \$75.00.
3. The fee for overtime care when a parent is more than 15 minutes late, without prior notice, will be \$15.00 every 15 minutes thereof.
4. The provider is registered/licensed to care for 14 children and accepts children from 0-12 years of age.
5. The provider will give parents weekly receipt of payment for income-tax purposes.
6. Full payment is required for any day(s) child is absent (except notified vacation)

### **Meals and Snacks**

1. The following meals and snacks will be provided by the childcare provider:  
\_\_\_\_ Breakfast      \_\_\_\_ Morning snack  
\_\_\_\_ Lunch            \_\_\_\_ Afternoon Snack  
\_\_\_\_ Dinner            \_\_\_\_ Evening Snack
2. Describe any food allergies the child has: \_\_\_\_\_  
(Give provider a physician's note advising the provider of proper precautions to take for food allergies.)
3. If a child requires a special diet on a temporary or permanent basis, the food will be supplied by the parent(s).
4. For Infants, parent(s) must supply required foods and prepared bottles. These items will be properly labeled with the child's name and instructions.

### **Sign-In Log**

It is required that parent(s) sign the Sign-In sheet everyday when dropping child off to providers home.

### **Trial Period**

1. Parent(s) and provider agree on a two weeks adjustment period before the care arrangement becomes final. At the end of this period, the parent(s) and provider will meet to finalize or end the arrangement.
2. After the trial period, care can be terminated with 2 weeks written notice. Payment for two weeks will be accepted in lieu of notice. All final payments are to be paid at the time of notice. In cases of non-payment, legal actions may be taken, and the parents will pay all legal fees incurred.
3. The provider will also give two weeks notice if the child is to be terminated from care. Any abuse or violation of the rules/policies of the contract/handbook may be just cause for termination. Immediate termination can occur for behavior problems, or dangerous parental situations. If immediate termination is given, by me, for the above or any other reason is to be at my discretion. Any deposit will be forfeited.

**Health**

1. State law requires that every child in a childcare setting have an up-to-date physical exam and immunization record on file. A form must be completed by a physician and given to the provider. The form must be updated annually by a physician.
2. State law requires that medication (even non-prescription) be in its original container with the child's name and a current date. Before the provider administers any medications, parent(s) must provide written instructions about medications and a schedule of doses.
3. Children with minor ailments will be accepted into care. However, if in doubt, the parent will call in the morning to discuss the situation with the provider. The provider will decide whether to accept a sick child into care.
4. If a child becomes ill while under the care of the provider, the parent will be notified and will be expected to come as quickly as possible to pick up the child. A child with a contagious disease will not be accepted into care until the contagious period has ended.
5. Parent(s) will provide emergency contact information and will keep it current.
6. Parent(s) must sign an emergency medical consent form as provided.
5. The provider will promptly report any signs of neglect or abuse of a child in his or her care in accordance with state law.

**Transportation**

1. Parent(s) are responsible for transporting their child to and from the provider's home.
2. For field trips or other excursions by car, transportation will be provided by an insured, licensed driver and state laws concerning child safety restraints will be obeyed.
3. Transportation will be available for transporting children to and from school.

**Clothing, Diapers, and Personal Items**

1. Parent(s) will provide a complete change of clothing and replace these as needed.
2. Children will be dressed appropriately for the weather (e.g., rain gear, snowsuits, boots, and mittens).
3. The provider is not responsible for the loss or damage of personal belongings. Children are discouraged from bringing valuable items to the provider's home.
4. Parents will supply disposable or clothe diapers if needed and a receptacle for soiled diapers.

**Vacation, Holiday and Sick Leave**

1. The provider will take ten days of paid vacation, and up to 3 paid days of professional training days per year. Notification of at least 4 weeks will be given prior to any closed days, with the exception of emergencies or illness. \*My assistants will be available to continue running the daycare during emergencies or illness. If not, parents are responsible for finding back-up care during vacation, professional training, holiday and emergency closings; however, provider will give parent a listing of drop-in daycare facilities.
2. The child will be allowed five consecutive days per year of vacation, (without pay to provider). Parent(s) will need to give provider at least two weeks notice. This will hold space for child's return.
3. The provider will give as much notice as possible when taking sick leave. Provider assistant, Wren Robinson, will be on site at the time of Providers illness.
4. The family childcare home will be closed for the following holidays: New Year's Day, Day After New Years, Memorial Day, Independence Day, Labor Day, Thanksgiving, Day After Thanksgiving, Christmas, and Day After Christmas. Full payment is required for these days. Please note if the holiday falls on Saturday (daycare will close the Friday before), if the holiday falls on Sunday (daycare will close the Monday after).
5. Full payment is required for any day(s) child is absent (except notified vacation)

**Property Damage**

Respectful treatment of all property, toys and furniture is expected. Accidental or willful destruction of property will be charged to the parent at the cost to replace the item.

## Terms of Agreement

1. Childcare services will begin on \_\_\_\_\_.
2. Childcare hours will begin at \_\_\_\_\_ a.m./p.m. and end at \_\_\_\_\_ a.m./p.m.
3. Fee: \$ \_\_\_\_\_ per \_\_\_\_\_  
Payment will be made on Monday (or start of week) with \_\_\_\_\_ on a \_\_\_\_\_ basis.  
*Weekly/Bi-weekly* *Check/Cash*
- 4 Overtime fees will be \$15.00 every 15 minutes, if the parent is more than 15 minutes late picking up their child. \$10.00 a day for any payments made after Monday.
5. Deposit: \$ \_\_\_\_\_ to hold space initially.
6. The Provider will take my child to/from \_\_\_\_\_  
*School Name*

### Price List

*18m-5            \$316.00 a week*  
*6 (kinder).      \$225.00 a week*

\*This contract is reviewed once every six months. Parents will be notified of any changes.

#### **Disclaimer**

I/We hereby agree to comply with the rules and regulations of Bonnie Duncan/Gods Little Angels Daycare regarding fees, attendance, health, clothing and other items specified in the Parents' Handbook issued by Gods Little Angels Daycare. I am aware of the scheduled holidays. The information contained in the Parent Handbook as well as the rates are subject to change. You will be notified in writing of any changes before they go into effect. By signing this agreement, I/we agree to honor all terms of this contract, and the written policies of Gods Little Angels Daycare new and in the future. Breach of this contract in any way by parent may result in immediate termination of all services. One parent/guardian may sign this document as long as it is understood that signature represents all persons legally responsible for the child listed on this contract.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

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**General Information**

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Father Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_

Employer Name and Work Address \_\_\_\_\_

Mother Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_

Employer Name and Work Address \_\_\_\_\_

\*Who may pick up the child other than parents/Guardians listed above?

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

\*Person to contact in emergency if parent(s) are not available:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**Medical Information**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Child has allergic reactions to: \_\_\_\_\_

Other Medical Information: \_\_\_\_\_