

Family Child Care Parent-Provider Agreement

Parents:

My child _____ will
(child's name)

begin to receive family child care services from _____

(provider's name)

at _____

(address)

on _____ from _____ to _____
(date) (time) (time)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

The fee for service will be \$ _____ per _____ payable
_____ week(s) in advance beginning on _____.

Payment will be made every _____.

As a parent enrolling my child in family child care, I agree to:

- Inform the provider of my home and work addresses and telephone numbers.
- Arrange for an emergency contact to pick up my child in the event I can not be reached.
- Notify the provider if my child can not be picked up or dropped off at the regular time.
- Inform the provider if someone other than parents will pick up my child.
- Give the provider an up-to-date immunization record and physician's examination statement for my child.
- Inform the provider if my child contracts a contagious disease.
- Pick up my child immediately if notified that she/he is ill.
- Maintain the following articles of clothing in the child care home at all times

OVER

- Supply additional items listed below

- I understand that a late fee of \$ _____ per _____, payable on the next child care day, will be charged if I am late picking up my child.
- I also agree to the following

Providers:

As your child's family child care provider, I agree to:

- Discuss your child's daily activities and routines with you.
- Provide a safe, healthy, stimulating environment for your child.
- Inform you of the name of the substitute provider who will care for the children in my absence.
- Inform you about any pets in my home.
- Permit you to visit my home at any time when enrolled children are present.
- Inform you about my policy regarding the admission of sick children to my home and the administration of medication to children.
- Notify you immediately if your child is seriously injured, or by the end of the day if the injury is not serious. I will give you a written accident report by the end of the next working day.
- Obtain your written permission before transporting you child.
- Obtain your written permission before permitting your school-age child to leave my direct supervision.
- Give you a copy of the Information to Parents statement given to me by my sponsoring organization.
- Inform you that you may request the sponsoring organization to provide technical assistance or referral to appropriate community resources. My sponsoring organization is:

Child Care Resources
P.O Box 1234
Neptune, NJ 07753
(732) 918-9901

- I also agree to the following

My family child care program will be closed for the following holidays:

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Payment arrangements when my program is closed:

Payment arrangements when my program is open and your child is absent:

Signature of parent(s):

<hr/>	<hr/>	Date
(print)	(sign)	
<hr/>	<hr/>	Date
(print)	(sign)	

Signature of provider:

<hr/>	<hr/>	Date
(print)	(sign)	