

This sample agreement is to help you know what kinds of things should be included in YOUR agreement with your parents. If you want to use this free model, pick up multiple copies from Day Care Connection's Resource Center.

### **FAMILY DAY CARE AGREEMENT**

Sign & date 2 copies of agreement. Provider should keep 1 in child's personal file & parent should keep other.

**Child's Name** \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parents:

Mother \_\_\_\_\_ Father \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Marital Status \_\_\_\_\_ Marital Status \_\_\_\_\_

Please list all members of the child's household including ages of children: \_\_\_\_\_

#### **PARENT RESPONSIBILITIES:**

- \* Bring & pickup child at times agreed upon. Call provider in advance if your child won't be here or you'll otherwise be unable to keep agreed upon time.
- \* Call if someone else is to pick-up your child & make sure proper ID is available.
- \* Have your child dressed & ready for play upon arrival.
- \* Provide notarized emergency form and medical forms as required by Health Dept.
- \* Make payment as previously agreed.
- \* Maintain open communication with provider & volunteer any info which might contribute to your child's growth.

#### **PROVIDER RESPONSIBILITIES:**

- \* Maintain current license or registration from KS Dept of Health & to be in compliance with regulations, as required by same.
- \* Provide consistent daily care. In the event I cannot provide care, \_\_\_\_\_
- \* Enroll your child in Child & Adult Care Food Program & serve meals meeting USDA standards.
- \* Other voluntary assurances (IE: meals, diapers, program, etc) \_\_\_\_\_

Questions about regulations should be directed to JoCo Health Dept @894-2525.

#### **TERMINATION:**

This agreement may be terminated by either party with 2 wks notice or equivalent tuition payment. Both parties reserve the right to terminate without notice if the other party is in substantial violation of agreement &/or safety or health of children is endangered.

Both parties agree to cooperate & work together on behalf of child. A \_\_\_\_ wk trial period begins on \_\_\_\_\_ (date). This agreement becomes permanent on \_\_\_\_\_ (date).

Parent's Signatures: \_\_\_\_\_ (Driver's Lisc # \_\_\_\_\_ )  
Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

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

This agreement is printed as a service of: Day Care Connection, Phone 913/529-1200.

**FEES:**

Child's Name \_\_\_\_\_ Hrs in Care \_\_\_\_\_ Chrg \_\_\_\_\_

Child's Name \_\_\_\_\_ Hrs in Care \_\_\_\_\_ Chrg \_\_\_\_\_

Child's Name \_\_\_\_\_ Hrs in Care \_\_\_\_\_ Chrg \_\_\_\_\_

Special situations: (IE: illness, overtime, vacation, deposit, etc) \_\_\_\_\_

**SICK CHILDREN:**

\* Health Dept regulations prohibit a contagious child in group care. If child becomes sick during the day, s/he will be isolated to prevent spreading germs. Parent will be notified & expected to pick up child immediately. If child exhibits symptoms which indicate contagion, parent will be expected to get dr's note stating child isn't contagious & can return to care or keep child out of care for 24 hrs after symptoms cease.

\* Medication can only be given with written authorization including: medication, time, dosage & purpose of medication. A prescription label is acceptable.

**DISCIPLINE:**

\* Health Dept regulations prohibit corporal punishment. My discipline policy is: \_\_\_\_\_

**GENERAL INFO:**

Please list 2 responsible relatives or friends who may be called if parents cannot be reached:

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Names of other persons authorized to remove child from care: \_\_\_\_\_

Family Dr \_\_\_\_\_ Phone \_\_\_\_\_

**IMPAIRMENT/SAFETY OF CHILDREN:**

If in provider's opinion an authorized adult is unable to safely drive child, policy will be: \_\_\_\_\_

**ADDITIONAL INFO:** Please provide info on medical or developmental history &/or family circumstances which will help provider care for this child. Use an additional sheet, if necessary. \_\_\_\_\_

**TRANSPORTATION:**

Parent must give written consent for ea location to which child is transported. This signed agreement is permission to transport to following locations:\_\_\_\_\_. The provider will always post date/time of ea outing before it occurs. If my child is to be taken other than locations indicated above, I will be asked to give written consent.

**AMENDMENTS:** Any changes in this agreement (conditions, times, fees, etc.) should be noted below, dated & signed by parents & provider. (If insufficient room, sign new agreement form.) \_\_\_\_\_