



BEST PRACTICE RESOURCE SAMPLE

Parent/Provider Agreement for Family Child Care

This agreement is intended to serve as a guideline in the development of a satisfactory child care arrangement between

_____ and _____, concerning the care of
(Care provider) (Parent)

(child's name(s))

The hours and days that care will be provided are:

_____.

Any time, over and above the agreed hours of care, will be charged as overtime, at the rate of \$ _____ per hour. I will pay _____ per (month, day, hour) to be paid ___ daily ___ weekly ___ bi-monthly ___ monthly.

If my child (ren) does not come to child care for any reason, I understand that I am still responsible for full payment unless otherwise arranged _____ in advance. I will not be required to pay for statutory holidays.

Fees include: Breakfast _____, Lunch _____, Dinner _____, Snacks _____, Transportation _____.

I agree to abide by the Illness/Wellness policy. I will notify the child care provider if my child has come in contact with any communicable disease and head lice. I will sign a consent form if I want the care provider to administer any medications to my child.

I agree to deliver my child directly to the care provider and to speak to the care provider when picking up my child. I will not let my child to go into the child care home by themselves or take my child from the yard without speaking to the care provider first. The care provider will release my child only to the persons listed on the registration form, unless alternative written instructions are given.

I give permission for my child to go on spontaneous walks with the child care provider. I give my permission for my child to ride in the child care provider's vehicle with appropriate restraints. Any other outings will require a separate consent form.

I agree to supply the following items each day for the use of my child: _____

The first two weeks are to be an adjustment period and either party may terminate this agreement during that time if the arrangement turns out to be unsatisfactory. Thereafter ____ weeks notice is required to terminate this agreement, if notice is not given, full payment is expected. This contract will be reviewed yearly.

Date _____

Signed _____

(Parent)

Signed _____

(Provider)