

# Child Care Agreement

I, \_\_\_\_\_, the legal guardian of  
\_\_\_\_\_ agree to the following:

(Initial all that apply)

\_\_\_\_\_ Pay fee per day/per week of \_\_\_\_\_.

\_\_\_\_\_ Day payment to be made is \_\_\_\_\_.

\_\_\_\_\_ Volunteer to work \_\_\_\_\_ hours a week with the program.

\_\_\_\_\_ Follow the procedures in the program handbook.

\_\_\_\_\_ Obtain a Special Care Plan, if applicable.

\_\_\_\_\_ Services to be provided as part of the child care fee (transportation, meals, etc.)

are: \_\_\_\_\_

\_\_\_\_\_ Child's arrival time \_\_\_\_\_ Child's departure time \_\_\_\_\_.

\_\_\_\_\_ Pay a late fee of, when applicable \$ \_\_\_\_\_.

\_\_\_\_\_ Obtain and provide records of health assessments/immunizations for my child according to the schedule recommended by the American Academy of Pediatrics.

\_\_\_\_\_ Cooperate with \_\_\_\_\_ in the follow-up of any medical, dental, and/or developmental needs of my child.

\_\_\_\_\_ Notify the staff when my child is ill or any family member has a reportable contagious disease.

\_\_\_\_\_ Complete a medication consent form when requesting medication administration by child care staff.

\_\_\_\_\_ Provide the program staff with \_\_\_\_\_ necessary for my child's care. (linens, clothing, toothbrush)

\_\_\_\_\_ Provide information on how to contact me in an emergency situation, which I will update every 6 months at a minimum and when changes occur.

\_\_\_\_\_ Agree to discuss my concerns with \_\_\_\_\_.

(staff member's name)

\_\_\_\_\_ Notify a teacher and sign my child in and out every time my child arrives and departs with me or an authorized person.

The following are the designated individuals who are authorized to pick up my child:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Work/home phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home/ Work phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

This agreement should be reviewed by the legal counsel for your facility. Contracts usually include more information than present on this form.

Adaptation of form -American Academy of Pediatrics (2002) Model Child Care Health Policies, 4<sup>th</sup> Ed.