

Appendix E

Sample Family Child Care Contract

This Contract is made between the Parent(s):

Name: _____ Relationship to the Child: _____ Guardian: Yes No

Address: _____ Phone: _____

Name: _____ Relationship to the Child: _____ Guardian: Yes No

Address: _____ Phone: _____

and [Name of Family Child Care Home]

Provider: _____ Email: _____

Address: _____ Phone: _____

for the following children:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Hours of Operations

The children will attend from approximately _____ a.m. to _____ p.m. Children may be dropped off as early as _____ a.m. and must be picked up by _____ p.m. It is expected that you will notify the Provider if your child will be arriving late or will be absent for the day.

If the Parent is going to be late picking up the child, every effort must be made to contact the Provider. A late pick up fee of \$_____ will be charged for every 15 minutes the Parent is late in picking up the child.

Resources to be Provided

The Provider will offer breakfast, a morning snack if needed, lunch, and an afternoon snack following nap/rest time. I will provide [name of formula] as a requirement of the CACFP program.

The Parent is responsible for providing formula, if different from that provided through the CACFP program. Diapers and pullups must also be provided by the Parent until child is toilet trained.

Payment

Payment is due to the Provider on each Monday for that week of care. Accepted methods of payment include cash, personal check, credit card, or money order. If a personal check is returned due to non-sufficient funds, the Parent must pay a \$_____ returned check fee. If a check is returned more than one time, only cash or money orders will be accepted as payment.

A late payment fee of \$5 a day will be made if payment is not received on time.

If you are on the Child Care Subsidy program, you are responsible for paying any and all amounts not covered by the subsidy payment.

With advance notice by the Parent and approved by the Provider, the Provider agrees to provide overtime care at a rate of \$_____ per hour.

The Parent will pay a weekly fee for their child(ren)'s care and will not receive credit for days when their child is absent or when the program is closed due to holidays. Parent [will/will not] pay for care during the two weeks the Provider is on vacation [unless a substitute provider is made available].

If the Parent plans on taking a vacation and the child(ren) will not be in care, the Parent must give the Provider two weeks' notice. Parent is [expected/not expected] to pay the Provider for these weeks.

When the Provider is ill and unable to provide care, every effort will be made to provide as much notice as possible and make arrangements for substitute care. If substitute care cannot be provided, Parent will be [given credit for/expected to pay] when the Provider is ill.

Additional Fees

The Provider will charge additional fees as follows:

Enrollment Fee: \$_____ Field Trip Fee: \$_____ Other: \$_____

Termination Procedures

This Contract may be terminated by the Parent or the Provider. A _____ week(s) notice prior to the last date of care is required. Your child's care may be terminated immediately without notice if you fail to make payment on time.

Other

If the Provider chooses not to enforce any portion of the Contract, it does not give up the Provider's right to enforce other portions of the Contract.

This Contract can be revised at any time by the Provider with _____-week(s) notice to the Parent and signature of a new Contract.

Signatures

The signatures below indicate agreement with this Contract.

Parent/Guardian Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____

Provider Name: _____ Signature: _____