



## Childcare Agreement

This agreement is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

### **Between**

#### **Parent / Guardian #1** (hereinafter referred to as "Parent / Guardian")

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
(Street) (City) (State) (Zip)

#### **Parent / Guardian #2** (if applicable) (hereinafter referred to as "Parent / Guardian")

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
(Street) (City) (State) (Zip)

### **and**

#### **Childcare Provider** (hereinafter referred to as "Provider")

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
(Street) (City) (State) (Zip)

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_



### 1.) Hours of Service

Under this agreement, childcare will be provided for the above named child during the following hours:

	Mon	Tue	Wed	Thu	Fri
Begin					
Finish					

It is important that the above hours are adhered to. If the Parent / Guardian is late in picking up their child, they are responsible for notifying the Provider as soon as possible so that arrangements can be made.

The Agreed Childcare Rate is \$ \_\_\_\_\_ per hour.

### 2.) Rates and Fees

The agreed upon fee for childcare is \$ \_\_\_\_\_. This fee is due on \_\_\_\_\_ **Friday** \_\_\_\_\_ on a **Biweekly** \_\_\_\_\_ basis.  
(Date, day of the week, or month) (Weekly, monthly, etc.)

The Provider may change the agreed upon rates of this section by supplying the Parent / Guardian with **Four** weeks written notice.

### 3.) Attendance

The agreed upon rate in Section 2 “Rates and Fees” is payable regardless of whether the child actually attends the daycare on the days.

### 4.) Payments

Payments are promptly due on the terms of Section 2 “Rates and Fees”. If a payment for childcare is late, a late fee for the amount of \$ **15.00** per day will be assessed.



Repeated late payments can result in termination of this agreement by the *Provider*.

Any returned check fees will be the responsibility of the parent. If the bank returns \_\_\_\_\_ check(s), the Provider reserves the right to demand that all future payments be made in the 4.)

## 5.) Termination Services

Either Party may terminate this contract, and the childcare services specified within provided **Four** week(s) notice is given.

The Provider may terminate the agreement immediately in the event that the child's behavior endangers the other children or the Provider.

The Provider may also terminate the contract early for repeated violations of this agreement by the parent.

Deposit is refundable with **Four** weeks written notice as a form of payment for last two weeks of the tuition.

**Please Note:** If you terminate The Childcare Agreement within six month (from start date), 50% of your deposit will not be refunded!

## 6.) Holidays

*Daycare will be closed and no services will be provided during the following holidays:*

**New Year's Day, Christmas Day, Presidents Day, Columbus Day, Memorial Day, Independence Day, Labor Day, Martin Luther King Day, Thanksgiving Day, Columbus Day, Veterans Day**

Rainbow Palace Daycare may close, open late or dismiss students early during the severe weather or emergencies.

If there are going to be closures due to the severe weather [ Based on DOE ], we will announce by posting at [www. Rainbow-palace-daycare.com](http://www.Rainbow-palace-daycare.com)

Daycare will be closed on Monday or Friday if holiday falls on weekend. All Holidays and closures are fully paid and bi-weekly fee remains the same!



## 7.) Vacation

A child may take a vacation of up to **One** week from the daycare per year. This vacation time is charged at a discounted rate of **50 %** to ensure the child's readmission.

*The discounted rate doesn't apply if your schedule is less than 25 hours per week and during the month of August!!!*

A minimum notice of **Four** weeks is required of the Parent / Guardian if they will be using the vacation policy stated above.

The Provider agrees to give the Parent / Guardian **Four** weeks notice if the Provider may close the daycare for a maximum of **Two** weeks per year for vacation purposes.

*Daycare will be closed and no services will be provided during Christmas Week (last week of December) and one week during the summer( date will be announced).*

*During the Daycare closures, All the fees remain the same!*

## 8.) Supplies

The Parent / Guardian will be responsible for providing the following supplies to the Provider for use in the care of the child:

---

---

---

---

---

---

---

---

---

---



### 9.) Meals and Snacks

The following meals and snacks will be provided at no charge as part of the rates agreed upon in Section 2 “Rates and Fees”:

Meal	Number Provided
Breakfast	
Lunch	
Snack	

Children (are / are not) permitted to bring food from home with the following provisions (if any)

*(Circle one)*

---

### 10.) Potty Training

If the child has had success in potty training at home, the Provider may attempt to provide assistance in the potty training process at their discretion during daycare.

The Parent / Guardian agrees to keep the child in diapers or “pull-ups” until the child has demonstrated the ability to remain “accident-free” for a period of at least two weeks at home.

### 11.) Child’s Illness

If the child is exhibiting any of the following symptoms, the child will not be accepted for care that day and alternate care arrangements should be made.

*Diarrhea, Vomiting, Persistent Cough, Fever over 101, Contagious conditions, such as rash, head lice or pink eye.*

Should the child begin to exhibit any of the above symptoms, the Provider may notify the



Parent / Guardian and request an immediate pickup of the child. This policy is implemented to ensure the safety and well being of the other children in the daycare and Your Child Should be symptom free for 24 hours before returning to daycare.

## **12.) Guidance Policy**

No "timeout" will be used in the event the child misbehaves. The Provider will use the opportunity to explain why the child's actions were inappropriate and to give the child time to reflect upon their actions.

If a child becomes abusive or poses a danger to the other children, the Provider reserves the right to require immediate pickup and / or terminate this agreement in the interest of safety.

## **13.) Child Release Policy**

Under no circumstances will the child be released to anyone other than the individuals named on the "Child Pick up Authorization" form.

## **14.) Other Policies**

A) Permission for outside play area

I give permission for my child \_\_\_\_\_ to attend outside activity area (playground)

---

---

---



**Authorization Signature(s)**

By signing this agreement, all parties agree to abide by the policies and procedures specified within. The procedures for termination of this contract are located within this document under the Termination of Services section.

**Parent / Guardian #1**

---

Parent / Guardian	Signature	Printed Name	Relationship	Date
-------------------	-----------	--------------	--------------	------

**Parent / Guardian #2 (if applicable)**

---

Parent / Guardian	Signature	Printed Name	Relationship	Date
-------------------	-----------	--------------	--------------	------

**Provider**

---

Signature	Printed Name	Date
-----------	--------------	------

Deposit payment for childcare service \$ \_\_\_\_\_ was received on \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider \_\_\_\_\_  
Signature

Parent/Guardian \_\_\_\_\_  
Signature



## Registration Form

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parents are ( Married / Separated / Divorced / Widowed / Single / Deceased )

(Please circle one)

Child Lives with: ( Both Parents / Father / Mother / Other ) \_\_\_\_\_

(Please circle one)

Person responsible for paying for childcare: \_\_\_\_\_

### Mother or Guardian #1 Information

(Escorts)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(Street)

(City)

(State)

(Zip)

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Father's or Guardian #2 Information

(Escorts)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(Street)

(City)

(State)

(Zip)

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_





### Emergency Contact #1

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*(Street)*

*(City)*

*(State)*

*(Zip)*

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_

### Emergency Contact #2

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*(Street)*

*(City)*

*(State)*

*(Zip)*

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_

### Medical Info

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child up to date on shots? ( Yes / No ) Date of last checkup: \_\_\_\_\_

*(Please circle one)*

### Signature(s)

\_\_\_\_\_  
Parent / Guardian Signature                      Printed Name                      Relationship                      Date

\_\_\_\_\_  
Parent / Guardian Signature                      Printed Name                      Relationship                      Date



## Child Pickup Authorization

The following individuals have my permission to pickup my child from daycare.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Special Remarks or Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Under no circumstances will my child be released to anyone other than the individuals named above without prior written authorization.

\_\_\_\_\_  
Parent / Guardian Signature Printed Name Relationship Date

\_\_\_\_\_  
Parent / Guardian Signature Printed Name Relationship Date



## Sleeping and napping Arrangement

I understand that my child \_\_\_\_\_

While under the care \_\_\_\_\_

(On-site provider)

Will be napping on a Playpen or Cot in the nap area of the provider's home.

He or she will be supervised.

I also understand that my child will be placed on his\her back to sleep (for infants only)

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Consent for Emergency Medical Treatment

I do hereby give authority to the daycare program staff to obtain necessary emergency medical treatment for my child, with understanding that the family will be notified as soon as possible.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Permission for outside play area

I give permission for my child \_\_\_\_\_ to attend outside activity area  
(playground,backyard)

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Additional Information for Infants and Toddlers

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Food

Is your child breast-fed?  Yes  No

If Yes:

Do you plan to continue breast-feeding?  Yes  No

If yes, how do you plan to carry this out? \_\_\_\_\_

Do you supplement? \_\_\_\_\_

Is your child bottle-fed?  Yes  No

If yes, what is your child's bottle feeding schedule?

Type	Amount	Time

What position does your child like to be in while bottle-feeding?

\_\_\_\_\_

What position does your child like to be in while being burped?

\_\_\_\_\_



Has your child been introduced to solid food yet?  Yes  No

If yes, what type?  baby food  table food

If yes, what is your child's feeding schedule?

Solids	Type	Consistency	Amount	Times

Does your child have any food sensitivities?  Yes  No

If yes, please identify: \_\_\_\_\_

\_\_\_\_\_

What type of foods does your child like/dislike?

\_\_\_\_\_

\_\_\_\_\_

### Sleep

Describe your child's sleep routine (include naps & lengths of naps):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child usually cry when going to sleep?  Yes  No



If yes, for how long?

---

Where does your child normally sleep? \_\_\_\_\_

### **Diapering**

What type of diapers does your child use? \_\_\_\_\_

Describe your child's diapering routine (include double diapering, liners, creams, powders etc.) \_\_\_\_\_

---

Is your child prone to diaper rash?  Yes  No

If yes, what type of treatment do you use? \_\_\_\_\_

---

### **Social/Emotional Development**

Describe your child's temperament: (i.e. colic, likes to cuddle) \_\_\_\_\_

---

What signs does your child give of being hungry, tired or over-stimulated? (i.e. pulls at ears, rubs eyes) \_\_\_\_\_

---

Does your child separate easily from you?  Yes  No

Comments: \_\_\_\_\_

Is your child afraid of anything?  Yes  No

Comments: \_\_\_\_\_

Does your child have a favorite toy, blanket or soother?  Yes  No

Please identify: \_\_\_\_\_

Does your child spend time with other children?  Yes  No

Comments: \_\_\_\_\_

---

What activities does your child enjoy?

---



Please provide any other information relating to your child that would be helpful in understanding and caring for your child:

---

---

---

---

---

Parent / Guardian Signature Printed Name Relationship Date