CHILD CARE CONTRACT

The following agreement is made between _____ (child care provider) and ___ _____ for the care of_____.

The child care services will be provided between the hours of _____and_____, on the following days : __ M __ T __ W __ TH __ F or on the following variable schedule: _____

THE CHILD CARE PROVIDER AGREES TO:

- Provide a licensed, safe childcare home that supports the physical, social and emotional needs of the child(ren) in care, and meet all State Child Care Rules.
- Provide meals and snacks that meet the USDA Child Care Food Program requirements or which are approved by a registered dietitian.
- Inform the parents in advance of services cannot be provided temporarily because of illness emergency.
- Inform the parents in least two weeks in advance if services need to be terminated.
- Inform parents in advance of field trips or other activities outside the home.
- Inform the parents when notified of communicable disease in the home.
- Other:

THE PARENT (OR LEGAL GUARDIAN) AGREES TO:

Please read and initial

- Pay the provider the agreed rate at the agreed upon time. **$5 late fee per day if not paid on time unless pre-arranged.** The rate will be _____ per hour/day weekly/month. The fee will be paid on or by the_____.
- Inform the childcare provider in advance if the child can't be brought or picked up at usual time. Also to pay the amount of $5.00 per 15 minutes for any overtime that is not agreed upon in advance. _____
- Provide the following: _____ Formula and baby food __ Change of clothing __ Diapers __ Baby Wipes __ Blanket or nap buddy
- Report any change of address, phone or employment to the provider. _____
- Inform the provider immediately of any illness or contagious disease the child might have. _____
- Make sure each child has current immunizations on approved Utah School Immunizatic Record _____
- Come or Not Policy. (Pay whether child comes or not)_____
- Paid Holidays New years, Memorial Day, 4th of July, 24th of July, Labor Day, Thanksgiving, Christmas day. _____
- **Inform the provider <u>in writing</u> at least <u>two weeks</u> in advance if services nee to be terminated. Payment is required whether or not child (ren) are in attendance.** _____
- Also to pay any collection costs, legal fees, returned checks, or child care services not paid according to contract. $25 will be paid on any returned checks. _____
- SS# _____ SS# _____ (for tax purposes)

Provider: _____ Date: _____

Parent : _____ Date: _____

Admission agreement

Utah Department of Health & Human Services
Licensing & Background Checks

Child information			
Name		**Date of birth**	

Parent 1 information			
Name			
Phone number		**Daytime phone number**	
Email address			
Physical address			

Parent 2 information			
Name			
Phone number		**Daytime phone number**	
Email address			
Physical address			

Emergency contacts and sign out authorization	
In the event of an emergency, if the provider is unable to get in touch with me in a timely manner, I give my permission for them to contact the following people. I also give the following people permission to sign my child out from the program.	
Name	**Phone number**

Out-of-area emergency contact	
In the event of an emergency, if the provider is unable to get in touch with me or any of the people listed above in a timely manner, I give my permission for them to contact the following person who lives out-of-area.	
Name	**Phone number**

Emergency transportation and medical treatment permission	
I give my permission for the provider to transport my child and/or seek medical treatment in the case of an emergency.	
Signature	**Date signed**

Transportation permission (optional)	
I give my permission for the provider to transport my child for non-emergency purposes.	
Signature	**Date signed**

Behavioral expectations and client rights	
I have been informed of the program's behavioral expectations and how misbehavior will be handled. I have also been informed of mine and my child's rights, which are: • *To be informed of our rights* • *To be treated with dignity, respect, and fairness* • *To be free from potential harm or acts of violence* • *To be free from discrimination* • *To be free from abuse, neglect, mistreatment, exploitation, and fraud* • *To have equal access to food, shelter, and health services* • *To be free from retaliation for reporting any violation to our rights* • *To privacy of current and closed records* • *To communicate and visit with family, attorneys, clergy, physicians, counselors, or case managers or workers assigned to my child, unless therapeutically contraindicated or court restricted.*	
Signature	**Date signed**

I attest that the information I have provided in this form is accurate and up-to-date.

Name	**Date**
Name	**Date**
Name	**Date**
Name	**Date**
Name	**Date**
Name	**Date**

Health assessment

Child name	

Known allergies and/or food sensitivities	

Chronic medical conditions	

Current medications *A completed medication permission form must be completed for each medication left with the provider*	

Special or nonroutine daily health care instructions

I attest that the information I have provided in this form is accurate and up-to-date.

Name	Date
Name	Date
Name	Date
Name	Date
Name	Date