

Family Child Care Agreement – Contract
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OCC Registration #162216

Welcome to my Family Child Care program. The purpose of this contract is to outline the terms for childcare within my program. Please inform me as soon as possible of any changes/updates to addresses, telephone numbers, or emergency numbers. Parents are welcome to visit at any time during childcare hours.

*In order to make a commitment to the child, the parent(s) and the childcare provider must agree and sign the following contract prior to the commencement of the childcare. I encourage you, the parent/guardian, to review this contract as well as my Parent Handbook carefully since it states my expectations and requirements.

*Please note that state's regulation **prohibits** me, the provider, from accepting any child into care **until** the proper forms have been completed and returned. (See Parent Handbook for more information)

*This contract is made between the Parent(s)/Guardian(s) and the Provide for the care of _____ at the home of the Provider.

Provider: _____

Home Phone: _____ Cell Phone: _____

Home address: _____

Child: _____

Birthday: _____ Age: _____ Other: _____

Mother/Legal guardian: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Home address: _____

Employer: _____

Father/Legal guardian: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Home address: _____

Employer: _____

Starting date of this contract _____

Ending date of this contract ** _____

**may be renewed at this time if all parties agree.

Parent's Initial: _____

Provider's Initial _____

Date: _____

2. Standard Rates and Payment Policies

- A deposit of \$_____ is required. It will be applied to the last week's payment of services or to the termination notice period if proper notice is not given.
- The fee shall be \$ _____ per week or \$ _____ per day or \$ _____ per hr.
- Care shall be provided from _____ these days:
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Payment is due [] weekly [] biweekly on the Friday before the new week.
- **See Parent Handbook for further detail.

3. Rates Regarding Holidays, Vacations, and Other Absences:

- On the following holidays, the day care program will be closed and the provider will be paid the normal daily rate. If the holiday falls on a Saturday, the day care will be closed the Friday before. If the holiday falls on a Sunday, the day care will be closed on the Monday after:

| | | |
|------------------------|-------------------------------|-------------------------|
| New Year's Day | Memorial Day | Thanksgiving Day |
| President's Day | 4th of July | Christmas Day |
| Good Friday | Labor Day | |
- In addition to the above holidays, I am entitled to take 15 days of paid vacation during the calendar year as well as 5 paid sick days.
 - Notification of provider's vacation will be provided to parents/guardians at least 2 weeks prior to departure.
 - Sick days: provider will inform parents/guardians ASAP.
- Each child in each family will be given 5 days per calendar year (January 1st to December 31st) which the parent(s)/guardian(s) will not have to pay the provider for regularly scheduled days in which the child does not attend due to illnesses, holidays, vacation, etc., When the 5 days have been used, the parent/guardian will pay for missed days, as per the rate agreed upon above. **See Parent Handbook for further detail.

4. Illnesses

- We want to prevent the spread of communicable illnesses among our children. If your child has a fever or other signs of illness, please call and talk with the provider before you bring them to the daycare (or you may be asked to take the child home). **See Parent Handbook for further detail.

5. Termination Policy

- Parents need to provide the provider with at least a two-week notice of termination of services and a written explanation to why the provider's services are no longer needed.
 - Provider needs to provide parents with at least a two-week notice of termination of services and a written explanation to why the child may no longer be part of the program.
- **See Parent Handbook for further information.

Parent's Initial: _____
 Provider's Initial _____
 Date: _____