



CERTIFIED FAMILY CHILD CARE CONTRACT

Welcome! I am glad you have decided to enroll your child in my Certified Family Child Care. Should you have any concerns or wish to check the status of my Certification, please feel free to contact my regulatory agency, 4-C at (608) 271-9181. As a certified provider, I can care for up to three unrelated children in addition to my own, under the age of 7 years, with a maximum group size of six, at any one time. Along with enrollment materials, you will receive a copy of a Parent Information Checklist, which summarizes additional certification regulations.

The following contract must be fully completed and signed before care can begin. After reading this contract and the policies thoroughly, please discuss concerns with me **before** you sign. We will agree upon fees, policies or practices before care will begin. You will receive a copy of the signed contract.

(Name of Certified Family Daycare)

(Address of Certified Family Daycare)

Provider

Provider's Name: _____ Phone Number: _____

I provide care for children between the ages of _____ weeks/months/years (circle one) through _____ weeks/months/years (circle one).

My operating hours are as follows: _____

Please be aware that although I specify my hours of operation, we will contract for specific hours for your child and you may be charged additional fees if you pick up or drop off your child beyond our contracted hours.

Parent(s)/Legal Guardian(s):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Children in Care

Name: _____ Date or Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Enrollment Procedures:

- There is no deposit fee.
- There is a \$_____ deposit fee.
 - This deposit is non-refundable.
 - This deposit is only refundable should termination occur during the trial period.

You must meet with the me in order to discuss your child’s specific needs and to review the program’s policies.

All families will be taken on a trial period of _____day(s)/ week(s) (*provider circles one*) to determine the right placement for your child. During this trial period either parent or provider has the right to terminate care without notice. You will be responsible for payment for days your child attended during the trial period.

The following forms must be completed and returned to me by ____/____/____ before care will begin:

- Day Care Child Enrollment and Health History
- Authorization to Administer Medication (*as applicable- includes sunscreen, bug repellent and diaper cream*)
- Authorization to Transport (*vehicle or walking field trips*)
- Immunization Record (*may be submitted within 30 days after enrollment*)
- Health Report (***needs to be completed by physician- may be submitted within 90 days after enrollment***)
- Information for children under 2 (*as applicable*)
- Certified Family Child Care Contract.

Rates and Hours of Care Needed PER CHILD:

1st Child: _____

Provider chooses and completes the following:

\$_____/per week \$_____/per day \$_____/per hour

Parent/Guardian completes the following:

<u>TIMES</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop Off							
Pick Up							

2nd Child: _____

Provider chooses and completes the following:

\$_____/per week \$_____/per day \$_____/per hour

Parent/Guardian completes the following:

<u>TIMES</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop Off							
Pick Up							

3rd Child: _____

Provider chooses and completes the following:

\$_____/per week \$_____/per day \$_____/per hour

Parent/Guardian completes the following:

<u>TIMES</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop Off							
Pick Up							

Payments Due: (provider chooses one)

- Monthly : _____
- Biweekly: _____
- Weekly: _____
- Daily: _____

Additional Fees/Late Fees: (provider chooses one)

- You **will be** charged additional fees for early drop off or late pick up. Fees are as follows:
 - \$ _____/per minute
 - \$ _____/per every ____ minute increment
 - \$ _____/per ½ hour.
- You **will not be** charged a late fee for early drop off or late pick up.

Child and Provider Absences

ILLNESS

If I or one of my family members is ill:

- My day care will be closed.
 - You will be responsible for regular payment
 - You will not be responsible for payment
- My Approved Substitute Care Provider(s) may provide care in my absence *and you will be responsible for regular payment.*

If your child is ill:

- You will be responsible for regular payment
- You will not be responsible for payment

VACATION

If I am taking a vacation I will give you _____ notice.

- My day care will be closed.
 - You will be responsible for regular payment
 - You will not be responsible for payment
- My Approved Substitute Care Provider(s) may provide care in my absence *and you will be charged regular tuition fees.*

If you take a vacation you need to give me _____ notice.

- You will be responsible for regular payment
- You will not be responsible for payment

Please keep in mind: The Dane County subsidy program (W-2) will pay certified providers for days of **attendance only**. They do not pay providers for sick days, vacation days or days the child is not authorized for. Therefore, it is my policy:

- You **will** be responsible for payment on days the county/city does not make payment and your child does not attend childcare. ***Payment will be charged at regular rate.***
- You **will not** be responsible for payment for the days/hours the county/city does not make payment and your child is not in care.

Holidays:

(provider checks all holiday's that daycare will be closed)

- | | |
|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Martin Luther King, Jr., Birthday |
| <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Independence Day (4 th of July) |
| <input type="checkbox"/> Labor Day | <input type="checkbox"/> Thanksgiving Day |
| <input type="checkbox"/> Christmas Day | <input type="checkbox"/> New Years Day |
| <input type="checkbox"/> Other: _____ | |

Holiday Fees: (provider checks all applicable)

- You **will** be charged regular tuition rates for any holiday my family daycare is open.
- You **will** be charged should my daycare be closed on a holiday.
- You **will not** be charged should my daycare be closed on a holiday.

Liability: (provider chooses one)

- This family childcare is covered by liability insurance, both for my premises and for my operations.
Name of insurance company: _____.
- This family childcare is **not** covered by liability insurance.

Illness Policy:

You must notify me of any medication that has been administered to your child within the last 24 hours. In case of a medical emergency I must report whether or not the child is on medication.

You must complete an *Authorization to Administer Medication Form* for all prescriptive and non-prescriptive medications that need to be administered at childcare.

You will be contacted immediately should your child become sick or injured. Sick children will be isolated from other children and made as comfortable as possible.

Children will be required to be picked up within _____ minutes by you or another authorized person stated on the enrollment form.

Children who are exhibiting the following symptoms will be sent home or should remain at home:

- **Fever of 100 degrees Fahrenheit or higher (99 degrees Fahrenheit or higher for children under the age of 4 months)**
- **Vomiting, diarrhea or severe nausea (within a 24 hour period)**
- **Rashes or patches of broken skin**

A child who has or had a communicable disease under HFS 145 may not be admitted to certified childcare unless the child's parent provides a statement from a physician that the child's condition is no longer contagious or the child has been absent for a period of time equal to the longest incubation period for the disease as specified by the Department of Health Services. I will report all communicable diseases to the local public health officer and to parents of all enrolled children. Examples of communicable diseases include but are not limited to:

- | | |
|------------------|--------------------------|
| • Chicken Pox | • Infectious Hepatitis |
| • Mumps | • Meningitis |
| • German Measles | • Measles |
| • Scarlet Fever | • H1N1 Virus (swine flu) |

Substitute Care

- I will not be using a substitute. If I am not providing care for some reason (illness, vacation, etc.) you will be required to find alternate care.
- I may use a substitute. The following individuals have been approved by 4-C to provide substitute care:

Substitute #1: _____

Substitute #2: _____

Sudden Infant Death Syndrome (SIDS):

According to certification standards, all providers, employees, substitutes and volunteers of a provider who provide care and supervision for children under one year of age shall receive training in the most current medically accepted methods of preventing sudden infant death syndrome (SIDS) before the date on which the provider is certified or the employment or volunteer work commences.

- I **have** completed an approved SIDS training and am able to care for children under 1 year of age. I completed the training on: _____. This can be verified with the 4-C office at 271-9181.
- I have **not** completed an approved SIDS training and **can not** care for children under 1 year of age until an approved SIDS training has been completed.

To reduce the risk of SIDS I am required to place all infants under age 1 year on their backs to sleep, unless otherwise instructed/directed in writing by the child's physician. In addition, I am required to place all infants under age 1 year to sleep in a safe crib or pack 'n' play to nap.

Shaken Baby Syndrome (SBS):

According to certification standards, except for a volunteer who does no sole supervision of a child, all providers, employees, substitutes, and volunteers of a provider who provide care and supervision of children under five years of age shall receive department-approved training on shaken baby syndrome and impacted babies and appropriate ways to manage crying or fussing children.

- I **have** completed an approved SBS training and am able to care for children under 5 year of age. I completed the training on: _____. This can be verified with the 4-C office at 271-9181.
- I have **not** completed an approved SBS training and **can not** care for children under 5 year of age until an approved SBS training has been completed.

Guidance and Discipline: *(provider fills out)*

My childcare will use the following methods to guide the child: _____

The use of corporal punishment is strictly prohibited. I use guidance that will help each child develop self-control, self-esteem, and respect for the rights of others. I will provide positive guidance and redirection, and will set clear limits. If a timeout is used, it will not exceed 5 minutes. All guidance will be developmentally appropriate to the age of the child.

Additional Policies

Discrimination is prohibited in my daycare. I will not discriminate on the basis of race, color, sex, sexual orientation, handicap or national origin or ancestry in accepting children or when hiring employees.

Please be aware that I am a mandatory reporter of child abuse and neglect. This means that if a child in my care has been abused or neglected, or that child has been threatened with abuse, I will immediately inform the county social or human services department and/or local law enforcement.

Additional Requirements: *(provider lists any additional items families need to provide)*

- You are not responsible for additional requirements.
- You are responsible for the following additional requirements:

Termination:

This contract may be terminated by either you or I by giving _____ week written notice in advance.

- Should I terminate care:
You **are/ are not** *(provider circles)* responsible for payment for all days your child is scheduled for care during this time, regardless of whether or not your child is actually present.
- Should you terminate care:
You **are/ are not** *(provider circles)* responsible for payment for all days your child is scheduled for care during this time, regardless of whether or not your child is actually present.

Reasons for contract termination may include but are not limited to:

- Payments are not made.
- Required forms are not filled out in a timely manner.
- Your child’s needs are not met in my care.
- You do not abide by the signed contract.

Should you have any questions or concerns, please notify me before signing this contract. By signing, you hereby acknowledge that you have entered into a legally binding contract. You also acknowledge that you have received and agree to abide by the policies and procedures outlined. I may amend the contract by giving you a copy of the new or changed policies at least _____ weeks before any changes go into effect.

Parent/ Guardian’s signature

Date

Parent/ Guardian’s signature

Date

Provider’s signature

Date