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**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 4-C, my regulatory agency, at (608) 271-9181. As a certified provider, I can care for up to three unrelated children under the age of 7 years. Six children maximum may be in care at any one time. Along with enrollment materials, you will receive a copy of the 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 questions or concerns with me **before** you sign. You will receive a copy of the signed contract.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Name of Certified Family Child Care)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Address of Certified Family Child Care)*

**Provider**

Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I provide care for children between the ages of \_\_\_\_\_\_\_\_\_ weeks / months / years *(circle one)* through

\_\_\_\_\_\_\_\_\_ weeks / months / years *(circle one).*

My hours of operation are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 of 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 prior to beginning care.

All children will be given a trial period of \_\_\_\_\_\_\_\_\_\_day(s) / week(s) (*circle one*) to determine if my child care is 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 payments 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
* Parent Information Checklist
* Authorization to Administer Medication *(as applicable-includes sunscreen, bug repellant & diaper cream)*
* Authorization to Transport *(vehicle or walking field trips)*
* Immunization Record (*may be submitted within 30 days after enrollment)*
* Health Report (signed by a physician) or a printed after visit summary *(either form may be submitted within 90 days after enrollment)*
* Information for Children Under 2 *(as applicable)*
* Certified Family Child Care Contract
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rates and Hours of Care Needed**

**1st Child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Provider chooses and completes the following:*

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / per week $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / per day $ \_\_\_\_\_\_\_\_\_\_\_\_\_ / per hour

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TIMES** | 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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TIMES** | 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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TIMES** | 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 someone in my household is ill (including me):

* My child care will be closed.
* You will be responsible for regular payments.
* You will not be responsible for payments.
* My approved Substitute Care Provider(s) may provide care in my absence *and you will be responsible for the regular payment.*

If your child is ill:

* You will be responsible for regular payments.
* You will not be responsible for payments.

**VACATION**

If I am taking a vacation I will give you \_\_\_\_\_\_\_\_\_\_\_\_\_ days / weeks / months (circle one) notice.

* My child care will be closed.
	+ You will be responsible for regular payments.
	+ You will not be responsible for payments.
* My approved Substitute Care Provider(s) may provide care in my absence *and you will be responsible for the regular payment.*

If you take a vacation, you need to give me\_\_\_\_\_\_\_\_\_\_\_\_\_ days / weeks / months (circle one) notice.

* You will be responsible for regular payments.
* You will not be responsible for payments.

**Please keep in mind:** Families receiving subsidy assistance from the county for child care are responsible for making payments as agreed. When using your My Wisconsin Child Care card, payments can be made via phone, online or using a FIS POS machine (*if available*). Please note that once payment is made funds cannot be refunded. You may be responsible to make another payment to cover the full balance due.

**Holidays**

**My child care will be closed on the following days:** *(provider checks all applicable holidays)*

* Not Applicable Martin Luther King, Jr. Day
* Memorial Day Independence Day (4th of July)
* Labor Day Thanksgiving Day
* Christmas Day New Year’s Day
* **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Holiday Fees:** *(provider checks all applicable)*

* You ***will*** be charged if my child care is closed on a holiday.
* You ***will not*** be charged if my child care is closed on a holiday.

**Liability Insurance** *(provider chooses one)*

* This family child care is covered by liability insurance, both for my premises and for operations.

Name of insurance company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* This family child care 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 and what that medication is.

You must complete an *Authorization to Administer Medication Form* forall prescriptive and non-prescriptive medications that need to be administered at child care.

You will be notified if your child becomes 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 for at least 24 hours: *(provider enters information)*

* **Fever of ­­­\_\_\_\_\_\_\_\_\_ degrees Fahrenheit or higher ( \_\_\_\_\_\_\_ degrees Fahrenheit or higher for children under the age of 4 months)**
* **Vomiting, diarrhea or severe nausea (within a \_\_\_\_\_\_\_\_ hour period)**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A child who has or had a communicable disease under HFS 145 may not be admitted to certified child care 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 department and to parents of all enrolled children. Examples of communicable diseases include but are not limited to:

* Chicken Pox
* Mumps
* German Measles
* Scarlet Fever
* Infectious Hepatitis
* Meningitis
* Measles
* H1N1 Virus (Swine Flu)

**Substitute Care** *(provider fills out)*

* 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 individual/s have been approved by 4-C to provide substitute care:

Substitute #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substitute #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guidance and Discipline** *(provider fills out)*

I will use the following positive discipline practice/s to guide a child’s behavior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Nutrition**

Children will not go without nourishment for longer than 3 hours. I will offer the following meals and snacks to all children in attendance:

* Breakfast Dinner
* AM Snack Evening Snack
* Lunch Other
* PM Snack Parents will be providing the food

**Rest**

All children younger than five years of age who are in care for more than four consecutive hours will have a nap or rest time. Children under one year of age will sleep in a crib or playpen and will be placed on their backs to sleep unless a physician provides written authorization for a different sleeping position.

**Additional Policies**

Discrimination is prohibited in my child care. 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 shows signs of being 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.

Smoking is not permitted on the premises during certified child care hours.

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Termination**

This contract may be terminated by either the provider or parent/s by giving a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_week written notice in advance.

* If 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.

* If 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 being 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*

**ITEMS PROVIDED BY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent or****Guardian** | **Provider** | **N/A** | **Items** |
|  |  |  | Disposable diapers |
|  |  |  | Cloth diapers |
|  |  |  | Baby wipes |
|  |  |  | Labeled sheet and blanket |
|  |  |  | Sleeping bag / mat |
|  |  |  | Bottle for water, formula, and/or milk |
|  |  |  | Full change of clothing including underwear & socks |
|  |  |  | Sunscreen |
|  |  |  | Insect repellent |
|  |  |  | Clothing suitable for outdoor play for each season |
|  |  |  | Car seat or booster seat |
|  |  |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |