

Parent-Provider Agreement

I, _____, am registered as a family child care provider with the Maryland State Department of Education, Office of Child Care (OCC). My registration number is _____. My home and household have met health and safety standards established by OCC. I have agreed to operate my child care home in compliance with Maryland State regulations for the protection of your child. I will strive to provide a well supervised, caring home – like environment where your child can grow and develop at his/her pace. I will need your involvement and support.

Mission Statement: _____

(Example: To provide a safe, loving, home-like environment where your child is given opportunities to learn and grow.)

Your and my signatures on this agreement mean that we have read, understand, and agree to the following provisions:

I/We, _____, living at _____,
(Name/s) (Full Address)

_____, parents of _____ agree
(Phone Number) (Child's/Childrens' name)

to enroll the above child(ren) in the family child care home of _____
(Provider's Name)

located at _____ beginning on _____.
(Provider's Full Address) (Date)

I/We have received and read this agreement and agree to comply with all rules and responsibilities stated herein. I/We understand that all information in this agreement must be kept up to date. I/We submitted to the Provider health and emergency information for our child/children and understand that it is our responsibility to keep that information up to date.

1. Hours: Care begins at _____ and ends at _____ on the following days of the week: _____ . Arrival time is between _____ and _____; departure time is between _____ and _____. Extra fees of \$ _____ for each 15-minute period or portion thereof will be charged for early drop-off or late pick up which is not pre-arranged. These fees must be paid the same day they occur. An overtime rate of \$ _____ per hour will be provided for pre-arranged over time at the Provider's discretion.
2. Fee: The fee for care is \$per _____. Fees are due no later than _____(day) by (check, money order, and/or cash with receipt). If not paid the day they are due, there will be a late fee of \$ ___ for every day that the fees are late. If the payment is not made by _____ (e.g. Friday. The fifth day after the date it is due, etc.), then the Provider terminates the child care immediately.

Fees are charged for days the child is absent unless pre-arrangements such as parent's vacation have been made at least _____ (e.g. 24 hrs. 1 week, etc.) in advance and there is a written agreement, no fee will be charged. In no case may scheduled time for an enrolled child be used for another child not enrolled in family child care home, unless by written agreement.

3. Holidays, vacations, and days care will not be available: The family child care home will be closed for the following holidays _____

_____ (e.g. New Year's Day, Memorial Day, Christmas, all National Holidays, etc.) Fees are/are not charged for all holidays listed above.

The family child care home will close for _____ during the year for family vacation of the Provider. The Provider will notify the parent(s) as early as possible regarding the dates for this vacation, but in no case shall this notice be less than two weeks in advance. Parents will/will not be charged when the Provider cannot provide care due to her vacation. Although the Provider will try to be available for work each day there will be occasions when personal or family illness or emergency make that impossible. The Provider will notify the parent(s) as early as possible if he/she cannot provide care on a given day. It will be the Provider's/parent's responsibility to obtain substitute care on such days. Parents will not be charged when the Provider cannot provide care.

4. Trial Period: Your child's adjustment is important to all of us. Therefore, a two-week trial period is provided before arrangements for continued care become final. At the end of this period, the parent(s) and provider will discuss how the child has adjusted to the new setting, realizing that this varies from child to child. At this time, or during the course of the trial period, either party may terminate care upon immediate notice. After the trial period, the provisions of Section 5, Termination and Withdrawal apply.
5. Termination and Withdrawal: The Provider reserves the right to remove a child from the family child care home after two weeks written notice to parent(s), if the Provider believes that continued care might be detrimental to the child or to the program. If the Provider gives notice of termination, the parent(s) may remove the child immediately, paying only for the days of care to that day. Parents must give at least two weeks' notice before they withdraw their child from the program. Parents will need to pay _____ (two weeks' fees, one-week fee, etc.) if they do not provide such notice.
6. Illness and Injury: Parents may not bring sick children to the child care home with fever, rash, vomiting, diarrhea, or other symptoms of acute or contagious illness, the Provider will refuse to admit the child. A child should be allowed to recover fully after an illness so other children in the group do not risk possible exposure.

If the child becomes ill or is injured while in the Provider's care, parents will be notified and must pick the child up as soon as possible. If a parent cannot be reached, the person designated on the Emergency Information Card will be notified.

7. Safety: As a licensed/registered child care provider in the state of Maryland, all safety regulations are followed to ensure that children are properly supervised at all times, children are only released to individuals listed on the emergency card and monthly fire drills and regular emergency evacuation drills are conducted.
8. Medication: The Provider will not administer medication, including aspirin, cough drops, decongestant, or other non-prescription drugs, as well as prescription drugs without parents' signed authorization. The original container of the prescription or non-prescription medication shall be clearly labeled with the name of the child, the name of the medicine, the dosage, and the name and phone number of the child's physician. The provider must follow Maryland Regulation 13.15.11.04 when administering medication. The first dose of any prescription drug must be given at the child's home, not at the provider's home, preferably the night before child care.
9. Field Trips: The Provider's regular program includes neighborhood walks, field trips, and other out-of-the-house activities which involve transportation of children in vehicles used by the Provider. The parent(s) hereby grant permission for the child to be taken on such trips and to be transported in the Provider's vehicle. _____(initial)
10. Attachments: The attached Emergency Information Card, Maryland Immunization Record, Health Inventory (filled out and signed by a health professional and the parent(s)), Child Release Authorization and Custody Information (if applicable) and if necessary, Parent's authorization for medication are part of this agreement. These forms must be completed prior to admission of the Child to the Provider's care.
11. Conferences: I conduct yearly parent conferences (on your child's enrollment anniversary or each year during "month" and will notify you verbally or by sign-up sheet, etc.) to discuss how your child is learning. If your child has an IFSP/IEP, we can also go over it at this time. If you have a concern we can discuss that at any time during the year.
12. Does your child have an IFSP/IEP? ____yes ____no

Would you be willing to share your child's IFSP/IEP with me? ____yes ____no

Children with disabilities, special needs and health care needs will be included in all activities. I will work with the Board of Education and others to help your child meet the goals set by the IFSP/IEP committee.

Non-Discrimination Statement: This Provider does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or special health care need. I will make reasonable accommodations to adequately care for your child/children. All children with a disability and/or special need will be included in all activities. Children will be able to receive services according to their IEP/IFSP while in care.

By signing this agreement, I am stating that I have received my copy of this contract.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

Provider Signature

Date

- Optional: I, _____, give my permission for the Provider to allow my child(ren) (Parent/Guardian) To wade or swim under her supervision according to provisions of Maryland Regulation 13.15.08.03
- I have received a copy of the Parents Guide to Regulated Child Care, or I have been given instructions to obtain a copy online and have been instructed on how to file a complaint.
_____ (parent's initial)

** Include if you have pets. **

This child care facility has pets. They are: _____. The facility follows the guidelines found at earlychildhood.maryland.gov "Animals in Child Care Facilities".

Screen Time Statement: The Maryland State Department of Education requires no passive screen time for children under the age of two and no more than 30 minutes per week for children age two and older.

Written Positive Discipline Policy: I set clear, simple, and consistent rules to help the children learn appropriate behaviors. When I can, I let the children help make the rules. I offer limited choices which are a good way to help the children make decisions such as allowing them to choose where they would like to play. I reinforce positive behavior by giving attention to those who are displaying appropriate behaviors. I redirect children's behavior by creating another activity or event to draw a child's attention away from an inappropriate behavior. I offer children time to reflect on their behavior and try to solve their own problems. {EXCELS recommended}