



PARENT/CAREGIVER CONTRACT

This Section to be completed by Caregiver & Parent:

FEE SCHEDULE: Please use the parent fee codes that are approved by Family Space and indicate which codes will be applicable for each child.

Child _____ Drop Off Time _____ Pick Up Time _____ Code _____

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TYPICAL ACTIVITIES PROVIDED FOR THE CHILDREN ARE:

Indoor: _____

Outdoor: _____

Meals and Snacks: The following meals will be served by the caregiver in accordance with the scheduled hours:

____ A.M. snack at about _____ P.M. snack at about _____

____ Lunch at about _____ Other (specify) _____

When a child is on infant food it will be provided by the parent until the child is on table food. For a child on infant food, a separate feeding schedule must be completed and updated monthly. (for children up to 1 year old) Any food or drink containers provided by the parent must be labeled with child's name.

Outdoor Supervision

The caregiver is required to remain with children under the age of six at all times during outdoor play. The supervision of outdoor play for children ages six and older shall be agreed upon by the parent and the caregiver. The caregiver must know the whereabouts of the children at all times and must have appropriate contact with them. I agree to the following outdoor supervision plan for my child(ren):

Please initial your choice(s)

____ A) Constant Physical Supervision

____ B) Within Ear/Eyeshot

____ C) Other (Detailed Explanation)

Escorting children

Please indicate in the appropriate space provided

This child(ren) (under 8 years of age) will be escorted to and from school or bus stop by:

This child(ren) (over 8 years of age) may/may not walk unescorted to school. If no, who will escort:

Name of School _____ Phone # _____

To be Negotiated with Caregiver/Parent:

I **DO/DO NOT** (*please circle*) allow my child to be taken in the caregiver's vehicle with approved and age-appropriate car seat/ seat belt use.

I understand the caregiver has adequate vehicle insurance and that Family Space cannot be responsible for the safety of my child(ren) while in the caregiver's automobile.

I **DO/DO NOT** (*please circle*) give my permission for my child(ren) to attend outings/field trips as may be planned by the caregiver.

Caregivers and parents must negotiate outings with the children in care.

Type of Outing, duration, etc: _____

I **DO/DO NOT** (*please circle*) give my permission for my child(ren) to use a swimming facility while being constantly supervised by the caregiver.

Caregivers and parents must negotiate the use of pools and swimming facilities with the children in care.

Type of swimming facilities: i.e.: Beaches, Caregiver's Pool, Life Guard Supervised Pools, Wading Pools, etc. _____

Details for water supervision: i.e.: life jackets, water wings, etc: _____

The parent understands that it is their responsibility to arrange for alternate care. However, in the event that the caregiver has an emergency or appointment the parent gives permission for his/her child(ren) to have an alternate caregiver. The alternate caregiver may or may not be a caregiver registered with Family Space Licensed Home Child Care Program. The alternate care will take place in the caregiver's home or another Family Space caregiver's home. This is only for emergency use and appointments, not for long term care.

The agency will assist in these arrangements by providing quarterly caregiver lists of caregivers registered with Family Space Licensed Home Child Care Program with telephone numbers.

CAREGIVER'S EMERGENCY BACK UP ALTERNATE: _____

TELEPHONE #: _____

PARENTS AND CAREGIVERS UNDERSTAND THAT TWO (2) WEEKS WRITTEN NOTICE WILL BE NEEDED FOR TERMINATION OR AN INTERRUPTION OF CARE. THE HOME VISITOR IS ALSO TO BE NOTIFIED OF ANY CHANGE IN CARE. PARENTS WILL BE BILLED FOR THE 2 WEEKS.

If any of the terms and conditions agreed upon by parents and caregivers change, a new agreement must be executed. The agency must be informed of any changes in this agreement and a new agreement must be completed and forwarded to Family Space.

The caregiver **DOES/DOES NOT** (*Please circle*) administer medications. (*to be completed by caregiver*)

START DATE: _____

Parent's Signature: _____

Date: _____

Caregiver's Signature: _____

Date: _____

Home Visitor Signature: _____

Date: _____