

## Sample Parent-Provider Contract for Family Child Care Programs

This contract is made between \_\_\_\_\_ (parent/guardian)  
and \_\_\_\_\_ (child care provider)  
for the care of \_\_\_\_\_ (child). Birthdate \_\_\_\_\_

The first day of child care will be \_\_\_\_\_

Care will normally begin at \_\_\_\_\_ and end at \_\_\_\_\_, M\_\_ T\_\_ W\_\_ Th\_\_ F\_\_ S\_\_ Su\_\_

Care will include the following meals and snacks \_\_\_\_\_

The charge for care is \$ \_\_\_\_\_ per \_\_\_\_\_, payable on \_\_\_\_\_ (day of week or month)

Children may be taken from the provider's care only by the person signed below and those named on the Authorization to Leave Care form.

(Optional) Payment is based on the hours you agree to use child care, not on the actual hours of attendance.

Payment is due whether or not the child actually attends care.

(Optional) Either party can terminate this contract with \_\_\_\_\_ week's notice.

I agree to the terms of this contract and have provided the parent(s) with my policies.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Tax ID# \_\_\_\_\_

(child care provider)

I agree to the terms of this contract. I have received, read and agree to the attached child care policies. I have filled out the following forms: authorization to leave care, medical treatment authorization, field trip authorization and the emergency information form. I have provided my child's immunization records.

Signed \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_

(parent or guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_

(parent or guardian)

**Both the parent/guardian and the provider should keep a signed copy of this contract.**

### Sample Authorization to Leave Care

For your child's safety, I can allow children to leave my home only with **you**, the person enrolling the child, and **persons you have listed below**. Your child can leave my home with a person **not listed below** only when (a) you have told me in person or by phone that s/he is picking up the child **and** (b) I have a signed and dated note from you authorizing me to send the child home with that person.

My child, \_\_\_\_\_, may leave child care with the following people:

**Name: Phone: Address: Relationship to Child:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
(parent or guardian signature) (date)

## Sample Medical Treatment Authorization

I give \_\_\_\_\_ and her/his employees permission to obtain emergency medical/  
(name of provider)  
dental treatment for my child, \_\_\_\_\_ .  
(name of child)

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Record Number \_\_\_\_\_

Parent's address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_  
(parent or guardian signature) (date)

*(Some hospitals require a notarized form. Check with the local emergency hospital for any special requirements.)*

## Sample Field Trip Authorization

I give \_\_\_\_\_ and her/his employees permission to take my child  
(name of provider)  
\_\_\_\_\_ on short field trips as part of the child care program.  
(name of child)

\_\_\_\_\_  
(parent or guardian signature) (date)

## Sample Emergency Information

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## Persons to call in an emergency when parents cannot be reached:

| Name:    | Phone: | Relationship to Child: |
|----------|--------|------------------------|
| 1. _____ | _____  | _____                  |
| 2. _____ | _____  | _____                  |
| 3. _____ | _____  | _____                  |